Eyam Surgery

Quality Report

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Date of inspection visit: 16 April 2015
Date of publication: 28/05/2015

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Eyam Surgery on 16 April 2015. Overall the practice is rated as good.

Specifically, we found the practice to be good for providing safe, well-led, effective, caring and responsive services. It was also good for providing services for older people, people with long term conditions, families, children and young people, working aged people (including those recently retired and students), people whose circumstances make them vulnerable and people with mental health (including people with dementia)

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients and staff were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Patients said they were treated with empathy, compassion, dignity and respect and they were listened to and involved in making decisions about their care and treatment.
- Information about services and how to complain was available and easy to understand. Complaints were investigated and responded to in a timely and appropriate way.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. Referrals to secondary care services were made appropriately and in a timely manner in line with local and national guidance and targets.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt passionate and proud of the work they did and the treatment that patients received. Staff were supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

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However there were areas of practice where the provider needs to make improvements.

Importantly the provider should:

- Ensure that all staff undertake role specific training in safeguarding vulnerable adults and children.
- Implement a more robust system for tracking blank prescriptions to minimise risks of misuse or error and to promote robust monitoring of these.

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?

Good

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. There were systems in place for acting on safety alerts and for sharing information with members of the staff team. Safety incidents and other incidents where things went wrong or near misses were investigated. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed.

Medicines were stored, handled and administered safely in line with current guidelines and legislation.

Risks to patients were assessed and well managed. The practice environment, and equipment used for diagnostic purposes and in the treatment of patients were maintained appropriately. Staff were recruited robustly and there were enough staff deployed to keep patients safe.

Are services effective?

Good

The practice is rated as good for providing effective services. Data made available to us including comparisons to other GP surgeries within the area showed that patient outcomes were at or above average for the locality in relation to assessing and treating patients with long term conditions, vaccination and screening programmes.

Staff referred to guidance from National Institute for Health and Care Excellence and used it routinely to plan patient care and treatment. Patients' needs were assessed and care was planned and delivered in line with current legislation. The practice regularly monitored patients with one or more long term condition and provided advice and guidance to promote good health.

Staff had received training appropriate to their roles and any further training needs had been identified and suitable training and staff development was planned to meet these needs. There was evidence of appraisals and personal development plans for staff. The practice staff worked with multidisciplinary teams including community nurses, health visitors and social workers to improve outcomes for patients and ensure that they received coordinated care and support as needed.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others in the

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area for several aspects of care. Patients who participated in the national GP survey in 2014 rated the practice highly for how they were treated by GPs and nurses, their involvement in their care and treatment and being listened to.

Patients we spoke with during the inspection said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information to help patients understand the services available was easy to understand. Patients whose first language was not English had access to language interpretation services to help them in understanding information about their care and treatment.

We also saw that staff treated patients with kindness and respect, and maintained confidentiality. The practice provided advice, support and information to patients, such as those with learning disabilities, mental health conditions and those with long term conditions.

The practice considered the needs of patients and their families when patients were receiving palliative care and nearing their end of their life. There were procedures in place to identify and act on patients' wishes and the practice worked proactively with other health care providers including community teams and the out-of-hours providers to enable patients to remain at home should they wish. The practice provided information, support and advice to families following bereavement.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and tailored its appointment systems to meet these needs. Home visits and medicine dispensing services were provided. The practice aimed to offer a 'one stop shop' to patients to reduce the number of appointment visits especially to patients living in the more rural areas. A variety of services were available within the practice including access to health visitors and the local Citizens Advice Bureau (CAB) services. The practice commissioned a weekly mini bus on alternate Wednesdays and Thursdays to assist patients living in remote areas and those with disabilities or restricted mobility to attend appointments.

The practice engaged with patients and the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same

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day. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised.

Are services well-led?

Good

The practice is rated as good for being well-led. It had a clear vision and strategy to meet the individual needs of patients taking into consideration the health care needs of the local population. Staff and patients were aware of and were able to contribute to the practice values and visions. Staff we spoke with were clear about their responsibilities in relation to this.

There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to underpin and govern its activity and these were kept under review. Regular meetings were held with clinical and non-clinical staff to review, monitor and improve performance and outcomes for patients.

There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active and one member of the group who we spoke with reported that the practice was open and proactive in dealing with comments and suggestions made by patients. Staff were supported to undertake their various roles within the practice and had received inductions, regular performance reviews and attended staff meetings and events.

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The six population groups and what we found

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

Older people

Good

This practice is rated as good for the care of older people. Patients over the age of 75 years had a named accountable GP who was responsible for their care and treatment. The practice identified patients who were at risk of avoidable unplanned hospital admissions. These patients were included on the practice's 'unplanned admissions avoidance' list to alert staff to patients who may be more vulnerable. Regular multidisciplinary team meetings were held with other health and social care professionals to support patients and ensure that they received coordinated care and treatment.

The GPs carried out visits to patient's homes if they were unable to travel to the practice for appointments. The practice provided a range of health checks for patients aged 75 years and over. Seasonal flu vaccination and shingles vaccination programmes were provided and the practice was performing well in ensuring that patients received these.

Longer appointments were available if needed and a mini bus service was provided once a week to assist patients to attend the practice. The practice also provided medicines dispensing services and a medicines delivery service weekly to patients who were unable to attend the practice

The practice identified people with caring responsibilities and those who required additional support which was recorded on their patient record. Patients with caring responsibilities were invited to register as carers so that they could be offered support and advice about the range of agencies and benefits available to them.

People with long term conditions

Good

This practice is rated as good for the care of people with long term conditions. The practice had effective arrangements for making sure that people with long term conditions were invited to the practice for annual and half yearly reviews of their health and medication to ensure that their treatment remained effective. Appointments were available with the practice nurse for annual health checks and reviews for long term conditions such as diabetes and respiratory conditions including asthma and chronic obstructive pulmonary disease (COPD). When needed, longer appointments and home visits were available. For those people with the most complex needs the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

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Families, children and young people

Good

The practice is rated as good for the population group of families, children and young people. Appointments could be booked online, in person or by telephone. Appointments could be booked up to two weeks in advance and telephone triage consultations were available daily.

Information and advice was available to promote health to women before, during and after pregnancy. A full range of pre-conception, antenatal and postnatal care services was available. The practice monitored the physical and developmental progress of babies and young children and weekly drop in sessions were held at the practice with the health visitor. Appointments were made available outside of school hours wherever possible.

There were arrangements for identifying and monitoring children who were at risk of abuse or neglect. Records showed that looked after children (such as those in foster care / under the care of the Local Authority), those subject to child protection orders and children living in disadvantaged circumstances were discussed, including any issues shared and followed up, at monthly multi-disciplinary meetings. GPs and nurses monitored children and young people who had a high number of A&E attendances or those who failed to attend appointments for immunisations and shared information appropriately. Staff were trained to recognise and deal with acutely ill babies and children and to take appropriate action.

There was information available to inform mothers about all childhood immunisations, what they are, and at what age the child should have them as well as other checks for new-born babies. Staff proactively followed up patients who failed to attend appointments for routine immunisation and vaccination programmes.

Information and advice on sexual health and contraception was provided during GP and nurse appointments.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the population group of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. Appointments could be booked online, in person or by telephone. Appointments could be booked up to two weeks in advance and telephone triage consultations were available daily.

Information about five yearly health checks for patients aged between 40 and 74 years was available within the practice and on

their website. Nurse led clinics were provided for well patient health checks. The practice provided travel advice and vaccination through appointments with the practice nurse team. Information on the various vaccinations available includingdiphtheria, tetanus, polio and hepatitis A was available on the practice website.When patients required referral to specialist services, including secondary care, patients were offered a choice of services, locations and dates. These referrals were made in a timely way and monitored to ensure that patients received the treatments they needed.

People whose circumstances may make them vulnerable

Good

This practice is rated as good for the care of people living in vulnerable circumstances. The practice recognised the needs of people who were vulnerable such as homeless people, those with depression, alcohol or substance misuse issues, people with mental health conditions and those with learning disabilities.

All patients with learning disabilities were invited to attend for an annual health check and staff worked proactively to improve the uptake of these checks.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. The practice had sign-posted vulnerable patients to various support groups and third sector organisations such as MIND. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in and out of hours.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the population group of people experiencing poor mental health (including people with dementia). People experiencing poor mental health had received an annual physical health check. The practice regularly worked with multidisciplinary teams to support people experiencing poor mental health including those with dementia. The practice provided dementia screening services and referrals were made to specialist services as required.

The practice had suitable processes for referring patients to appropriate services such as psychiatry and counselling, including The Improving Access to Psychological Therapies (IAPT) and referrals to Child and Adolescent Mental Health Services (CAMHS) as required.

Summary of findings

The practice had sign-posted patients experiencing poor mental health to various support groups and third sector organisations including MIND. Patients were referred to local counselling sessions where appropriate and patients were provided with information on how to self-refer should they wish to receive counselling.

Summary of findings

What people who use the service say

We gathered the views of patients from the practice by reviewing data available from NHS Choices, the national GP patient survey and information from Healthwatch Derbyshire. Prior to our inspection we also sent CQC 'Tell us about your care' comment cards to the practice for distribution among patients in order to obtain their views about the practice and the service they received.

We reviewed the findings of the NHS England National Patient Survey 2014 for which there were 131 responses from the 248 questionnaires distributed to patients (53%) of those people contacted. The practice performed in line with or above average within their Clinical Commissioning Group in relation to patients' satisfaction. Patients expressed satisfaction with many aspects of the service they received including access to appointments, trust in GPs and nurses, feeling listened to and being involved in making decisions about their treatment.

We received 28 completed 'Tell us about your care' comment cards. All of patients who completed these expressed satisfaction with the care and treatments and service they received. They commented that staff were polite, kind, caring and helpful. The overwhelming majority of patients told us that they were happy with access to the practice and the appointments system. A number of patients said that they could access same day appointments. A small number of patients raised issues about the turnover of GPs at the practice and commented that this impacted upon the continuity of care.

We reviewed information received from Healthwatch Derbyshire. The majority of responses and comments made by patients were positive and patients expressed high satisfaction levels with access to services and the care and treatments that they received. A small number of patients commented that waiting times to be seen by GPs, the waiting area and appointments system could be improved upon.

We also spoke with five patients on the day of our inspection, one of whom was involved with the practice Patient Participation Group (PPG). A PPG is usually made up of a group of patient volunteers and members of a GP practice team. The purpose of a PPG is to discuss the services offered and how improvements can be made to benefit the practice and its patients. Many patients who gave us their views had been patients at the practice for many years and their comments reflected this long term experience. Patients were positive about their experience of being patients at the practice. They told us that they were treated with empathy and with respect and the GPs, nurses and other staff were professional, kind, sensitive and helpful.

Areas for improvement

Action the service SHOULD take to improve

- Ensure that all staff undertake role specific training in safeguarding vulnerable adults and children.
- Implement a more robust system for tracking blank prescriptions to minimise risks of misuse or error and to promote robust monitoring of these.

Eyam 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 practice manager specialist advisor and GP specialist advisor.

Background to Eyam Surgery

Eyam Surgery is located in the village of Eyam within the Hope Valley region of Derbyshire. The practice provides services for approximately 3,540 patients living within a 380 mile area in villages, hamlets and isolated rural dwellings. The rate of unemployment and economic deprivation within the area is lower than national averages; there are some pockets of rural deprivation. The area has a higher population of people over 75 years and fewer young families.

The practice has three branch surgeries located in neighbouring villages of Grindleford, Litton and Bradwell. We did not visit the branch surgeries as part of this inspection. The practice provides a medicines dispensing service, which is used by approximately 90% of patients.

The practice is managed by a single handed GP. The practice employs three salaried GP's, one nurse practitioner, three practice nurses, two health care assistants, a practice manager and a team of administrative and reception staff who support the practice.

The practice is open between 8am and 6.30pm on weekdays with surgeries running from 9am to 6.30pm daily. Appointments are available from 8.30am on Thursdays and a range of services including Citizen's Advice Bureau sessions and appointments with physiotherapists and midwives are available on dedicated days. The practice provides mini bus transport to the surgery between 11.30am and 12.30pm on alternate Tuesdays and Wednesdays to assist patients living in the more rural areas to access appointments.

The practice had opted in to providing GP services to patients outside of normal working hours such as evenings, weekends and public holidays. This was done through membership of a cooperative of GP practices. When patients rang the surgery out of normal hours they were put through directly to the out-of-hours service.

Why we carried out this inspection

We inspected Eyam Surgery as part of our comprehensive inspection programme. 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. This 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.

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.

How we carried out this inspection

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

- Is it safe?

Detailed findings

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

We also looked at how well services are provided for specific groups of people and what good care looks 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 living in vulnerable circumstances
- People experiencing poor mental health (including people with dementia)

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations including NHS England, the local Clinical Commissioning Group (CCG) and Healthwatch Derbyshire to share what they knew. We carried out an announced visit on 16 April 2015. During our visit we spoke with a range of staff including GP's, practice nurses, practice manager, dispensing staff, reception and administrative staff. We reviewed policies, procedures and other documents in relation to the management and day-today running of the practice. We spoke with patients who used the service. We talked with carers and family members. We reviewed comment cards, NHS Choices and national GP patient survey results where patients and members of the public shared their views and experiences of the service.

Good

Are services safe?

Our findings

Safe Track Record

The practice used a range of information to identify risks and improve quality in relation to patient safety. The practice had policies and procedures for reporting and responding to accidents, incidents and near misses. Staff we spoke with told us that they were aware of the procedures for reporting and dealing with risks to patients and concerns. They told us that they were supported to raise concerns and that the procedures within the practice worked well.

There were systems for dealing with the alerts received from the Medicines and Healthcare Products Regulatory Agency (MHRA). These alerts have safety and risk information regarding medication and equipment, often resulting in the review of patients prescribed medicines and/or the withdrawal of medication from use and return to the manufacturer. The practice manager, GPs and pharmacy dispenser told us that they held joint responsibilities for reviewing MHRA and other relevant alerts. We saw that alerts received were reviewed and shared with members of staff by way of electronic communications and at weekly practice meetings. Alert documents were made available on the practice shared computerised information system for staff to access. For example we saw that if the alert related to a specific medication, records were checked to identify any patients prescribed the item, which was followed by a review of the patient and the appropriateness of the treatments, which were amended where this was indicated.

There were also arrangements for reviewing and acting on National Patient Safety Agency (NPSA) alerts. These are alerts that are issued to help reduce risks to patients who receive NHS care and to improve safety. We saw evidence that these were shared with staff and actions taken as necessary to improve safety outcomes for patients.

Complaints, accidents and other incidents such as significant events and near misses were reviewed regularly to monitor the practice's safety record and to take action to improve on this where appropriate. We reviewed safety records, incident reports and minutes of meetings where these had been discussed during the last 12 months. This showed the practice had managed these consistently over time and so could evidence a safe track record over the long term.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents, accidents and near misses. Staff we spoke with said that they would report any significant or untoward event to their line manager. We saw that reporting forms were available on the computerised system and hard copies were also available and staff were aware of where to find these. We looked at records in respect of incidents, which had occurred within the previous twelve months. Incidents were discussed at clinical meetings and we found that these had been investigated and learning or changes to practice had been shared with staff.

Staff, including receptionists, administrators and nursing staff, told us the practice had an open and transparent culture for dealing with incidents when things went wrong or where there were near misses. They told us that they were supported and encouraged to raise concerns and to report any areas where they felt patient care or safety could be improved. Staff we spoke with were aware of and could tell us of changes that had been implemented following serious or significant incidents. For example the nurse practitioner told us of learning and changes in procedures following the use of an incorrect container to send a patient sample for analysis.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. Patients who we spoke with during our inspection and those who completed comment cards told us that they felt safe and that they had no concerns. We looked at training records which showed that some, but not all staff had received relevant role specific training on safeguarding adults and children. The lead GP told us that they had given a presentation to staff on safeguarding vulnerable patients. Staff we spoke with knew how to recognise signs of abuse in older people, vulnerable adults and children. They were

also aware of their responsibilities and knew how to share information with the relevant agencies in working hours and out of normal hours. Contact details were easily accessible to staff.

The practice had appointed a dedicated GP lead in safeguarding for adults and children. Records we viewed showed that they had been trained to the appropriate level in safeguarding children, which had last been updated in December 2014. . All staff we spoke with were aware who the lead was and who to speak to in the practice if they had a safeguarding concern.

There was a system to highlight vulnerable patients on the practice's electronic records. GPs were appropriately using the required codes on their electronic case management system to ensure risks to vulnerable adults and children and young people who were looked after (under the care of the local authority / in foster care) or on child protection plans were clearly flagged and reviewed. Information in relation to risks and vulnerabilities was recorded within the practice computerised system and used to make staff aware of any relevant issues when patients attended (or failed to attend) appointments. The lead safeguarding GP was aware of vulnerable children and adults and records demonstrated how they had previously worked with partner agencies such as the police and social services where concerns about patients had been identified.

The practice had a chaperone policy, which was available but not easily visible in one waiting room. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). The nursing team undertook the role of a chaperone. Records we viewed showed that for both staff security checks had been carried out through the Disclosure and Barring Service (DBS). Staff we spoke with had had undertakenchaperone training and had a good understanding of their roles and responsibilities.

Patients' individual records were kept on the practice electronic system which collated all communications about the patient including scanned copies of communications from hospitals, out-of-hours providers and community services. We saw evidence that staff had undertaken training in the use of the electronic system and audits were carried out to assess the completeness of these records. Action had been taken to address any shortcomings identified.

Medicines Management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. Medicines were stored at the appropriate temperature to ensure that they remained effective. The temperatures of fridges used to store medicines were checked and recorded daily to ensure that they did not exceed those recommended by the medicine manufacturer.

The practice had policies and procedures in place for the receipt, handling and storage of temperature sensitive medicines such as vaccines to ensure that medicines remained effective and suitable for use. Staff who we spoke with demonstrated that they adhered to these procedures.

Processes were in place to check medicines were within their expiry date and suitable for use. Records were maintained to show that these checks were carried out regularly. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

The nurses administered vaccines using directions that had been produced in line with legal requirements and national guidance. We saw up-to-date copies of these directions and evidence that nurses had received appropriate training to administer vaccines.

The practice provided medicine dispensing services to over 90% of patients. We spoke with dispensing staff at the practice who were aware that prescriptions should be signed before being dispensed. If prescriptions were not signed before they were dispensed, staff were able to demonstrate that these were risk assessed and a process was followed to minimise risk. We saw that this process was working in practice. The practice had a system in place to assess the quality of the dispensing process and had signed up to the Dispensing Services Quality Scheme, which rewards practices for providing high quality services to patients of their dispensary. Records showed that all members of staff involved in the dispensing process had received appropriate training and their competence was checked regularly.

The practice had established a service for patients to pick up their dispensed prescriptions at the three branch surgeries and had systems in place to monitor how these medicines were collected. They also had arrangements in place to ensure that patients collecting medicines were

given all the relevant information they required. The practice also provided a weekly medicines delivery service and medicines in dossett boxes (individualised boxes containing medications organised into compartments by day and time, so as to simplify the taking of medications) to patients as required and a monthly medicines delivery service to patients who were unable to visit the practice.

We saw the practice held regular medicines management meetings and monthly prescribing meetings to review and monitor their prescribing practices. There were suitable procedures for reviewing patients' medicines and repeat prescriptions. All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were handled safely. However improvements were needed in accordance with national guidance so as to ensure that they were tracked through the practice to minimise risks of misuse and to aid audit purposes.

The GPs discussed the arrangements for the management of high risk medicines which may have serious side-effects. GPs told us that patients who were prescribed these medicines had regular blood tests carried out and that these were reviewed when authorising repeat prescriptions.

Patients we spoke with told us they were given information about any prescribed medicines such as side-effects and any contra-indications. Patients we spoke with and those who completed comment cards told us that that the repeat prescription service worked well and they had their medicines in good time. They also confirmed that their prescriptions were reviewed and any changes were explained fully.

Cleanliness & Infection Control

The practice had appropriate policies and procedures in place to protect patients and staff against the risk of infections. Patients we spoke with during the inspection told us that they found the practice was always clean and that they had no concerns. We observed the premises to be clean and tidy. Hand sanitising gels were available for patient and staff use. These were located at the reception area and throughout the practice as were posters promoting good hand hygiene. Hand washing sinks with liquid soap, sanitising gel and paper towel dispensers were available in treatment rooms.

We saw there were detailed cleaning schedules in place for daily, weekly and periodic cleaning tasks for general and clinical areas. Cleaning records were kept to show when cleaning had been carried out. The practice had arrangements for monitoring the infection control procedures. Regular infection control audits had been carried out to test the effectiveness of the procedures in place to protect staff and patients against the risks of infection. We saw that where audits identified any areas for changes to practices or procedures that these were implemented in a timely way.

There were infection control policies and procedures for staff to follow, which enabled them to plan and implement control of infection measures. These included procedures for dealing with bodily fluids, handling and disposing of surgical instruments and dealing with needle stick injuries. Staff were provided with appropriate personal protective equipment including disposable gloves and aprons. Spillage kits were available for cleaning and disposing of body fluids. We saw records to confirm that patient privacy curtains were changed on a regular basis. The practice provided minor surgical procedures such as excision and biopsy of skin lesions and joint injections. We saw that single use disposable instruments were provided for all minor operations they performed and staff were trained in aseptic technique to minimise the risks of infections. We saw that audits were carried out in respect of surgical procedures that were performed in line with policies and procedures.

We saw that the practice had arrangements and notices in place for the segregation of clinical waste at the point of generation. Sharps containers were available in all consulting rooms and treatment rooms, for the safe disposal of sharp items, such as used needles. We saw evidence that all clinical staff had undertaken infection control training and staff underwent screening for Hepatitis B vaccination and immunity. People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections

Staff recognised patients who may be more vulnerable and susceptible to infections, such as babies, young children, older people and patients whose immune systems may be compromised due to illness, medicines or treatments. Advice and information was provided so as to help patients

protect themselves against the risks of infections. Information and advice was available about the Ebola virus and what they should do should they or someone they knew experienced potential symptoms of the virus.

The nurse practitioner took a lead role for infection control. From records viewed we saw that they had undertaken further training to enable them monitor and oversee the infection control procedures within the practice. Records showed that all other staff had undertaken infection control training. We reviewed the minutes of practice meetings and saw that infection prevention and control was discussed as needed.

The practice had conducted a risk assessment to identify and manage the risks associated with legionella (a germ found in the environment which can contaminate water systems in buildings). At the time of our inspection they were in the process of working through the action plan developed from this assessment.

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. We found that the practice had sufficient stocks of equipment and single-use items required for a variety of diagnostic and screening procedures, such as blood tests for anticoagulant treatment, respiratory, diabetes and well person procedures. Staff told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested. Records we viewed showed that relevant equipment such as weighing scales, spirometer, thermometers, ear syringe and the fridge thermometer were calibrated in line with the manufacturer's instructions so as to ensure that this equipment was fit for use. Through discussion with staff and a review of records we saw that equipment was replaced as needed.

Staffing & Recruitment

The practice had suitable and robust procedures for recruiting new staff to help ensure that they were suitable to work in a healthcare setting. These set out the processes for assessing a person's suitability to work within the practice, including carrying out criminal records checks and obtaining employment references. We reviewed six staff records for staff including GPs, nurses and administrative staff. Records included proof of identification and evidence of each person's qualifications and registration with the appropriate professional body, such as the Nursing and Midwifery Council (NMC) for nurses and the General Medical Council (GMC) for GPs where appropriate. We saw that appropriate references and criminal records checks through the Disclosure and Barring Service (DBS) had been obtained for all staff.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a rota system in place for all the different staffing groups to ensure that enough staff were on duty at this practice and the three branch surgeries. There were also arrangements in place for members of staff, including nursing and administrative staff, to cover each other's annual leave and to cover for periods of unplanned absence due to illness.

Staff told us there were enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe. The practice manager showed us records to demonstrate that actual staffing levels and skill mix were in line with planned staffing requirements and that these were regularly reviewed to ensure that they met the needs of patients.

Monitoring Safety & Responding to Risk

The practice had a health and safety policy, which staff were aware of. Risks were identified through a variety of assessments, which covered areas such as premises, medicines management, staffing levels and the impact of adverse weather conditions on the running of the practice. These assessments were, monitored and audited to ensure that the practice environment, equipment and staff practices were safe.

The practice had policies and procedures in place for recognising and responding to risks. Staff we spoke with told us that they were aware of these procedures. For example staff had access to policies and procedures for treating sudden deterioration in patients including children and treating patients in the event of a mental health crisis. Staff were able to demonstrate that they were aware of the correct action to take if they recognised risks to patients; for example they described how they would escalate concerns about an acutely ill or deteriorating child or a patient who was experiencing a mental health issue or crisis.

GPs we spoke with could demonstrate that they had considered the risks associated with medicines prescribed

in the treatment of patients including those who had mental health conditions. We saw that the practice had appropriate systems in place for reviewing patients' medicines every six months or more frequently if required.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Records showed that all staff had received training in basic life support. Emergency medicines and equipment was available including access to oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). When asked, all members of staff knew the location of this equipment. Records we viewed confirmed that this equipment was checked regularly. There were protocols in place for dealing with medical emergencies including the treatment of cardiac arrest, anaphylaxis and hypoglycaemia and appropriate medicines were available. Anaphylaxis kits were available to treat patients in the event of allergic reaction to medicines. Staff were able to describe how they would act in the event of patients requiring emergency treatment and how they supported these patients.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice such as loss of power, adverse weather conditions, staff shortages or other circumstances that may affect access to the building and unplanned sickness. The plan identified the actions staff should take in the event of any such incident. The plan identified the risks of adverse weather conditions and the potential impact this could have on patients accessing services due to the geographical landscape of the area. There were robust plans to help ensure that patients could be seen at the practice or the branch surgery closest to their homes, or that home visits or telephone consultations were available.

The practice had carried out a fire risk assessment that included actions required to maintain fire safety. Records showed that staff were up to date with fire training and that fire equipment was inspected periodically to ensure that it was in safe working order. Fire evacuation procedures were displayed throughout the practice and staff were aware of the procedures to evacuate the premises in the event of a fire or other incident.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

We saw that patient care and treatment was delivered in line with recognised best practice standards and guidelines. The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to patient care and treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE), Clinical Commissioning Group guidelines and policies. Staff told us that information and any changes in legislation or national guidelines were shared during regular clinical staff meetings. Records we viewed confirmed this. Data we reviewed showed that the practice's performance in assessing and treating patients with long term conditions such as diabetes, asthma, chronic respiratory diseases and heart disease were generally in line with or above that the local Clinical Commissioning Group (CCG) and national averages. The practice was also performing well for the uptake of all childhood vaccinations and immunisations, flu vaccinations and women's cervical screening.

We found from our discussions with the GPs and nurses that staff completed thorough assessments of patients' needs, in line with NICE guidelines and these were reviewed when appropriate. We saw that all patients received appropriate treatment and regular review of their condition. The practice used computerised tools to identify and review registers of patients with complex needs, for example, patients with learning disabilities or those with long term conditions. The nurse practitioner told us they had a specialist interest in diabetes. They had worked proactively in helping patients manage their diabetes with support from the practice resulting in a reduction in patients being admitted to hospital with diabetes related issues.

Clinical staff we spoke with told us that there was a very open culture within the practice for seeking advice and support from colleagues.

Staff told us that information relating to patients who accessed the out-of-hours services and patients' test results were reviewed by GPs on a daily basis. We saw evidence that when patients were discharged from hospital, their patient records were sent to the patient's GP for review and that any changes to medication or on-going treatments were recorded appropriately.

Management, monitoring and improving outcomes for people

Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews, summarising patient's records, managing child and adult protection alerts and medicines management.

The practice participated in all the enhanced services from the Clinical Commissioning Group (CCG), Public Health and NHS England. (Enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). The practice achieved 98.6% of the maximum Quality and Outcomes Framework (QOF) results 2013/14 in the clinical domain. The QOF is part of the General Medical Services (GMS) contract for general practices. It is a voluntary incentive scheme which rewards practices for how well they care for patients. The practice used QOF to assess its performance. QOF data showed the practice performed just below in comparison to the national and local average. For example we saw that the practice had performed higher than the local CCG average for delivering the majority of baby and childhood immunisations. The practice also scored similar or better than national averages for antibiotic and sedative medicines prescribing. The practice scored higher than the national averages for monitoring patients with diabetes and ensuring that their blood glucose, cholesterol levels and albumin:creatinine ratios were within normal ranges. This test helps to identify potential kidney failure, which can be associated with diabetes.

We saw that patients with mental health disorders including bi-polar schizophrenia and dementia were supported appropriately with a high proportion (100% in some cases) patients having an agreed care plan and regular reviews of their health and medication.

The practice had a system in place for carrying out clinical audits, a process by which practices can demonstrate on-going quality improvement and effective care. Clinical audits are ways in which the delivery of patient treatment and care is reviewed and assessed to identify areas of good practice and areas where practices can be improved. At the

Good

Are services effective?

(for example, treatment is effective)

time of our inspection the practice had started but not completed a number of audit cycles. We looked at one clinical audit which was being carried out. The audit reviewed the practice prescribing for Diclofenac (a non-steroidal anti-inflammatory used in the treatment of pain and inflammatory conditions) to ensure that prescribing practices were safe, in line with local guidelines and followed the National Institute for Health and Care Excellence (NICE) guidelines. The practice had also carried out audits in relation to minor surgical procedures carried out to identify and minimise risks of post procedure infections.

The practice protocol for repeat prescribing was in line with national guidance and staff regularly checked that patients receiving repeat prescriptions had been reviewed by the GP. They also monitored the routine health checks carried out for patients with long-term conditions such as diabetes, asthma and chronic heart disease and for patients with learning disabilities and those with mental health conditions.

The practice kept a register of patients receiving palliative care. The practice held regular multidisciplinary meetings which were well attended by external professionals such as the community nursing team to help ensure that patients with life limiting conditions were treated and supported appropriately.

Effective staffing

The practice employed staff who were suitably skilled and qualified to perform their roles. Records we viewed showed that appropriate checks had been made on new staff to ensure they were suitable for a role in healthcare. We spoke with staff and reviewed staff records and saw that all staff were up to date with training including annual basic life support, infection control and fire safety. All GPs were up to date with their yearly continuing professional development requirements and all had either completed their revalidation or had a date set for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by NHS England can the GP continue to practise and remain on the performers list with the General Medical Council).

Staff including practice nurses and health care assistants had clearly defined roles within the practice and were able to demonstrate that they were trained to fulfil these duties.

All staff undertook annual appraisals of their performance from which learning and development needs were identified. Records viewed showed that staff had individual personal development plans in place. Staff we spoke with confirmed that the practice was proactive in providing training and funding for relevant courses. The practice also had systems in place for identifying and managing staff performance and providing support and further training to assist staff should they fail to meet expected standards.

Working with colleagues and other services

The practice worked with other service providers, including social services, the local hospital trust and community services to meet patients' needs and manage complex cases. There were clear procedures for receiving and managing written and electronic communications in relation to patients' care and treatment. Correspondence including test and X-ray results, letters including hospital discharge, out of hour's providers and the 111 summaries were reviewed and actioned on the day they were received. All staff we spoke with understood their roles and felt the system in place worked well.

The practice held monthly multidisciplinary team meetings to which the relevant community health and social care professionals were invited to review and plan care and treatment for patients such as those who with life limiting illnesses and vulnerable patients. Staff felt that these meetings and the use of the electronic patient recorded system worked well to maintain a comprehensive record of health interventions. The practice had an established system for patient referral to external services for assessments, treatment or advice. Staff reported that they worked well with the local out-of-hours provider to share up to date information in relation to the needs of people who were receiving palliative care was shared so as to ensure that these patients received appropriate care according to their changing needs.

The practice manager and GPs also engaged with other locality managers through meetings held on a two monthly basis for support and advice on issues relating to primary medical services.

Information Sharing

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record to coordinate, document and manage patients' care. All staff were fully trained on the system, and

Good

Are services effective?

(for example, treatment is effective)

commented positively about the system's safety and ease of use. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

The practice used several electronic systems to communicate with other providers. For example, the community nursing team and health visitors had access to the patient records where patients had consented to the sharing of their medical information. Electronic systems were also in place for making referrals to secondary care services such as specialist consultants. Staff reported that the systems were easy to use.

The practice had ensured the electronic Summary Care Records were completed and accessible on line. Summary Care Records provide faster access to key clinical information for healthcare staff treating patients in an emergency or outside of normal hours.

Consent to care and treatment

The practice had policies and procedures in place for obtaining a patient's consent to care and treatment where patients were able to give this. The policy covered documenting consent for specific interventions. For example, for all minor surgical procedures, a patient's verbal consent was documented in the electronic patient notes with a record of the relevant risks, benefits and complications of the procedure. Consent procedures included information about people's right to withdraw consent.

GPs and nurses we spoke with had a clear understanding of the practices' consent policies and procedures and told us that they obtained patient's consent before carrying out physical examinations or providing treatments. Patients we spoke with confirmed that their treatment, options available, risks and benefits had been explained to them in a way that they could understand. They told us that their consent to treatment was sought before the treatment commenced.

Staff we spoke with were aware of the Mental Capacity Act 2005, the Children Acts 1989 and 2004 and their duties to meet the requirements of these legislations when treating patients. All the clinical staff we spoke with understood the key parts of the legislation and were able to describe how they implemented it in their practice.

Patients with a learning disability and those with dementia who were supported to make decisions through the use of care plans, which they and / or their carers were involved in agreeing, where they were able to do so. When interviewed, staff gave examples of how a patient's best interests were taken into account if a patient did not have capacity to make a decision. All clinical staff demonstrated a clear understanding of Gillick competencies. (These help clinicians to identify children aged under 16 years who have the legal capacity to consent to medical examination and treatment).

Health Promotion & Prevention

There was a wide range of information leaflets, booklets and posters about health, social care and other helpful topics in the waiting room, reception and entrance hall where patients could see them. These included information to promote good physical and mental health and lifestyle choices. We saw information about promoting and maintaining physical and mental health, domestic abuse advice and support was available in a patient folder and prominently displayed in waiting areas with helpline numbers and service details. Information available included advice on diet, smoking cessation, alcohol consumption and substance misuse. There was information available about the local and national help, support and advice services. This information was available in written formats within the practice and on the practice website.

Information about the range of immunisation and vaccination programmes for children and adults, including MMR, Shingles and a range of travel vaccinations were well signposted throughout the practice and on the website.

The practice offered a full range of health checks. All newly registered patients were offered routine medical check-up appointments with a health care assistant or nurse. Patients between 40 and 74 years old who had not needed to attend the practice for three years and those over 75 years who had not attended the practice for a period of 12 months were encouraged to book an appointment for a general health check-up. We noted a culture among the GPs to use their contact with patients to help maintain or improve mental, physical health and wellbeing. The practice had identified and offered appropriate smoking cessation support to patients.

Good

Are services effective?

(for example, treatment is effective)

Data we viewed for 2013/14 showed that the practice performed at or above the local and national averages for the uptake of standard childhood immunisations, seasonal flu vaccinations, cervical screening (smear tests) and annual health checks for patients with one or more long-term health condition such as diabetes and respiratory diseases. At the time of our visit we saw that the practice was monitoring its performance for 2014/15 and were proactively targeting patients who had failed to attend appointments for healthcare screening, immunisations and annual health checks.

Good

Are services caring?

Our findings

Respect, Dignity, Compassion & Empathy

Patients we spoke with during our inspection spoke passionately about the care and empathy with which staff treated them. Patients commented that all staff were caring and compassionate. We reviewed the most recent data available for the practice on patient satisfaction. This included information from the 2014 national GP patient survey, and a survey of patients undertaken by the practice in 2014. We saw that patients responded positively indicating that they received a caring service. For example, 91% of patients who completed the national GP patient survey said that the last GP or nurse who were good at treating them with care and concern.

Patients completed CQC comment cards to tell us what they thought about the practice. We received 28 completed cards and all were positive about the service experienced. Patients said they felt the practice offered a good service and staff were efficient, helpful and caring, kind and compassionate. They said staff treated them with dignity and respect. The majority of patients commented that they were listened to and involved in making decisions about their care and treatment. We also spoke with patients on the day of our inspection. All told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Privacy curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private. Private facilities were available to speak with patients away from the public reception area to maintain patient confidentiality. We also saw that there were arrangements in place for the secure disposal of confidential records and information through a commissioned service.

Staff told us that if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected, they would raise these with the practice manager. The practice manager told us she would investigate these and any learning identified would be shared with staff.

There was a policy and procedure in place to support and manage patients who displayed abusive behaviour. Staff told us how they would try to immediately diffuse the situation and accommodate patients' needs wherever possible.

Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example, data from the national patient survey showed the majority of practice respondents said the GP involved them in care decisions and they felt the GP was good at explaining treatment and results. Both these results were similar to the average compared to the local Clinical Commissioning Group (CCG) area. The results from the practice's own satisfaction survey showed that patients said they were sufficiently involved in making decisions about their care.

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment they wished to receive. Patient feedback on the comment cards we received was also positive and aligned with these views.

Staff told us that patients can request an interpreter service. The practice told us that they were not aware of any patient who did not speak English as their first language and language interpretation facilities were available if required.

Patient/carer support to cope emotionally with care and treatment

Patients who we spoke with during the inspection spoke passionately about the level of emotional support that they

Good

Are services caring?

and their families received from staff at the practice. We were told that the practice worked proactively with other health and social care providers to enable patients who wished to remain living in their homes when their health deteriorated. GPs and community staff told us that they worked well to support patients' changing needs in relation to end of life care and treatment and that supporting patients to stay in their preferred place was a big part of this work. We saw that patients receiving palliative care had care plans, which were shared with relevant health care providers, including the out-of-hours service to ensure that patients received appropriate care as they approached their end of life.

The practice had policies and procedures in place for identifying and support patients who voluntarily spent time looking after friends, relatives, partners or others, who needed help to live at home due to illness or disability. Patients who were carers for others were identified at registration we were shown the written information available for carers to ensure they understood the various avenues of support available to them. The survey information we reviewed showed patients were positive about the emotional support provided by the practice and rated it well in this area. Notices in the patient waiting room, told people how to access a number of support groups and organisations.

The practice had procedures for supporting bereaved families. Staff told us that if families had experienced bereavement, their usual GP contacted them by telephone and appointments or home visits were arranged as needed. The practice had arrangements for obtaining patients' wishes for the care and treatment they received as they approached the end of their lives. Patients' wishes in respect of their preferred place to receive end of life care were discussed. The GPs worked with other health care professionals and organisations to help ensure that patients' wishes were acted upon. Information was available about the support available to patients who were terminally ill and their carers and families.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood and was responsive to the different needs of the population it served and acted on these to plan and deliver services. The practice is located in a mainly rural area and many patients lived in small villages, hamlets and isolated rural dwellings. The majority of the practice patient population were older people who were retired from work, with fewer young families. To assist patients living in more remote areas the practice provided a mini bus service once a week on alternate Wednesdays and Thursdays. Patients' medicines were delivered to their homes if they were unable to attend the practice. The practice had three branch surgeries and the majority of appointments were booked through the main surgery so that patients had one telephone contact number.

The practice kept registers for patients who had specific needs including vulnerable people, travelling communities and patients with dementia, mental health conditions, learning disabilities or life limiting conditions who were receiving palliative care and treatment. These registers were used during the regular multidisciplinary meetings to discuss, monitor and respond to the changing needs of patients.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. The majority of patients at the practice were older retired people and a higher than average number of patients were over 85 years. The practice had adapted its services to meet the needs of patients and provided medicines dispensing to over 90% of patients. Home visits and telephone triage consultations and weekly medicines delivery services were available for patients who were unable to attend the practice.

The practice had policies and procedures for promoting diversity and equality. The majority of patients at the practice spoke English as their first language. The practice had access to online and telephone translation services if required. Staff told us that a small number of patients had full or partial hearing loss and that Type Talk system was available.

The premises and services were suitable to meet the needs of patient with disabilities for example the entrance was accessible via a ramp. We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients attending the practice including baby changing facilities.

Access to the service

Patients we spoke with during the inspection and those who completed comment cards told us that they could always get an appointment with their preferred GP and same day appointments for urgent treatments if needed. These levels of patient satisfaction were also reflected in the results of the National GP Patient Survey 2014. We saw that 83% of patients who responded to the survey and who had a preferred GP said that they usually got to see or speak with this GP, 96% said that they found it easy to get through to the surgery by telephone and 93% of patients rated their overall experience of the practice appointments system as good. These results were above the local Clinical Commissioning Group (CCG) averages for patient satisfaction.

The practice was open between 8am and 6.30pm and GP appointments were available from 9am to 11.30am and 3pm to 6.30pm on weekdays. Details about how to make, reschedule and cancel appointments was available to patients on the practice website. This included how to arrange urgent appointments and home visits and how to book appointments through the website. The practice website provided information about the availability of GPs, some of whom worked part time and the website informed patients of days when GPs were unavailable. Appointments could also be booked via mobile telephone applications using 'smartphone' technology.

There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed,they were put through directly to the out-of-hours doctor.Information on the out-of-hours service was provided to patients.

GPs and reception staff told us that appointments for children and young people were available outside of school hours and home visits were available for older people and those with long term conditions, who were unable to visit the practice. Longer appointments were

Good

Are services responsive to people's needs?

(for example, to feedback?)

available as needed for patients who required more time or support including people with learning disabilities, those with mental health conditions and patients with complex medical conditions.

The practice offered a range of services including ante natal clinics on alternate Thursdays and weekly children's health drop in sessions with the health visitor. Family planning and advice sessions, asthma treatment and travel vaccinations were available through routine booked appointments.

Listening and learning from concerns & complaints

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

We saw that information was available to help patients understand the complaints system in posters displayed in patients waiting areas, within the practice leaflet (available in print and online) and in a complaints leaflet. Patients we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at a sample of complaints received by the practice within the previous 12 months. We found that the patients concerns had been fully investigated and a response was sent to the patient, outlining the outcome of the investigation and offering apologies where this was indicated. We saw that complaints had been investigated and responded to within the timescales as set out in the complaints procedure. The response letters also included details of how a complainant could escalate their concerns to the NHS England and the Health Services Ombudsman, should they remain dissatisfied with the outcome or if they felt that their complaints had not been dealt with fairly.

From records we viewed and through discussions with several members of staff we found that patient's complaints and concerns were discussed at staff meetings, where learning and changes to practices were shared. Staff we spoke with told us that they were able to contribute ideas and suggestions for improving practice where things went wrong. We saw that complaints and concerns were reviewed periodically to identify any themes or trends in patient dissatisfaction. From the most recent analysis of complaints, which was carried out in March 2015 we saw that there were no trends or themes arising from complaints made.

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 meet the individual needs of patients. Staff we spoke with were aware of the vision and values for the practice and told us that they were supported to deliver these. The practice philosophy was described in the patient information leaflet and on the practice website. The practice had systems for discussing and reviewing future planning and strategy, through clinical and non-clinical staff meetings, which it reviewed regularly.

The practice was active in focusing on outcomes in primary care. We saw that the practice had recognised where they could improve outcomes for patients and had made changes accordingly through reviews and listening to staff and patients.

Governance Arrangements

The practice had a number of policies and procedures in place to govern its activity and these were available to staff. We looked at a sample of these policies and procedures, including those related to medicines management, infection control, staff recruitment and training, fire safety and patient confidentiality. All policies we viewed were up to date and subject to regular review to ensure that they were relevant and developed with local and national guidelines.

There was a clear leadership structure with named members of staff in lead roles. For example, there was a lead nurse for infection control and the senior partner was the lead for safeguarding. We spoke with 11 members of staff and they were all clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed it was performing above or in line with national standards. We saw that QOF data was regularly discussed at monthly team meetings and action plans were produced to maintain or improve outcomes.

A number of clinical audits were carried out in the practice. While these audits had not completed full cycles we saw evidence that they were used to monitor patient treatment and that changes were made to medicines and treatment practices in line with changes to national and local guidelines. From a review of records including minutes from staff meetings, appraisals, complaints and significant event recording we saw that information was regularly reviewed to identify areas for improvement and to help ensure that patients received safe and appropriate care and treatments.

Leadership, openness and transparency

All staff we spoke with told us that GPs and the practice management team were supportive and approachable. They told us that they were encouraged to share new ideas about how to improve the services they provided and that the practice was well managed. They told us that there was an open and transparent culture within the practice and that both staff and patients were encouraged to make comments and suggestions about how the practice was managed, what worked well and where improvements could be made.

There was good communication between clinical and non-clinical staff. The practice held a range of weekly clinical and non-clinical staff meetings to discuss any issues or changes within the practice. We observed a staff meeting between receptionists, nursing, dispensing and administrative staff. We saw that staff spoke openly and discussed any issues arising in relation to the day to day running of the practice. We found that staff made positive contributions and opinions and suggestions were well received within the team.

Seeking and acting on feedback from patients, public and staff

The practice sought feedback from patients on a regular basis. The practice had an active Patient Participation Group (PPG). A PPG is made of practice staff and patients that are representative of the practice population. The main aim of the PPG is to ensure that patients are involved in decisions about the range and quality of services provided and, over time, commissioned by the practice. We spoke with two members of the PPG and they told us that the practice was open to and acted on, where possible, the suggestions made by the group. They told us that the group met regularly and that patients who wished to participate but were unable to attend meetings could contribute virtually by email. The PPG carried out patient surveys and the results from these were made available to

Are services well-led?

Good

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

patients, as they were displayed in the patient waiting area and on the practice website. The results from the most recent survey, carried out in 2014 showed that patients were satisfied with the services they received at the practice. The results of the survey identified areas where improvements were needed such as providing patient information in a dedicated folder and adding the nurse and healthcare assistant appointments to the appointment timetable. We saw that a number of improvements had been made and the practice was working with the PPG in acting on and making the improvements suggested

The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they were supported to actively contribute and give their feedback, comments and suggestions. Staff told us they felt involved and engaged in the practice to improve outcomes for both staff and patients. The practice had a whistleblowing policy which was available to all staff and those we spoke with said that they would feel confident in reporting any concerns.

Management lead through learning and improvement

The practice had management systems in place which enabled learning and improved performance. We spoke with a range of staff, all of whom confirmed that they received annual appraisals where their learning and development needs were identified and planned for. Staff told us that the practice constantly strived to learn and improve patients' experiences and to deliver high quality patient care.

Clinical staff told us that the practice supported them to maintain their professional development through training and mentoring. All the staff we spoke with told us that the practice was very supportive of training and that they had protected time for learning and personal development. Through discussions with staff and a review of records we saw that the practice monitored, reviewed and acted on incidents such as significant events, near misses and complaints to make improvements as needed