

Quorn Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Outstanding



Are services safe?

Good



Are services effective?

Outstanding



Are services caring?

Good



Are services responsive to people's needs?

Outstanding



Are services well-led?

Outstanding



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 Quorn Medical Centre on 10 January 2017. Overall the practice is rated as outstanding.

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

- There was an open and transparent approach to safety within the practice. Effective systems were in place to report, record and learn from significant events. Learning was shared with staff and external stakeholders where appropriate.
- Risks to patients were assessed and well managed. Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Outcomes for people who use the service were consistently better than expected when compared to other practices.
- Training was provided for staff which equipped them with the skills, knowledge and experience to deliver effective care and treatment.

- Patients were valued as individuals and empowered as partners in their care. They told us they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- National patient survey results showed 98% of patients said they were able to get an appointment to see or speak to someone the last time they tried. This was much better than others locally.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns and learning from complaints was shared with staff and stakeholders.
- The leadership, governance and culture were used to drive and improve the delivery of high quality person centred care. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw some areas of outstanding practice, including:

Summary of findings

- GPs had led and delivered improved outcomes and care for patients including across the local Clinical Commissioning Group (CCG) and over wide range of clinical areas including diabetes. The practice actively sought to prevent diabetes through the identification and follow up of patients with pre-diabetes or statistically at risk of diabetes.
- Services were tailored to meet the needs of individual people and delivered in a way to ensure flexibility, choice and continuity of care, as demonstrated by below average for their use of accident and emergency (A&E), emergency admissions and outpatient referrals in 2015/16.
- There was evidence of a highly engaged and proactive patient participation group (PPG) who participated in a number of initiatives to enrich the lives of patients.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place to ensure significant events were reported and recorded.
- Lessons were shared internally and externally when appropriate to make sure action was taken to improve safety in the practice.
- When things went wrong patients received support, information and apologies where appropriate. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were well assessed and managed within the practice.
- Appropriate recruitment checks had been carried out on recently recruited staff.

Are services effective?

The practice is rated as outstanding for providing effective services.

Outstanding



- Outcomes for people who use the service were consistently better than expected when compared to other practices. Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above average compared to the national average. The most recently published results showed the practice had achieved 100% of the total number of points available. This was 3% above the clinical commissioning group (CCG) average and 5% above the national average. The overall exception reporting rate was 6.6%, compared to the CCG average of 9.6% and the national average of 10%.
- Clinical quality outcomes were highly positive for indicators related to older people, people with long term conditions and people whose circumstances made them vulnerable.
- Staff used current evidence based guidance and local guidelines to assess the needs of patients and deliver appropriate care.
- There was an ongoing programme of clinical audit within the practice. The audits undertaken demonstrated improvements in quality.

Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment. There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The practice demonstrated a caring approach by working with their PPG to participate in a number of initiatives to enrich the lives of patients.
- Results from the national GP patient survey showed there were a number of areas where patients rated the practice higher than others locally and nationally.
- Information for patients about the services available was easy to understand and accessible.
- We saw that staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Views of external stakeholders were positive about the practice and aligned with our findings.

Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

Outstanding



- Services were tailored to meet the needs of individual people and delivered in a way to ensure flexibility, choice and continuity of care.
- Patients told us urgent appointments were generally available the same day with the GP of their choice and that reception staff were accommodating to patients' needs.
- Feedback from the national patient survey was highly positive about access to appointments.
- CCG data indicated the practice was below average for their use of accident and emergency (A&E), emergency admissions and outpatient referrals in 2015/16. Staff attributed their performance to their good access and use of the acute visiting service.
- Extended opening hours were provided from 6.45am to 8am on Thursday and Friday mornings, with GP and nurse

Summary of findings

appointments. Additionally, the practice self-funded the provision of appointments with the healthcare assistant during the extended opening hours as this was not covered in their agreement with NHS England.

- The practice provided a range of services within its premises including dermatology and hosted diabetic retinopathy clinics.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- The leadership, governance and culture were used to drive and improve the delivery of high quality person centred care. The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. This was underpinned by clear business development plans and regular monitoring of areas for improvement and development.
- There was a 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 practice had a well engaged and proactive patient participation group who were committed to promoting the practice health priorities through hosting health events for patients and the local community.
- The practice proactively sought feedback from staff and patients, and looked at ways to improve patient experience.
- There was evidence of continuous improvement through shared learning from the collaboration with neighbouring practices.

Outstanding



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 outstanding for the care of older people.

- They offered proactive, personalised care to meet the needs of the older people in their population. Monthly multidisciplinary meetings were held to review frail patients and those at risk of hospital admission to plan and deliver care appropriate to their needs. These included patients living in care homes.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. Requests were assigned to a home visiting service operated in the local area, ensuring patients were seen promptly.
- Elderly people who may be isolated were signposted to a local befriending scheme where they could be matched to a volunteer who visited them regularly to offer friendship and support.
- Feedback from a care home whose residents were registered with the practice was positive about the care and treatment provided, including support with end of life care needs. Staff from the care home told us all practice staff were highly responsive to their needs and GPs visited promptly when needed.
- Data from 2015/16 showed 75% of eligible patients aged over 65 years were given flu vaccinations, compared to the CCG average of 71.5%. Pneumonia and shingles vaccinations were offered to eligible patients.
- All patients aged over 75 years old had a named GP for continuity of care.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including atrial fibrillation, osteoporosis, rheumatoid arthritis and heart failure were above local and national averages. For example, the practice achieved 100% for outcomes relating to heart failure. This was achieved with an exception reporting rate of 12%, compared to the CCG average of 9% and the national average of 9%.
- There were provisions for older patients with mobility difficulties to access full medical services on the ground floor.

Outstanding



Summary of findings

People with long term conditions

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

- Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice operated a recall process for patients with long term conditions and provided home visits to housebound for routine checks required. Longer appointments were available when needed.
- The outcomes for patients with long term conditions were above national averages. For example, the overall performance on asthma related indicators was 100%, compared to the CCG average of 99% and the national average of 97%. The exception reporting rate asthma indicators was 0.7%, below the CCG average of 9% and the national average of 7%.
- For patients with the most complex needs, practice staff worked with relevant health and care professionals to deliver a multidisciplinary package of care. People with long term conditions were encouraged to attend structured education courses, for example, diabetes and pulmonary rehabilitation courses, to improve their outcomes.
- The practice actively sought to prevent diabetes through the identification and follow up of patients with pre-diabetes or statistically at risk of diabetes. There were 798 patients identified who were given lifestyle advice and reviewed annually to delay the onset of diabetes, resulting in better outcomes. GPs told us they had observed positive outcomes through a lower than expected diabetes prevalence.
- Performance for diabetes related indicators was 100%, compared to the CCG average of 93% and the national average of 90%. The exception reporting rate was 6%, compared to the CCG average of 11% and the national average of 12%.
- Additionally, diabetic retinopathy clinics were provided from the practice premises, reducing the need for patients to travel long distances to access them.

Outstanding



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. The practice had a child safeguarding lead GP

Outstanding



Summary of findings

and staff were aware of who they were. Meetings were held regularly with the health visitor, midwife and district nursing team to review children at risk, with liaison with the school nurse as required.

- Antenatal and baby clinics were provided regularly from the practice premises.
- Immunisation rates were high for all standard childhood immunisations. For example, immunisation rates for children under two years old averaged at 98% above the national standard of 90%.
- The practice offered a range of contraception services including implants and coil fittings.
- Urgent appointments were available on a daily basis to accommodate children who were unwell.
- The practice provided general medical services to approximately 300 students at a local school, including sexual health services. The practice encouraged all patients aged 15 to 24 years old to have chlamydia screening, with referrals offered for complex cases to specialist services.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Extended opening hours were provided from 6.45am to 8am on Thursday and Friday mornings, with GP and nurse appointments. Additionally, the practice self-funded the provision of appointments with the healthcare assistant during the extended opening hours as this was not covered in their agreement with NHS England.
- The practice was proactive in offering online services via its website. Appointments could be made and cancelled online as well as management of repeat prescriptions. Patients were able to access their medical records online.
- Uptake rates for screening were similar or better than the national average. For example, the uptake rate for cervical cancer screening in 2015/16 was 87%, above the CCG average of 83% and above the national average of 81%.

Outstanding



Summary of findings

- Patients who had been absent from work because of illness were supported with their return to work through the use of fit notes and the local fit to work scheme.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances. The electronic patient record system flagged patients who were known to be vulnerable or at-risk to staff, including those with a learning disability and children on the safeguarding register.
- Patients at risk of admission, receiving end of life care and those with life limiting conditions were given open access, ensuring that they could see a clinician when they felt they needed one.
- There were 33 patients on the learning disabilities register and 30 had had attended a face to face review appointment in 2016. Two patients had declined the appointments and one patient was not deemed appropriate. The practice liaised with the community learning disabilities specialist nurse to ensure patients who did not attend appointments received appropriate care at home.
- The practice provided medical services to three care homes for people with learning disabilities. Feedback from one of the homes where 13 patients were resident was highly positive about the caring and attentive manner of the GPs and access to the surgery when required. Staff from the home told us their residents received personalised care with annual health checks carried out and care plans updated regularly.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients, including patients on the palliative care register. There were 47 patients on the palliative care register.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had identified 160 patients as carers which was equivalent to 1.8% of the practice list. Carers were offered annual health checks.

Outstanding



Summary of findings

- Information was on display that advised patients printed material and practice documents were available in large print, easy-read format. Language interpreters were also available for patients who needed them.
- A hearing loop was available in the practice.

People experiencing poor mental health (including people with dementia)

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

- There were 56 patients on the mental health register. Published data showed 95% of patients on the mental health register with complex mental health conditions had a comprehensive care plan in the preceding 12 months, compared to the CCG average of 94% and the national average of 89%. This was achieved with an exception rate of 32%, compared to the CCG average of 30% and the national average of 13%. GPs told us they worked with a mental health facilitator who held clinics every two weeks at the practice to encourage patients who had declined invitations for review to attend. In addition, they told us there had been computer coding problems discovered in 2015/16 which affected their performance, and the problems had been resolved.
- The practice monitored their performance by keeping a record of all patients who had not attended an annual review and recorded the reasons why they did not attend or had not been invited.
- There were 71 patients on the dementia register. Nationally reported data showed 78% of patients diagnosed with dementia had a care plan reviewed in a face to face appointment, compared to the CCG average of 87% and the national average of 84%. The exception reporting rate was 9%, compared to the CCG average of 12% and the national average of 7%.
- Patients could access a practice therapist who provided weekly counselling clinics through referrals from a GP or via self-referral forms which were available in the waiting area.
- Patients experiencing poor mental health were told how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Outstanding



Summary of findings

What people who use the service say

We reviewed the results of the national GP patient survey published in July 2016. The results showed the practice was generally performing above local and national averages. A total of 217 survey forms were distributed and 109 were returned. This represented a response rate of 50% (1.6% of the practice list size).

Results showed:

- 93% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 71% and the national average of 73%.
- 98% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 86% and the national average of 85%.
- 92% of patients described the overall experience of this GP practice as good compared to CCG average of 85% and the national average of 85%.

- 87% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 76% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 completed comment cards which were wholly positive about the standard of care received. Patients highlighted the caring and helpful staff and said they were listened to during consultations.

We spoke with three patients who were members of the patient participation group during the inspection. Patients we spoke with were satisfied with the care they received and thought staff were friendly, committed and caring.

The results of the practice Friends and Family Test (FFT) collected between January and November 2016 were very positive with 98% of respondents saying they would recommend the practice to their friends and family.

Outstanding practice

- GPs had led and delivered improved outcomes and care for patients including across the local Clinical Commissioning Group (CCG) and over wide range of clinical areas including diabetes. The practice actively sought to prevent diabetes through the identification and follow up of patients with pre-diabetes or statistically at risk of diabetes.
- Services were tailored to meet the needs of individual people and delivered in a way to ensure

flexibility, choice and continuity of care, as demonstrated by below average for their use of accident and emergency (A&E), emergency admissions and outpatient referrals in 2015/16.

- There was evidence of a highly engaged and proactive patient participation group (PPG) who participated in a number of initiatives to enrich the lives of patients.

Quorn Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector, a GP specialist advisor and a practice nursing specialist advisor.

Background to Quorn Medical Centre

Quorn Medical Centre provides primary medical services to approximately 8700 patients through a general medical services contract (GMS). This is a locally agreed contract with NHS England.

The practice has been located in purpose built premises since 1986 in the Quorn village in Leicestershire. Facilities are on two floors and these include consulting and treatment rooms.

The level of deprivation within the practice population is below the national average with the practice falling into the least deprived decile. The level of deprivation affecting children and older people is significantly below the national average. The practice has a slightly higher than average numbers of patients over 65 years old. The number of people aged 20 to 40 years old is significantly lower than national averages.

The clinical team includes two GP partners (male), four salaried GPs (female), three practice nurses and one healthcare assistant and one phlebotomist. They are supported by a practice manager and 11 reception and administrative staff. It is a teaching practice offering placements for university medical students in their third and fourth year.

The surgery is open from 8.30am to 6pm on Monday to Friday. Extended opening hours are provided from 6.45am to 8am on Thursday and Friday mornings. There are morning and afternoon consulting clinics, with appointments starting at 8.45am up to 5.30pm every day.

The practice has opted out of providing out-of-hours services to its own patients. This service is provided by Derbyshire Health United (DHU) and is accessed via 111.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 10 January 2017. During our visit we:

- Spoke with a range of staff (including GPs, nursing staff, the practice manager and administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.

Detailed findings

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

The practice had systems and processes in place to enable staff to report and record incidents and significant events.

- Staff informed the practice manager of any incidents and completed a form detailing the events. Copies of the forms were available on the practice's computer system. Reported events and incidents were logged and tracked until the incident was closed. The incident recording system supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The practice manager kept a comprehensive log of all incidents and shared these with the CCG. The practice told us they were the second highest contributor to their CCG's system for incidents and issues.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, a written apology and were told about any actions taken to prevent the same thing happening again.
- Learning from significant events was shared with all staff and contributed to safer working practices. An annual review of all significant events received was undertaken. This enabled the practice to identify any themes or trends and all relevant staff were encouraged to attend.

Overview of safety systems and processes

Effective and well embedded systems, processes and practices were in place to help keep patients safe and safeguarded from abuse. These included:

- Effective arrangements were in place to safeguard children and vulnerable adults from abuse which reflected local requirements and relevant legislation. Policies were accessible to all staff and identified who staff should contact if they were concerned about a patient's welfare. There was a named GP lead for child and adult safeguarding and staff were aware of who

these were. There was evidence of regular liaison through regular meetings with GPs and community based staff including midwives, health visitors and school nurses to discuss children at risk.

- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three and nurses were trained to child safeguarding level two.
- Patients were advised through notices in the practice that they could request a chaperone if required. All staff who acted as chaperones had been provided with training for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- During our inspection we observed the practice to be clean and tidy and this aligned with the views of patients. A practice nurse was the lead for infection control within the practice. There were mechanisms in place to maintain high standards of cleanliness and hygiene. Effective cleaning schedules were in place which detailed cleaning to be undertaken daily and weekly for all areas of the practice. There were infection control protocols and policies in place and staff had received up to date training. Infection control audits were undertaken on a regular basis and improvements were made where required.
- Processes were in place for the review of high risk medicines. There was a nominated member of staff who ran monthly reports on patients on high risk medicines, and arranged appropriate follow-up with the GPs as appropriate.
- Action was taken when updates to medicines were recommended by the Medicines and Healthcare Products Regulatory Agency (MHRA). There was evidence to show patient searches had been undertaken in response to alerts and actions taken to ensure they were safe. A log was kept of medicines alerts they had received and acted on.
- There were arrangements for managing medicines, including emergency medicines and vaccines, to keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).

Are services safe?

Processes were in place for handling repeat prescriptions. There were no controlled drugs kept on the premises. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. The practice had adopted Patient Specific Directions for administering child flu vaccinations, which were administered by appropriately trained clinical staff. The health care assistants and nurses were trained to administer vaccines and medicines against patient specific prescriptions or directions from a prescriber.

- We reviewed four personnel files for clinical and non-clinical staff and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and managed.

- There were procedures in place to manage and monitor risks to patient and staff safety. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as legionella. (Legionella is a term for a particular

bacterium which can contaminate water systems in buildings). We saw that appropriate action was to act upon any identified risks to ensure these were mitigated.

- Arrangements were in place to plan and monitor staffing levels and the mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. There were effective arrangements in place to ensure there was adequate GP and nursing cover.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were accessible to staff and all staff knew of their location. Emergency medicines held in the practice which we checked on the day of the inspection were in date.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and a copy was kept off the practice site.



Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinical staff assessed the needs of patients and delivered care in line with relevant evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines and local guidelines.

- Systems were in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and local guidelines electronically. Relevant updates to these were discussed at regular clinical meetings and educational 'lunch and learn' meetings held by the practice.
- Staff attended regular training which supported their knowledge about changes and updates to guidelines.
- The practice monitored that these guidelines were followed through risk assessments, audits and checks of patient records. Where patients required reviews, alerts were added to their records and their prescriptions to ensure they were reminded of the reviews.

Management, monitoring and improving outcomes for people

The practice engaged with the CCG who undertook regular practice appraisals to monitor performance in comparison with other practices locally and nationally. An annual action plan was agreed to continue the process of improvement in assessment, diagnosis, referral, prescribing and long term disease management. For example, one of the action points for the practice was to work on increasing their chronic obstructive pulmonary disease (COPD) prevalence (the number of patients identified as with the condition). They carried out more opportunistic checks of people with respiratory conditions, and increased their register 103 patients in 2015 to 119 in 2017.

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most

recently published results showed the practice had achieved 100% of the total number of points available. This was 3% above the clinical commissioning group (CCG) average and 5% above the national average.

The overall exception reporting rate was 6.6%, compared to the CCG average of 9% and the national average of 10%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. During the inspection we looked at the rate of exception reporting and found it to be in line with agreed guidance.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was 100%, compared to the CCG average of 93% and the national average of 90%. The proportion of patients with diabetes who had a blood pressure reading in the preceding 12 months was 80%, compared to the CCG average of 77% and the national average of 78%. The exception reporting rate for this indicator was 5%, below the CCG and national average of 9%.
- Performance for indicators related to hypertension was 100%, compared to the CCG average of 98% and the national average of 97%. The exception reporting rate for hypertension related indicators was 2%, compared to the CCG average of 3% and national averages of 4%.
- Performance for mental health related indicators was 100%, compared to the CCG average of 97% and the national average of 93%. The overall exception reporting rate for mental health indicators was 24%, compared to the CCG average of 22% and the national average of 11%.
- The practice achieved 100% for outcomes relating to heart failure, compared to the CCG average of 98% and the national average of 98%. The overall exception reporting rate for heart failure was 12%, compared to the CCG average of 9% and the national average of 9%.
- There were 33 patients on the learning disabilities register and 30 had had attended a face to face review appointment in 2016. Two patients had declined the appointments and one patient was not deemed appropriate.



Are services effective?

(for example, treatment is effective)

Effective arrangements were in place to ensure patients were recalled for reviews of their long term conditions and medication. Patients were recalled at least three times for their reviews using a variety of contact methods including letters, telephone calls, messages on prescriptions and text messages. The variety of contact methods reduced the risk of patients not receiving a reminder.

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits undertaken in the last two years, and two of these were completed audits with two cycles. These covered areas relevant to the practice's needs and areas for development. For example, an audit was carried in 2015 out to identify patients who were receiving antiplatelet therapy for longer than 12 months after experiencing a myocardial infarction. The audit found five patients who no longer required the treatment who were informed immediately to stop treatments. Clinicians were advised to add stop dates to patient records to ensure they did not continue taking the medicines when they were no longer effective. The audit was repeated in 2016 and did not identify any patients who were taking the medicine inappropriately, showing that changes had been embedded in the practice.
- Regular medicines audits were undertaken when updates were received through alerts or changes in guidance. The practice participated in quarterly prescribing reviews undertaken by the CCG medicines management team.

The practice regularly assessed their performance in areas such as hospital admissions and referrals. A risk stratification system was used to identify patients at risk of admission and these patients' notes were flagged to enable a care plan to be made in a consultation. Patients at particular risk were also offered an appointment.

CCG data indicated the practice was below average for their use of accident and emergency (A&E), emergency admissions and outpatient referrals in 2015/16. Staff attributed their performance to their good access and use of the acute visiting service. All GP referrals, with the exception of validated 2 week wait referrals, were discussed

with colleagues to ensure that they were appropriate and necessary to utilise hospital services correctly. GPs also used consultant-led telephone guidance to reduce referrals and to access earlier effective management for patients.

One of the GPs had a special interest in dermatology, and undertook additional training to perform minor skin surgery procedures in the practice. He reviewed all dermatology referrals before they were sent to secondary care to ensure they were appropriate. Benchmarking data showed between December 2015 and November 2016, the practice achieved 5.34 dermatology referrals per 1000 patients which was lower than the federation average of 7.63 per 1000 patients.

Effective staffing

We saw that staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had comprehensive, role specific, induction programmes for newly appointed clinical and non-clinical staff. These covered areas such health and safety, IT, fire safety, infection control and confidentiality. Staff were well supported during their induction and probation periods with opportunities to shadow colleagues and regular reviews with their line manager.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. Staff were encouraged and supported to develop in their roles to support the practice and to meet the needs of their patients. Staff were also supported to undertake training to broaden the scope of their roles. A healthcare assistant was trained to carry out spirometry tests and nursing staff told us they were supported in undertaking additional qualifications to aid chronic disease management.
- 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 training to meet



Are services effective?

(for example, treatment is effective)

their learning needs and to cover the scope of their work. This included ongoing support, meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses.

- There was a comprehensive training schedule which was monitored effectively to ensure all training considered as mandatory was undertaken when it was due. Staff received training that included: safeguarding, fire safety, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The practice held monthly multi-disciplinary team meeting where they discussed unplanned admissions, inappropriate users of A&E, patients on end of life pathway and patients requiring an increased level of care. The meetings were attended by all GPs, District Nurses, Community Matrons, End of Life nurses and Specialist care nurses.

In addition, palliative care meetings held with hospice care nurses to discuss patients coming to the end of their life. The practice reviewed all patient deaths annually to ensure they were identifying patients in need of support.

Information needed to plan and deliver care was available to staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and investigation and test results. The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

The practice had a system linking them to the hospitals so that they were able view test results completed in hospital instead of waiting to receive discharge letters. The practice shared information with the out of hours service through special patient notes with detailed care plans.

Patients at the practice could access the South Charnwood GP Federation weekend access service. The service was set up for patients identified by practices in the locality as likely to require medical advice during the weekend because they were at risk of deteriorating and/or in need of further medical intervention. Patients were given a 'patient

passport' with a telephone number to speak to an emergency care clinician. GPs working at the practice provided the majority of clinical cover to the weekend access service.

GPs had a buddy system for review of test results which ensured that results were viewed and acted upon on the day of receipt, and patients were informed in a timely manner if the initiating GP was away from the practice.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of their capacity to consent in line with relevant guidance.
- Where a patient's capacity to consent to care or treatment was unclear clinical staff undertook assessments of mental capacity.

Supporting patients to live healthier lives

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

- Members of the Quorn PPG were featured on televised national news in November 2016 encouraging eligible patients to attend flu vaccination clinics. This resulted in all practices within their federation receiving an increased number of requests for flu vaccinations after the broadcast.
- Quorn Medical Centre took a lead role in organising a learning event for patients in the South Charnwood locality, conducted by pulmonary rehabilitation specialists for patients with asthma and COPD. It was attended by 93 patients and feedback was 100% positive indicating they had an increased knowledge in managing their condition and use of inhalers.
- One of the GPs with a special interest in pre-diabetes screening led a health promotion event organised by the PPG at their local village hall to encourage healthy lifestyles.
- The PPG organised health walks every third Thursday of the month; created a poster for keeping children fit and shared it with local schools.



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

- The practice referred patients to a signposting service which provided a single point of access to various support agencies. Additionally, there was a wide range of printed information available to signpost patients to community or specialist services.
- A member of the PPG had created a prostate cancer awareness display board to promote screening within the practice. Staff told us a number of patients attended screening appointments as a result of the campaign, and the board was subsequently shared with other practices across the locality because of the positive response.

The practice's uptake rate for cervical cancer screening in 2015/16 was 87%, above the CCG average of 83% and above the national average of 81%. Reminders were offered for patients who did not attend for their cervical screening test. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and screening rates were comparable to local and national averages. For example, the practice uptake rate for breast cancer screening in the last 36 months was 79% compared with the CCG average of 78% and the national average of 72%.

Childhood immunisation rates for the vaccinations given were higher than CCG averages. For example, immunisation rates for children under two years old averaged at 98%, above the national standard of 90%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74 and over 75 years old. Practice supplied data showed 233 patients were invited to attend health check appointments, and 35% had taken up the offer. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed during the inspection that members of staff were polite, friendly and helpful towards patients. The practice had a dignity policy in place which all staff worked to.

Measures were in place within the practice to maintain the privacy and dignity of patients and to ensure they felt at ease. These included:

- Curtains were provided in consulting rooms to maintain dignity during examinations, investigations and treatments.
- Patients could be seen downstairs if they were unable to use the stairs to access the first floor consultation rooms. Consultation and treatment room doors were closed during consultations.

We received 24 completed comments cards as part of our inspection. All of the comment cards were positive about the service provided by the practice. Patients said that staff were caring, compassionate and helpful. Patients also said they felt listened to by staff and they were treated with dignity and respect.

We spoke with three patients who told us they were generally happy with the care provided by the practice and said their dignity and privacy was respected.

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

- 88% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.

- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 85%.

The practice was above local and national averages for its satisfaction scores on consultations with nurses. For example:

- 98% of patients said the last nurse they saw or spoke to was good at giving them enough time compared to the CCG average of 93% and the national average of 92%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 100% of patients said they had confidence and trust in the last nurse they saw or spoke to, compared to the CCG average of 97% and the national average of 97%.

Satisfaction scores for interactions with reception staff were above local and national averages:

- 96% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.
- 93% of patients described their experience of making an appointment as good, compared to the CCG average of 72% and the national average of 73%.

During our observations in the waiting room we saw reception staff greeted patients warmly and with consideration to each person's preference, such as if they liked to be addressed by their first name.

Care planning and involvement in decisions about care and treatment

Information was on display that advised patients printed material and practice documents were available in large print, easy-read format and Braille. Information on obtaining a British Sign Language interpreter was also available.

Feedback from patients demonstrated that they felt involved in decision making about the care and treatment they received. Patients told us they felt listened to, made to feel at ease and well supported by staff. They also told us they were given time during consultations to make informed decisions about the choice of treatment available

Are services caring?

to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We saw evidence that care plans were personalised to account of the individual needs and wishes of patients.

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

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

The practice provided facilities to help patients be involved in decisions about their care. Although patients within the practice population mostly spoke English, the practice used translation services to ensure effective communication with other patients when required.

Patient and carer support to cope emotionally with care and treatment

The practice's computer system alerted GPs if a patient had caring responsibilities. The practice had identified 160 patients as carers which was equivalent to 1.8% of the practice list. Of these patients, 15% had attended health check appointments. A member of staff was nominated as a 'carers champion' within the practice to support the needs of carers. Carers' information packs were available, which included a pocket card which alerted people that the holder cared for someone in emergency situations.

There was a dedicated carers notice board with patient information leaflets and notices in the patient waiting area which told patients how to access a number of support groups and organisations. This included guidance for carers and information relevant to the needs of the local population including on dementia, Alzheimer's disease and breast cancer. Specialist information was provided for young people who were carers and for psychological and emotional support groups. Information about support groups was also available on the practice website.

Staff told us that if families had experienced bereavement, they were contacted by the practice by a telephone call or a visit if appropriate, and also sent a sympathy card. Information about support available to patients who had experienced bereavement was provided where required.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice recognised the limitations of their current premises and initiated plans to build an extension upwards; looking at obtaining planning permission and accessing funds.

The practice worked to ensure its services were accessible to different population groups. For example:

- A GP with additional training in dermatology provided weekly clinics for registered patients who required minor skin surgery and cryotherapy. This reduced the need for patients to go to secondary care to access the procedures.
- The practice offered a range of appointments which included telephone appointments, and pre-bookable appointments. There were longer appointments available for patients with a learning disability and those who needed them.
- Home visits were available for elderly patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Appointments could be booked online and prescriptions reordered. Patients were encouraged to use the online appointments system for their convenience.
- Extended opening hours were provided from 6.45am to 8am on Thursday and Friday mornings, with GP and nurse appointments. The practice provided appointments with the healthcare assistant which were not funded as part of the service.
- The practice provided general medical services to approximately 300 students at a local school, including

sexual health services. The practice encouraged all patients aged 15 to 24 years old to have chlamydia screening, with referrals offered for complex cases to specialist services.

- CCG data indicated the practice was below average for their use of accident and emergency (A&E), emergency admissions and outpatient referrals in 2015/16. Staff attributed their performance to their good access and use of the acute visiting service.
- A mental health facilitator held clinics every two weeks at the practice to encourage patients with mental health conditions who had declined invitations for review to attend.
- Diabetic retinopathy clinics were provided from the practice premises, reducing the need for patients to travel long distances to access them.
- Patients were able to receive travel vaccinations available on the NHS and they were referred to other clinics for vaccines available privately. The practice was a designated Yellow Fever centre.
- There were provisions for elderly infirm patients to access full medical services on the ground floor.
- There were themed display boards in the waiting room providing information to patients in easy to read formats.
- Information was on display that advised patients printed material and practice documents were available in large print, easy-read format. Language interpreters were also available for patients who needed them.
- A hearing loop was available in the practice.

Access to the service

The surgery was open from 8.30am to 6pm on Monday to Friday. Extended opening hours were provided from 6.45am to 8am on Thursday and Friday mornings. Consulting times started from 8.45am with the latest appointment offered at 5.30pm. There were GP and nurse appointments available during extended opening hours. The practice provided appointments with the healthcare assistant which were not funded as part of the service.

The practice operated a GP triage system whereby patients ringing for an appointment received telephone call from the duty doctor to assess if they needed to be seen on the same day. Patients were informed of the system when they joined the practice and information was available on the



Are services responsive to people's needs?

(for example, to feedback?)

practice website. The reception team followed a triage policy which specified urgent scenarios that required the caller to be transferred to the doctor immediately, such as chest pain, difficulty breathing and high fever.

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

- 93% of patients said they could get through easily to the practice by phone compared to the CCG average of 71% and the national average of 73%.
- 98% 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 86% and the national average of 85%.
- 78% of patients said they usually wait 15 minutes or less after their appointment time to be seen, compared to the CCG average of 69% and the national average of 65%.

The comment cards we received and the patients we spoke to told us the levels of satisfaction with access to the practice were good. Patients told us they were usually able to get appointments when they required them and that the GP triage system guaranteed they saw or spoke to a GP on the same day.

Listening and learning from concerns and complaints

The practice systems in place to handle 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 including posters. The complaints policy was on display in the main reception area and was also detailed in the patient information leaflet, which was also available in the waiting area.
- Staff we spoke with were aware of the complaints procedures within the practice and told us they would direct patients to practice manager if required.

The practice had logged 12 complaints in the last 12 months including verbal complaints. We reviewed a range of complaints, and found they were dealt with in a timely manner in accordance with the practice's policy on handling complaints. The practice provided people making complaints with explanations and apologies where appropriate as well as informing them about learning identified as a result of the complaint.

Meetings were held regularly during which complaints were reviewed and an annual review of all complaints received was undertaken. This enabled the practice to identify any themes or trends and all staff were encouraged to attend. Lessons learned from complaints and concerns and from trend analysis were used to improve the quality of care. All staff were informed of outcomes.

Are services well-led?

Outstanding



(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 treat patients with courtesy, dignity, integrity and in complete confidence at all times. Staff were engaged with the aims and values of the practice to deliver high quality, accessible patient care. The mission statement was displayed in the waiting room.

GP partners told us they shared the same approach to practice performance and development, which enabled quick decisions to be made and communicated to the practice manager for action. The practice manager was given autonomy to carry out her role in line with the practice strategy.

The practice acknowledged the challenges they faced with an increasing and ageing population with multiple health needs, coupled with limited finances. There was a documented five year strategy to meet the challenges, which included succession planning. The practice was planning to extend their premises to accommodate more consulting rooms and office space. Patients and staff have been involved in the discussions and the PPG was actively involved in seeking planning permission.

Governance arrangements

The practice had a strong and effective governance framework which provided effective oversight and enabled issues to be identified and addressed. This ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Clinical and non-clinical staff had lead roles in a range of areas such as diabetes, prescribing, human resources and IT. The team worked effectively together with a shared aim to maximise patients' health and wellbeing.
- A comprehensive understanding of the performance of the practice was maintained and the practice performance in terms of clinical outcomes was consistently good. The providers were not complacent and looked for further opportunities to improve clinical outcomes. For example, the practice held learning events for patients with long term conditions to promote good outcomes for patients.
- Complaints and significant events were reviewed annually with the whole practice team.

- Practice specific policies were implemented and were available to all staff. Policies were available electronically or as hard copies and staff knew how to access these.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements in place to identify, record and manage risks within the practice and to ensure that mitigating actions were implemented. There was a health and safety lead within the practice responsible for health and safety issues. The safe prescribing of high risk medicines was given priority and a specific staff member was responsible for overseeing this aspect of care and treatment.
- There were weekly partner meetings and monthly clinical and team meetings held within the practice. This ensured that partners retained oversight of governance arrangements within the practice and achieved a balance between the clinical and business aspects involved with running the practice.

Leadership and culture

The partners and management within the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. Clinical and non-clinical staff had a wide range of skills and experience. Staff told us the partners and management were approachable and always took the time to listen to all members of staff. There was a low staff turnover, with most people leaving due to retirement.

- Regular meetings were held within the practice for the whole practice team. In addition, there was a rolling programme of educational meetings which involved all staff.
- The practice recorded positive feedback as part of its significant event reporting to share with all staff. 'Thank You' was a standing item on the agenda for practice team meetings. Any compliments received were emailed to the whole team.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at meetings and felt confident and supported in doing so. We saw examples of staff who had been supported to develop and progress to other roles.

Are services well-led?

Outstanding



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

The practice was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people support, information and apologies where appropriate.
- The practice kept records of verbal interactions as well as written correspondence.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through a suggestion box, surveys and compliments, concerns and complaints received.
- There was a well-established PPG with 20 members who met five times a year and a virtual group of 146 members. The meetings were held in evenings to accommodate working people, and attended by one of the GP partners, the practice manager and senior receptionist. Meeting dates were set in advance for the year and followed CCG network meetings to ensure updates to the PPG were timely. Information about the group was available on the practice website, the practice leaflet and on a display board in the waiting room.
- We spoke with three members of the PPG, including the chair, who told us they had a positive working relationship with the practice and felt able to influence change. For example, their suggestions to provide early morning appointments for working age people and changing the practice telephone number so that patients were charged lower calling rates were both adopted by the practice.
- The PPG was committed to promoting the health and wellbeing of patients registered with the practice and the wider community. Since their formation in 2011,

they held health annual health awareness campaigns in line with national themes. These included mental health, childhood obesity, osteoporosis and prostate cancer. They told us recent events for patients with multiple long term conditions and COPD had attracted the support of their local Member of Parliament and CCG. The Quorn PPG members were featured on televised national news in November 2016 encouraging eligible people to attend flu vaccination clinics, resulting in increased number of requests for flu vaccinations after the broadcast.

- The group ran a stall at annual May Day celebrations held in the village to promote the work of the group and the practice. Additionally, they advertised in their local newspaper, magazines, local colleges, pharmacies and the parish notice board.
- The PPG obtained patient feedback through a suggestion box, the NHS Friends and Family Test feedback and national survey results. Additionally, they organise an in-house patient survey carried out during flu clinics when the greatest number of patients attended the surgery. A sub-group of the PPG analysed the results and suggested an action plan to the management in response to the feedback.
- The practice manager and the PPG led the formation of the federation PPG for all practices in their locality. The group planned to coordinate health awareness campaigns to reduce duplication and save costs.
- Practice staff took part in an annual charity fundraising events to raise awareness of key issues and support community involvement.

Continuous Improvement

GP partners demonstrated a forward thinking approach by adopting innovative developments in primary care. For example, the practice was an early adopter of the GP triage system which was offered to patients since 2000. Other areas they led on ahead of their peers were computerisation of medical records, and electronic referral systems to facilitate secondary care access for their patients. The practice was research ready, with involvement in eight research studies since 2015.

There was evidence of collaborative working with other practices within the South Charnwood Federation and the wider healthcare community. GPs had lead roles within the

Are services well-led?

Outstanding



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

CCG and federation, providing them with platforms for learning and influencing improvements within their local health community. The partners maintained close liaison with the local university as trainers for medical students.

Additionally, the practice manager attended regular local management forums to share best practice and keep up to date with local and national changes affecting practice management.