

# Dr's Tresidder, Greenwell and Ridge trading as Southover Medical Practice

## Quality Report

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

## Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Southover Medical Practice on 20 October 2015.

Overall the practice is rated as good. The practice is rated as good for providing effective, caring, responsive, effective and well led services. Services for older people, people with long term conditions, families and young people and people experiencing poor mental health, and people whose circumstances may make them vulnerable were rated as good.

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

- Staff fulfilled their responsibilities to raise concerns and report incidents. All opportunities for learning from incidents were maximised.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice.

- Patients said they were treated with compassion, dignity and respect and were involved in decisions about their treatment. Information was provided to help patients understand the care available to them.
- The practice worked closely with other organisations in planning how services were provided to ensure that they meet people's needs.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the Patient Participation Group (PPG).
- The practice was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand
- A business plan was in place, was monitored and regularly reviewed and discussed with all staff. High standards were promoted and owned by all practice staff with evidence of team working across all roles.

**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.

When something goes wrong, patients received a sincere and timely apology and were informed of the actions taken to prevent a reoccurrence. Openness about safety was encouraged. Staff understood and fulfilled their responsibilities to raise concerns and report incidents. Monitoring activity enabled staff to understand risks and provided a clear picture of the current picture of safety. There were clearly defined systems to safeguard people from abuse. These reflected national professional guidance and legislation and were appropriate for the care setting. Safeguarding vulnerable adults, young people and children was given sufficient priority. Staff took a proactive approach and received up to date training. There was active engagement in local safeguarding procedures. Staffing levels and skills mix were planned and reviewed to keep patients safe. Staff responded appropriately to signs of deteriorating health and medical emergencies. Current and future risks to safety were assessed and plans were in place to respond to emergency situations.

Good



### Are services effective?

The practice is rated as good for providing effective services.

Patients care and treatment was planned and delivered in line with current evidence based guidance and legislation. Patients received comprehensive assessment of their needs which included clinical needs, mental and physical health and well-being. Information about patient's care and treatment was routinely collected and monitored. This included diagnosis and referrals to other services. Outcomes for patients who used the service were positive and met expectations. Clinical audits were carried out and there was participation in relevant local audits such as reviews of services, peer review and service accreditation. Staff were qualified and had the skills they needed to carry out their roles in line with best practice. Learning needs were identified and appropriate changes implemented. Staff were supported through timely supervision, appraisal and revalidation. When patients received care from a range of different staff, this was co-ordinated and information shared appropriately. Consent to care was obtained in line with the Mental Capacity Act 2005 and the Children's Acts 1989 and 2004. Staff were proactive in supporting people to live healthier lives.

Good



### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

Feedback from people who used the service, those who are close to them and other stakeholders was positive about the way staff treated people. People were treated with dignity, kindness and respect and relationships with staff were positive. People were encouraged to be partners in their care and in making decisions, with any support they need. Staff spent time talking with patients or those close to them. They were communicated with in a way they could understand. Staff responded compassionately when people needed help and support. People's privacy and confidentiality was respected at all times. Staff helped patients and those close to them to cope emotionally with their care and treatment. Patients were enabled to manage their own health and care when they could and to maintain independence.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Patient needs were met through the way services were organised and delivered. Flexibility, choice and continuity of care was reflected in the services. The needs of different people were taken into account when planning and delivering services, for example on grounds of age, disability, gender, sexual orientation, pregnancy, race, religion or belief. Care and treatment was co-ordinated with other services. Reasonable adjustments were made when people found it hard to access services. Facilities were appropriate for the services delivered. Access to appointments and services was managed to take account of people's needs, including urgent needs. The appointments system was easy to use and supported people to make appointments. Waiting times were minimal and were managed appropriately. People were informed of any disruption to their care or treatment. It was easy for people to complain or raise a concern and they were treated compassionately when they did so. There was openness and timeliness in how complaints were dealt with. Improvements were made to the quality of care and shared learning took place as a result of complaints and concerns.

Good



## Are services well-led?

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

The leadership, governance and culture promoted the delivery of high quality person centred care. There was a clear vision and values driven by quality and safety which reflected compassion, respect and dignity. There was a realistic strategy and regular engagement with people who used the services and staff. There was an effective governance framework focused on delivering quality care. Systems were in place to manage performance. Information used in reporting and delivering quality care was accurate and relevant. A full and diverse range of views from people who used the service

Good



# Summary of findings

were encouraged and acted upon. There was a comprehensive process to identify and address current and future risks. Clinical and internal audit processes functioned well with clear evidence of action to resolve concerns. Leaders prioritised safe, high quality compassionate care and encouraged supportive staff relationships. The leadership actively shaped a positive culture through effective engagement with staff, patients and stakeholders. Candour, openness and honesty were the norm. There was a focus on continuous learning and improvement at all levels of the organisation.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. The practice employed a carer's support worker and had regular liaison with the community matron. The practice GPs consulted a geriatrician consultant at the local hospital on a daily basis if required.

Good



### People with long term conditions

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

Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. 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. The practice kept actively updated disease registers with an effective call and recall system. The practice co-ordinated appointments for patients with multiple long term conditions.

Good



### Families, children and young people

The practice is rated as good 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 GPs held minuted meetings with the health visitor on a monthly basis. The practice held annual flu vaccination parties for children in the local area in co-ordination with five other practices in the area. A midwife held a clinic at the practice once a week. GPs carried out postnatal checks and six week baby checks and had regular liaison with the paediatrician consultant at the local hospital. Patients told us that children and young people were treated in an age-appropriate way and were

Good



# Summary of findings

recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with a team of three health visitors who were based at the practice.

## **Working age people (including those recently retired and students)**

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

The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. There were extended hours until 8pm every Monday evening. The practice had a health pod for patients to take their own blood pressure, height, weight and body mass index (BMI) measurements. The practice offered an electronic prescribing service and the take-up for this had been 76% which was higher than the CCG average of 60%. The practice also offered an email enquiry service in order which patients told us they found convenient.

**Good**



## **People whose circumstances may make them vulnerable**

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

The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. The practice carried out Cardiff health checks for patients with learning disabilities which was a system recommended by NICE guidance. The practice offered mental health and drug and alcohol addiction support services. Two GPs had been trained in prescribing medications for patients with addictions. The depression and anxiety service (DAS) offered a clinic at the practice twice a week.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

**Good**



# Summary of findings

## People experiencing poor mental health (including people with dementia)

Good



The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). 94% of people experiencing poor mental health had received an annual physical health check and 100% had an agreed comprehensive care plan. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia. The practice held six monthly meetings with a consultant psychiatrist to discuss cases. The practice used nationally recognised dementia diagnosis tools and employed a carer's support worker to assist patients in this population group.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.



# Summary of findings

## What people who use the service say

Results from the National GP Patient Survey July 2015 (from 97 responses which is equivalent to 1.56% of the total patient list of 6,200) demonstrated that the practice was performing in line with local and national averages.

Results indicated the practice performed on average better than the CCG and national averages in 27 out of 27 areas which the national survey examined. For example;

- 86% of respondents with a preferred GP usually get to see or speak to that GP, which was significantly higher than the CCG average of 64% and the national average of 60%.
- 99% of respondents would recommend this surgery to someone new to the area, which was higher than the CCG average of 83% and the national average of 78%.

- 92% of respondents find it easy to get through to this surgery by phone, which was higher than the CCG average of 80% and the national average of 73%.

As part of our inspection process, we asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 (which is 0.3% of the practice patient list size) comment cards which were all positive about the standard of care received. Reception staff, nurses and GPs all received praise for their professional care and patients said they felt listened to and involved in decisions about their treatment. Patients informed us that they were treated with compassion and that GPs provided compassionate care when patients required extra support. We also spoke with members of the PPG who spoke highly of the service.

# Dr's Tresidder, Greenwell and Ridge trading as Southover Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice nurse specialist adviser and an Expert by Experience.

### Background to Dr's Tresidder, Greenwell and Ridge trading as Southover Medical Practice

Southover Medical Practice is located in the coastal resort of Torquay. There were 6,200 patients on the practice list and the majority of patients were of white British background. The practice manager told us there were a higher proportion of older people on the patient list compared with other practices in the area.

The practice is a teaching practice (teaching practices take medical students). The practice taught four medical students in year five of their training, each year.

The practice has six GPs (three male and three female). Some were part time, the others were full time and the total equated to four full time equivalent GPs. The practice

is managed by three GP partners. The practice also had three salaried GPs. There are two practice nurses, two health care assistants, one phlebotomist, a practice manager, reception and administration staff.

The practice is open between 8.30am to 6pm Monday to Friday. Appointments are available from 8.30am to 6pm daily. Extended hours surgeries are offered on Mondays until 8pm. Patients requiring a GP outside of these hours are advised to contact Devon Doctors, The out of hours service.

The practice has a General Medical Service (GMS) contract and also offers enhanced services for example, extended hours.

### Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

# Detailed findings

## 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?
- 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 whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 20 October 2015.

During our visit we spoke with a range of staff including GPs, nurses, administration and reception staff and spoke with eight patients who used the service. We observed how people were being cared for and talked with carers and/or family members and reviewed the personal care or treatment records of patients. We reviewed 20 comment cards where patients and members of the public shared their views and experiences of the service. We also spoke with the patient participation group (PPG).

# Are services safe?

## Our findings

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# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment and consent

The practice carried out assessments and treatment in line with the National Institute of Health and Care Excellence (NICE) best practice guidelines and had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. For example, NICE guidance for patients with atrial fibrillation.

Patient consent to care and treatment was always sought 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, assessments of capacity to consent were also carried out in line with relevant guidance. Consent forms for surgical procedures were used and scanned in to the medical records. We found that verbal consent had always been recorded. We found numerous examples of where written consent had been recorded. However, we found one example of where written consent had not been recorded.

### Protecting and improving patient health

Patients who may be in need of extra support were identified by the practice. This included patients who required advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. A smoking cessation and a lifestyle adviser was available on the premises three days a week. Of 19 patients who had been referred for smoking cessation advice in the last quarter, 100% had successfully stopped smoking.

The practice's uptake for the cervical screening programme was 81%, which matched the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

Childhood immunisation rates for the vaccinations given were comparable to CCG/National averages. For example, childhood immunisation rates for the vaccinations given to under twos ranged from 98% to 100% and five year olds from 98 to 100 %.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Eighty two such health checks had been undertaken since 1 April 2015.

Appropriate follow-up on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

### Coordinating patient care

Staff had all the information they needed to deliver effective care and treatment to patients who used services. All the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Patients who had long term conditions were continuously followed up throughout the year to ensure they all attended health reviews. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed the practice was comparable to, or better than, CCG/ national averages:

- Patients experiencing poor mental health with an agreed comprehensive care plan was 94%. The national average was 80%.
- Patients with dementia patients who had received a review and a comprehensive care plan was 76%. The national average was 70%.
- The recording of smoking status for physical/mental health patients was 93%. The national average was 80%.
- The monitoring of patients aged over 75 who suffered a fragility fracture and had been treated with a bone sparing agent was 100%. The national average was 90%.
- Patients with atrial fibrillation on anticoagulation medication was 100%. The national average was 90%.

# Are services effective?

(for example, treatment is effective)

- On the monitoring of patients with hypertension with high blood pressure readings, the practice had achieved 82.2%. The national average was 80%.
- The practice could evidence quality improvement with two cycle clinical audits and all relevant staff were involved. The practice carried out regular medicine audits. For example, one audit carried in April 2015 found that 11 patients on one medicine for asthma were two weeks overdue for a recall appointment. As a result the recall system had been improved and the audit repeated in August 2015 to find 100% improvement. Other audits included prescribing optimisation audits in line with CCG and NICE guidance. Infection control audits had been carried out on a six monthly basis and improvements made, such as the provision of hand wash in all treatment and consultation rooms.

## Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. Evidence reviewed showed that:

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as fire safety, health and safety and confidentiality.
- Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- All GPs were up to date with their yearly appraisals. There were annual appraisal systems in place for all other members of staff.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

All of the 20 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We also spoke with members of the PPG on the day of our inspection. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer. Written information was available for carers to ensure they understood the various avenues of support available to them.

The practice respected the Armed Forces Covenant by identifying on their computer system each patient who was a military veteran or a serving member of the armed forces. This enabled military veterans advanced access to secondary care. The Armed Forces Covenant states that veterans should receive priority treatment where it relates to a condition which results from their service in the armed forces, subject to clinical need.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Data from the National GP Patient Survey July 2015 showed that performance in all 27 areas surveyed was above both CCG and national averages. For example;

- 97% say the last GP they saw or spoke to was good at giving them enough time, which was higher than the CCG average of 91% and the national average of 87%.
- 98% say the last GP they saw or spoke to was good at listening to them, which was higher than the CCG average of 93% and the national average of 89%.

### Care planning and involvement in decisions about care and treatment

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 available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Data from the National GP Patient Survey July 2015 information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were better than local and national averages. For example:

- 97% said the last GP they saw or spoke to was good at involving them in decisions about their care, which was higher than the CCG average of 86% and the national average of 81%.
- 94% said the last GP they saw or spoke to was good at treating them with care and concern which was higher than the CCG average of 90% and the national average of 85%.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice worked with the local CCG to improve outcomes for patients in the area. For example, the practice was part of various initiatives such as GPs visiting care homes with a pharmacist to review comprehensive care plans including medication. The practice worked with five other local practices to hold an annual flu vaccination party for children.

There was an active virtual PPG which conversed on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team.. The practice had introduced online appointment booking in response to PPG feedback.

Services were planned and delivered to take into account the needs of different patient groups. For example;

- The practice held late appointments on a Monday evening until 8pm for working patients who could not attend during normal opening hours.
- Longer appointments available for people with a learning disability or with complex needs.
- Home visits were available for elderly patients.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing aid induction loops and translation services available.

### Access to the service

Results from the National GP Patient Survey from July 2015 showed that patient's satisfaction with opening hours was 83% compared to the CCG average of 79% and national average of 75%.

The practice was open between 8.30am to 6pm Monday to Friday. Appointments were from 8.30am to 6pm daily. Extended hours surgeries were offered on Mondays until 8pm. Patients requiring a GP outside of these hours were advised to contact Devon Doctors the out of hours service..

The practice was based on three floors. The basement held administration offices. There were treatment rooms on both the ground and on the first floor. The practice did not have a lift. If a patient was a wheelchair user staff told us they would be seen in a treatment room on the ground floor. There were disabled toilet facilities and level access to the main entrance. Automatic entrance doors provided ease of access. Wheelchair users told us that when the waiting room was busy it could be challenging to navigate.

### Listening and learning from concerns and complaints

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

Information about how to make a complaint was available in the waiting room and in a practice leaflet. The complaints policy clearly outlined a time framework for when the complaint would be acknowledged and responded to. In addition, the complaints policy outlined who the patient should contact if they were unhappy with the outcome of their complaint.

The practice kept a complaints log for written complaints. There had been five formal complaints in total over the previous 12 months which had been dealt with appropriately. In the same period the practice had received 39 written compliments.



# 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 strategy of continuous improvement led by full audit cycles. This was supported by a vision to deliver high quality care and promote better outcomes for patients. Management staff told us that much of their thinking had developed from the aviation industry, which involved making multiple small changes and reflective practice.

The practice had a mission statement which was displayed on the website, in the waiting areas and staff knew and understood the values. It stated that the practice aimed to offer excellent care to patients in an integrated way.

Patient views showed that they believed the practice was well led. For example, results from the friends and family survey for September 2015 showed that 100% of 86 patients surveyed were extremely to recommend the practice. Patients leaving feedback online at NHS Choices had consistently awarded the practice the highest rating, giving the practice an overall score of five stars.

### Governance arrangements

The practice had governance policies which outlined structures and procedures in place which included clinical effectiveness, risk management, patient surveys and learning effectiveness. Governance systems in the practice were underpinned by:

- A clear staffing structure and a staff awareness of their own roles and responsibilities.
- Practice specific policies that were implemented and that all staff could access.

- A system of reporting incidents without fear of recrimination and whereby learning from outcomes of analysis of incidents actively took place.
- A system of continuous audit cycles which demonstrated an improvement on patients' welfare.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information.
- Proactively gaining patients' feedback and engaging patients in the delivery of the service. Acting on any concerns raised by both patients and staff.
- The GPs were all supported to address their professional development needs for revalidation and all staff in appraisal schemes and continuing professional development. The GPs had learnt from incidents and complaints.

### Innovation

The practice team was forward thinking in staff succession planning. Staff had agreed upon a documented nursing training plan which indicated that numerous staff had been provided with the time and resources to develop their skills. For example, to train as a phlebotomist or other medical or management roles.

The practice was aware of future challenges and was continually discussing future strategies. For example, financial issues and overcoming the obstacles in recruitment of medical staff. The practice worked hard to develop its own staff through the provision of time and resources to complete external training and this was reflected in high staff retention. The practice had plans to co-ordinate with other practices locally to meet the demands of rising patient numbers.