# Warders Medical Centre

## Quality Report

Warders Medical Centre,
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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.

# Summary of findings

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# Summary of findings

## Overall summary

Warders Medical Centre is located in the heart of Tonbridge, East Street, Tonbridge, Kent TN9 1LA and also has a dispensing branch surgery in Penhurst. The practice currently provides primary medical services to 18160 patients. There has been medical services provided from this site for nearly 200 years. The practice team consists of eight GP partners, salaried GP, nurses, a practice manager and reception and administration team. The practice has an active Patient Participation Group (PPG), which has been running for over four years.

This was the first inspection since registration. The announced inspection at Warders Medical Centre took place on 16 May 2014. We spoke with 10 patients including the chairman of the Patient Participation Group (PPG).

- Overall the practice was safe. The practice had robust safeguarding policies and procedures in place.
- The practice provided effective care. Data we reviewed showed us the practice had achieved 93% overall against the national quality framework standards (QOF). The QOF is a voluntary incentive scheme for GP practices in the UK, rewarding them for how well they care for patients. The practice scored 96% for the organisational domain.
- Patient feed back we received was generally positive and they were complimentary of the staff. Patients described staff as caring, friendly, and passionate about the care they delivered. Patients were treated with privacy, respect and dignity. The practice achieved 100% in the patient experience domain.
- Patient care and treatment was delivered effectively and their needs were being met in timely manner.
- The practice had a clear management structure in place, with clear lines of responsibilities and accountabilities for the management team.
- The practice had systems in place to support specific population groups: older people, people with long term conditions, mothers with babies, children and young people, the working-age population and those recently retired, people in vulnerable circumstances who may have poor access to primary care, people experiencing mental health problems. Patients in all these groups were seen by the 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?**

Overall the practice provided safe care. The practice had comprehensive safeguarding policies and procedures in place to protect vulnerable patients. A safeguarding lead had been appointed who had undertaken appropriate safeguarding training. The practice had regular team meetings for both clinical and non-clinical staff members, where all significant events were discussed in detail. We found the practice had robust medicines management systems in place. The practice had a robust 'Disaster and Recovery Plan' in place to deal with emergencies that could interrupt the smooth running of the practice.

**Are services effective?**

Overall the practice was effective. Data we reviewed showed us the practice had achieved 93% overall against the national quality framework standards (QOF), and achieved 96% in the organisational domain and 84% in the clinical domain. The practice had a comprehensive and up to date recruitment policy in place and policy made reference to the Care Quality Commission (CQC) requirements. A suitable induction programme was in place for new clinical and non-clinical staff to follow and there was an arrangement in place for them to be supervised during their induction period.

**Are services caring?**

Overall the practice was caring. Patients were complimentary of the practice and the service they received. They told us staff respected their privacy and treated them with dignity. Patients described the staff as caring, friendly and passionate about the care they delivered. The practice had a dedicated team in an office on the top floor who dealt with all incoming calls. This ensured private and confidential information was not discussed in the reception, by the waiting area. The practice had a Patient Participation Group (PPG) in place to gather the views of patients at the surgery, which had been running for over four years. We observed how patients and staff interacted during the inspection and found this to be thoughtful, positive and friendly.

**Are services responsive to people's needs?**

Overall the practice was responsive to people's needs. The PPG chair told us the practice was responsive to suggestions raised by the group, such as changes to the waiting area and notices. We saw a recent survey showed patient satisfaction was in general very positive of the services provided by the practice. Patients were able

# Summary of findings

to book appointments to see a GP or nurse through various methods, which included by telephone, online and in person. We found care for patients with several long term conditions was streamlined to ensure they were able to conduct all appropriate tests in on one visit.

**Are services well-led?**

Overall the practice was well led. There was a strong management structure, with clear lines of accountabilities. The practice had a clear vision and purpose. Staff felt well supported and trained to do their job effectively. Staff and patients were given opportunities to discuss and contribute to improving services for patients.

# 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 has a small population of older patient's. Systems were in place to monitor long-term conditions of older patient's such diabetes and asthma.

**People with long-term conditions**
Patients with long-term conditions were seen at the practice and supported to manage their health, care, and treatment. The practice held regular clinics for long terms conditions such as diabetes, asthma and Chronic Obstructive Pulmonary Disease (COPD) clinics. This was to ensure conditions were monitored and to prevent long term problems. Clinicians in the practice signposted these patients to local support groups. The Patient Participation Group (PPG) was involved to promote health for long term conditions. For example, the practice had organised events to raise awareness of health conditions such as dementia, diabetes and a British Heart Foundation event on how to live with Ischaemic Heart Disease (IHD). Care for patients with several long term conditions was streamlined to ensure they were able to conduct all appropriate tests in on one visit.

**Mothers, babies, children and young people**
The practice had effective chaperone and safeguarding vulnerable children policies, which supported the needs of young patients in the practice. The practice ran various clinics to support this patients group. These included, antenatal clinics, childhood vaccinations & immunisations and family planning. The nursing team had the expertise and skill to look after children with life threatening illness. The practice had low figures for smoking cessation success with teenagers. The GP partner told us the practice was aware of this and due to the low figures a drop-in clinic had been organised.

**The working-age population and those recently retired**
The practice provides a range of appointment between 8:00 and 18:00 Monday to Friday. In addition the practice also regular early morning and late evening surgeries to accommodate this patient population group. This included routine and emergency appointments and telephone consultations. Alternative systems were introduced to allow all patients who were unable to attend the practice due to work commitments to book appointments and order their prescriptions online.

# Summary of findings

**People in vulnerable circumstances who may have poor access to primary care**

There were no barriers for patients in vulnerable circumstances. People wishing to register at the practice were always accepted. During our visit we observed a GP assisting a blind patient from the waiting area into the consultation room. The practice maintained a learning disability register and saw these patients annually. The practice was divided into two buildings and both sites were accessible to patients with mobility difficulties. Practice used interpreters for patients whose first language was not English. All end of life care patients had a named GP and were flagged on the system to ensure staff were aware of these patients.

**People experiencing poor mental health**

Patients with mental health care needs were registered at the surgery. The practice held regular counselling clinics and GP's had specialist expertise in mental health. Patients with medical conditions such as self-harm and misuse of alcohol and drugs visit the practice and were referred to external organisations for further support.

# Summary of findings

## What people who use the service say

We spoke with 10 patients, which included the Patient Participation Group (PPG) chair. Generally patients were complimentary of the staff and care they received. In particular, feedback from patients about the reception staff was very positive. Patients told us the GP and nurses involved them with decisions about their treatment and care. Patients felt they had enough time to discuss their issues, obtain advice from the clinician and ask any questions. Patients we spoke with told us they felt safe when attending the surgery and they were confident in the conduct of the GPs and nurses working at the surgery. Patient feedback on appointment accessibility was mixed. Some patients told us they had no problems in accessing an appointment, and had been with the practice for years. Other patients told us that they experienced difficulties in booking an appointment. In particular patients felt the online appointment system put those who did not have access to computer/internet at a disadvantage.

The practice results for the national GP patient survey 2013 were higher than the CCG and national average. Overall 97% patients said they would recommend their GP surgery and 95% rated their experience of making an appointment as good or very good. 97% rated their experience at the practice as good or very good.

## Areas for improvement

**Action the service COULD take to improve**

- Cold chain for Flu vaccines- GPs did not use appropriate storage to keep vaccines cold when on home visits. This meant there was a risk the potency and effectiveness of the vaccines could be reduced and which could result in lack of protection against vaccine preventable diseases and/or increased local reactions.

## Good practice

- There was a strong culture about staff training needs and development opportunities.
- There was a clear and strong management structure, with clear lines of accountabilities that were effectively communicated.

# Warders Medical Centre

**Detailed findings**

## Our inspection team

**Our inspection team was led by:**

Our inspection team was led by a CQC Lead inspector and a GP Specialist Advisor, and a second CQC inspector and an expert by experience. Experts by experience are members of the team who have received care and experienced treatment from similar services.

## Background to Warders Medical Centre

Warders Medical Centre is located in the heart of Tonbridge, in Kent and also has a dispensing branch surgery in Penhurst. The practice currently provides primary medical services to 18160 patients. There has been medical services provided from this site for nearly 200 years. The practice team consists of eight GP partners, salaried GP, nurses, a practice manager and reception and administration team. The practice has an active Patient Participation Group (PPG), which has been running for over four years. This was the first inspection since registration. The announced inspection at Warders Medical Centre took place on 16 May 2014.

Warders Medical Centre

East Street

Tonbridge

Kent

TN9 1LA

Penshurst Surgery

The Surgery

Village Hall

Penshurst

Kent

TN11 8BP

## Why we carried out this inspection

We inspected this service as part of our new inspection programme to test our approach going forward. This practice had not been inspected before and that was why we included them.

## How we carried out this inspection

Prior to the inspection, we reviewed wide range of intelligence we hold about the practice. Organisations such as local Healthwatch, NHS England, Clinical Commissioning Group (CCG) provided us with any information they had. We carried out an announced visit on 16 May 2014. During our visit we spoke with 13 staff including, GPs, nurses, reception and administration team. We spoke with 10 patients who used the service and reviewed a completed comment card. We observed interactions between patients and staff in the waiting and reception area and in the office where staff received incoming calls. We reviewed policies and procedures the practice had in place.

To get to the heart of patients experiences of care, we always ask the following five questions of every service and provider:

- Is it safe?

# Detailed findings

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

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

- Older people
- People with long-term conditions
- Mothers, babies, children and young people
- The working-age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing a mental health problems

# Are services safe?

## Summary of findings

Overall the practice provided safe care. The practice had comprehensive safeguarding policies and procedures in place to protect vulnerable patients. A safeguarding lead had been appointed who had undertaken appropriate safeguarding training. The practice had regular team meetings for both clinical and non-clinical staff members, where all significant events were discussed in detail. We found the practice had robust medicines management systems in place. The practice had a robust 'Disaster and Recovery Plan' in place to deal with emergencies that could interrupt the smooth running of the practice.

## Our findings

### Learning from incidents

The practice had regular team meetings for both clinical and non-clinical staff members, where all significant events were discussed in detail. For example, the practice had experienced a significant event involving a patient whose cancer diagnosis was delayed. The practice held detailed and specific discussions during clinical meetings and key learning points were shared with appropriate staff. Administration significant events were also discussed and analysed. Actions were recorded and learning plans were shared with all relevant staff members. Staff told us GP partner meetings were rotated to allow all partners and those who worked part time to attend.

### Safeguarding

The practice had comprehensive safeguarding policies and procedures in place to protect vulnerable patients. A safeguarding lead had been appointed who had undertaken appropriate safeguarding training. The safeguarding lead attended safeguarding case conferences regularly and any changes and learning was communicated to the team through team meetings. All staff members received regular training to enable them to protect children and vulnerable adults from abuse. This was supported by the staff we spoke with, who demonstrated sound knowledge about how a safeguarding incident would be managed by the surgery, should a concern arise. Patients we spoke with told us they felt safe when attending the practice. All chaperone staff members were trained to ensure they knew what their role was and what was expected from them. Patients were aware that they could use the chaperone service should the need arise.

### Medicines management

We saw evidence the practice had up to date management of medicines policies and procedures in place. The policies were accessible to all staff members electronically and this was supported by the staff we spoke with. The Health Care Assistant (HCA) was responsible for ensuring all medication was within expiry date and emergency equipment was in working order. This was regularly checked and recorded. The staff member also kept an electronic record of all GP visit bags to ensure medicine and emergency equipment was up to date. All medication close to its expiry date was flagged to the GP and new supplies were reordered as

# Are services safe?

required. Medicines management was regularly discussed during clinical meetings and any issues or changes were communicated to clinical staff through these meetings or via by email.

### Cleanliness and infection control

We observed the practice was clean, tidy and well maintained. The quality and standard of cleaning was monitored by practice staff. We reviewed the cleaning schedules in place, and these showed the areas in the practice which had been cleaned and when. Staff checked any areas that needed cleaning were actioned. For example, it was identified there was stain on one of the chairs and we saw this had been addressed. This ensured the practice had appropriate standards of cleanliness and hygiene. Infection control policies and procedures were in place and Control of Substances Hazardous to Health (COSHH) guidelines and protocols were available. Staff confirmed they had access to these when required. Personal Protective Equipment (PPE) such as gloves were available to staff. Appropriate staff had a flu vaccination and up to date Hepatitis B immunisation. This was to ensure continued protection for staff. We found contract arrangements were in place to enable the safe removal and disposal of any waste from the practice. This was supported by the disposal notes we reviewed that had been filed for both buildings. The provider may wish to note, we observed some chairs in the waiting area were in bad state of repair. For example torn seats and one chair was threadbare, however these were in non-clinical areas. This meant the practice had appropriate infection control systems in place.

### Staffing and recruitment

The practice had a comprehensive and up to date recruitment policy in place. We saw the policy made reference to the CQC requirements. We reviewed five recruitment files for staff who had been recruited recently. These included a nurse, HCA, and administration staff. We found that the files did contain all the information required. This included an application or CV for each staff member, records of any gaps in employment that were explored, a recent photo, identity checks and DBS checks were in place for appropriate staff. This ensured the practice had robust recruitment process in place and patients received service from suitably vetted staff. This was also supported by the staff we spoke with, who talked through the recruitment process they were required to undergo. Staff told us this included taking part in two interviews with the practice manager and a clinical staff member. Staff told us the recruitment process with thorough and fair.

### Dealing with Emergencies

The practice had a robust 'Disaster and Recovery Plan' in place to deal with emergencies that could interrupt the smooth running of the practice. This plan outlined all partners and managers responsibilities and was subject to annual review. Staff we spoke with had sound knowledge of the recovery plan and knew where to locate this should the need arise. One member of staff talked about a situation when the practice was unable to open due to the poor weather and the procedure the practice followed to ensure patient safety was preserved. The recovery plan also included guidance and protocols to follow, if there was fire, electric failure and loss of telephone lines. Staff had access to panic buttons for all medical emergencies. This meant effective the practice had effective systems and procedures in place to deal with emergencies.

### Equipment

A designated recovery room was available to use in a medical emergency. Staff had access to a defibrillator and oxygen and the equipment was checked and recorded regularly to ensure it was in working order. This meant that the practice had suitable arrangements in place to deal with foreseeable emergencies.

# Are services effective?

(for example, treatment is effective)

## Summary of findings

Overall the practice was effective. Data we reviewed showed us the practice had achieved 93% overall against the national quality framework standards (QOF), and achieved 96% in the organisational domain and 84% in the clinical domain. The practice had a comprehensive and up to date recruitment policy in place and policy made reference to the CQC requirements. A suitable induction programme was in place for new clinical and non-clinical staff to follow and there was an arrangement in place for them to be supervised during their induction period.

## Our findings

### Management, monitoring and improving outcomes for people

The practice achieved high results against the national quality framework standards (QOF). These included the clinical, organisational and patient experience domains. The QOF was introduced in 2004 as part of the general medical services contract and is a voluntary scheme for GP practices in the UK. Through this scheme the practice is rewarded for how well they care for patients. Individual GP partners had areas of keen interest. These included, minor surgery, research, women and children's health issues, mental health issues, dermatology and family medicine. Each GP who specialised in these areas of interest shared knowledge, expertise and best practice with the team. This ensured staff continuously improved patient care and the service provided to them.

The practice prescribing lead monitored the prescribing patterns, attended annual prescribing meetings and shared with the team any legislation changes in prescribing. Our intelligence showed the practice was a high prescriber of the Non-steroidal Anti-Inflammatory drugs (NSAID) and the prescribing lead told us this was discussed during the annual prescribing meetings. The practice demographic is affected by the local boarding school, and told us the high prescribing related to sporting injuries suffered by young students.

The practice has particular interest in medical research related to general practice. The research partner and two nurses agreed which trials to participate in. The nurses undertook the work such as seeing patients for the project and the results of the trial would be analysed and shared with the team. The practice carried out various audits such as revalidations, QOF and quality practice

### Staffing

A suitable induction programme was in place for new clinical and non-clinical staff to follow and there was an arrangement in place for them to be supervised during their induction period. Staff told us the management adopted an open policy and they felt comfortable to discuss any concerns in open and transparent fashion. All the staff we spoke with told us they were well supported by the practice and their training and development needs appropriate to their roles were being met. Regular appraisals took place for staff. During appraisal staff

# Are services effective?

## (for example, treatment is effective)

reviewed their work, set targets and discussed any training needs. This included training in safeguarding, Cardiopulmonary Resuscitation (CPR), chaperone and using the emergency equipment, which had been organised by the practice recently. A chaperone is in individual who is present as a third person during intimate examination by a healthcare professional of an patient of the opposite sex.

Some of the GP partners were also trainers. Thus they were appraised as trainers and as GPs. The senior nurse appraised the nursing team and the practice manager and senior nurse were appraised by a GP partner. The practice had Protected Learning Time (PLT) allocated for staff training. Staff told us the practice was very supportive of further training, and gave us examples of various training external courses that were funded by the practice. This meant that staff had the opportunity to meet with their line manager on a one to one basis to discuss performance and training requirements. Also showed staff were able from time to time obtain further training or qualifications.

### Health, promotion and prevention

The practice had low figures for smoking cessation success with teenagers. The GP partner told us the practice was aware of this and due to the low figures a drop-in clinic had been organised, However the uptake was poor. Health information was promoted through consultations, the practice website and various leaflets in the waiting area. In addition, the practice used the PPG to promote health. For example, the practice had organised events to raise awareness of health conditions such as dementia, diabetes and a British Heart Foundation event on how to live with Ischaemic Heart Disease (IHD).

# Are services caring?

## Summary of findings

Overall the practice was caring. Patients were complimentary of the practice and the service they received. They told us staff respected their privacy and treated them with dignity. Patients described the staff as caring, friendly and passionate about the care they delivered. The practice had a dedicated team in an office on top floor who dealt with all incoming calls. This ensured private and confidential information was not discussed in the reception, by the waiting area. The practice had a patient participation group (PPG) in place to gather the views of patients at the surgery, which had been running for over four years. We observed how patients and staff interacted during the inspection and found this to be thoughtful, positive and friendly.

## Our findings

### Respect, dignity, compassion and empathy

Patients we spoke with told us staff respected their privacy and treated them with dignity. During the tour of the practice we observed consultations took place in purpose built consultation rooms with appropriate couch for examination and curtains to protect privacy and dignity. The practice had a dedicated team in an office on the top floor who dealt with all incoming calls. This ensured private and confidential information was not discussed in the reception, by the waiting area. Staff we spoke with told us they were required to sign confidentiality agreements, and this was supported by the staff files we reviewed. All computers were password protected and we saw each time a staff member moved away from their screen they had locked the computer. This helped to ensure confidential information was protected.

We observed how patients and staff interacted during the inspection and found this to be caring, positive and friendly. Staff members were compassionate about the care they delivered. For example we saw one staff member offering to help call a taxi for a patient. We observed a GP assisting a blind patient from the waiting area into the consultation room. We saw another staff member explaining how the private clinic works to a patient

### Involvement in decisions and consent

The practice had a patient participation group (PPG) in place to gather the views of patients at the surgery. On the day of the visit we spoke with the PPG chair who told us regular meetings took place which were attended by at least one GP and the practice manager. The chairman told us the practice involved them in decision on how to improve the practice. The group had organised various events to inform patients of topics such as chronic obstructive pulmonary disease and were involved in promoting courses for patients in this subject. They were also involved in preparing a recent newsletter and gave their input to the articles that should be covered. We saw a copy of the 'Warders Newsletter- Spring 2014', and this including important information such as staff changes, care data, telephone system, how the practice and PPG worked together and challenges in regard to parking on site.

Patients we spoke with told us the GP and nurses involved them with decisions about their own treatment and care. We saw there was abundance of health topics and

# Are services caring?

information in leaflet form for patients to take away near the waiting and reception area. The clinical staff we spoke with told us they would provide print-outs of relevant information. This ensured that patients had time to gain a better understanding of their specific condition and to create awareness of the services available at the practice and locally to support them. We saw that there was information on the practice website and in the waiting room which explained how to access out of hours care. We saw the practice leaflet provided useful information such as opening hours, how to register with the practice and information about the clinical team. This also gave patients information on how to make a complaint and what they could expect in return from the practice.

# Are services responsive to people's needs?

(for example, to feedback?)

## Summary of findings

Overall the practice was responsive to people's needs. The PPG chair told us the practice was responsive to suggestions raised by the group, such as changes to the waiting area and notices. We saw a recent survey showed patient satisfaction was in general very positive of the services provided by the practice. Patients were able to book appointments to see a GP or nurse through various methods, which included by telephone, online and in person. We found care for patients with several long term conditions was streamlined to ensure they were able to conduct all appropriate tests in one visit.

## Our findings

### Responding to and meeting people's needs

The practice was divided into two buildings and both sites were accessible to patients with mobility difficulties. Where patients struggled with accessing consultations rooms on the first floor due to some steps; were seen on the ground floor. There were also facilities for patients with disabilities. Staff told us the practice booked interpreters for patients whose first language was not English rather than use language line. Patients were able to see a GP of their own choice and could be seen in both sites. The practice ran various clinics to provide further support to patients. These included; antenatal clinics, asthma clinic, family planning, diabetes clinic and Chronic Obstructive Pulmonary Disease (COPD) clinic. The practice had an internal learning disability register which the practice had devised. This is reviewed by a clinical staff and the practice ensures they see all patients on the register for an annual health check. The nursing team had the expertise and skill to look after children with life threatening illness and all end of life care patients had a named GP and were flagged on the system to ensure staff were aware of these patients. The provider may wish to note, we found in one building the Electrocardiogram (ECG) equipment was not available. An ECG is commonly used to detect abnormal heart rhythms and to investigate the cause of chest pains.

The practice had an active Patient Participation Group (PPG), which had been running for over four years. The PPG chair told us the practice was responsive to suggestions raised by the group, such as changes to the waiting area and notices. This was supported by the PPG meeting minutes made available to us. The chairman told us currently the group were exploring a better arrangement for sharing information and that practice was receptive of patient feedback. In addition, feedback was sought through patient surveys, the practice website and NHS Choices. We saw a recent survey showed patient satisfaction was in general very positive of the services provided by the practice.

### Access to the service

Patients were able to book appointment to see a GP or nurse through various methods, which included by telephone, online and in person. We found care for patients with several long term conditions was streamlined to ensure they were able to conduct all appropriate tests in

# Are services responsive to people's needs?

## (for example, to feedback?)

one visit. Staff members told us patients were able to book a double appointment by choice or when requested by the clinician. The practice offered late evening appointments and early appointments were also offered to meet patient needs. We received mixed response on accessibility of appointments. Some patients told us they did not experience any issues in obtaining appointments, whereas other patients told us they faced difficulties in getting an appointment. The practice was aware of this concern and had told us their patient population group has increased significantly over the years. In response to this and to ensure the practice continuously met patient demand; a GP partner, nurse and health care assistant had been appointed. The provider may wish to note, clinical staff told us there was delay in the receipt discharge letters being forwarded to the practice when patients were seen outside the practice opening hours. This was an issue for patient medication and instructions for GPs.

### Concerns and complaints

We saw the practice had a comprehensive complaints procedure in place. We reviewed five complaints that had been received in 2014. These covered a variety of issues and were answered with an explanation and apology when necessary and in a timely manner. This showed patient's complaints were fully investigated and resolved, where possible, to their satisfaction. Some patients we spoke with were not aware of the complaints procedure. However they told us they would speak to the reception staff or practice manager should they have any concerns.

The practice discussed significant events and complaints during team meetings and general learning points were shared with the whole team. They gave us an example of a serious incident and demonstrated that they had learnt from it and made appropriate changes. The practice had regular learning sessions, where various topics were discussed and analysed by the whole team. For example, recently a learning session took place where topics such as chaperoning, hospital liaison and Cardiopulmonary Resuscitation (CPR) were discussed

# Are services well-led?

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

## Summary of findings

Overall the practice was well led. There was a clear and strong management structure, with clear lines of accountabilities. The practice had a clear vision and purpose. Staff felt well supported and trained to do their job effectively. Staff and patients were given opportunities to discuss and contribute to improving services for patients.

## Our findings

### Leadership and culture

We found the practice had a clear organisational structure in place, with clear lines of responsibilities and accountabilities for the management team. This was illustrated by the organisational structure chart and communication cascade documents made available to us. We saw this provided clear outline of individual staff responsibility and who staff should approach if a specific issue arose. For example any finance issues were dealt by the finance partner. The management team told us division of responsibility helped to streamline decision making and understanding of the practice as a business.

### Governance arrangements

The structure of the practice was such that it has team leaders in all areas of the business and each team leader had a designated responsibility. For example the nurses were responsible for main training, cold chain and determining which vaccines are required. The practice had also appointed leads in various areas, such as safeguarding, infection control and complaints. All staff we spoke with knew how and who to approach for advice if a concern arose. The policies and procedures we reviewed were in date and had been reviewed regularly.

### Patient experience and involvement

The practice were keen on involving patients to improve the services they provided to them. This was achieved in various ways, such as patient survey, PPG and QOF. The practice had achieved very high scores in the QOF results in 2012/13 in the patient experience domain. This meant the practice delivered well on patient access, patient survey and the quality of the consultation was high. In addition the practice results for the national GP patient survey were higher than the CCG and national average. For example, overall 93% of patients described their ability to get through on the phone as very easy or easy and 97% would recommend their GP practice. Also, overall 95% described their experience of making an appointment as good or very good and 97% described their practice as good or very good.

We spoke with the Patient Participation Group (PPG) chair on the day of our visit. The group met every six months, which was attended by the practice manager and a clinical team member. The group discussed complaints that been made and the learning and actions the practice had taken

# Are services well-led?

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

these to improve patient experience. The practice staff used the PPG to promote information on topics such as heart care and diabetes. The regular practice newsletter gave patients information about the practice and about any changes being made through the government. This ensured patients were kept up to date and involved on issues related to their experience.

### Staff engagement and involvement

The management team adopted a team working environment and had an away weekend each year to discuss patient feedback, significant events, new developments and any key issues partner wished to discuss. The nursing team and non-clinical team had their own team meetings where issues specific to teams were discussed. In addition, an overall practice meeting took place, where all staff would be involved. Discussions on various subjects took place and training and key learning points were shared. Staff were able to contribute in a meaningful way on how the practice could improve patient experience, through team meetings, supervision and appraisals and training. Staff felt well supported and valued members of the practice.

### Learning and improvement

All staff had regular training and development opportunities. Staff had received regular supervision and appraisal to discuss individual support needed to develop their knowledge and skills. Staff we spoke with told us the practice encouraged staff to seek further training to ensure they were able to perform their jobs appropriately. Staff had access to new legislation and changes through team meetings and any updates were cascaded electronically.