Longtown 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.

Summary of findings

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Summary of findings

Overall summary

Longtown Medical Centre is based in a modern shared community practice building, where a wide range of other services such as district nurses and health visitors also operate.

There are three GP's at the service, with one off on long term leave covered by locums. These are supported by two practice nurses, a nurse practitioner, a healthcare assistant, and a team of reception, administrative and management staff.

The service is registered with CQC for the regulated activities of treatment of disease, disorder and injury, and diagnostic and screening services. Maternity, midwifery and family planning services are also registered, as are minor surgical procedures.

People described staff and doctors at the service as caring, conscientious and helpful. Suitable arrangements were in place for people to book appointments in advance and to meet the needs of people who required more urgent appointments'

Appropriate timely referrals and investigations were carried out, and staff supported people to manage and improve their health. The treatment and consulting rooms were clean and tidy. Medical instruments were single use only and disposed of correctly. Other equipment was cleaned and maintained properly.

The practice manager and other staff had developed clear objectives for the future of the practice, and the practice aimed for continuous improvement.

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 we found the service to be safe. Staff and GP's had been trained in safeguarding procedures, so they could spot suspected abuse and report this. This helped keep people safe. There were systems in place to record incidents or near misses, and the practice could demonstrate where they had learned from incidents to keep people safe in the future. There were appropriate procedures in place to ensure the practice was well run and safe, which covered areas such as infection control, health and safety and staff recruitment.

Are services effective?

Overall the service was effective. There was a system in place to monitor and promote clinical best practice. Appropriate timely referrals were arranged where needed following examination of a patient. The practice worked with patients with complex or long term conditions to monitor their health, and promoted healthy living to patients. Systems were in place to monitor performance of both systems and staff to ensure the patient was provided a good, effective service. Staff were appropriately qualified and trained to carry out their roles.

Are services caring?

Overall the service was caring. Patients told us the doctors were kind and empathetic, and they were not rushed during consultation. Patients said they understood their diagnosis and the treatment options available, as doctors explained it well. We did find that people could be given more opportunity to become involved in the management of their long term health condition. People told us, and we observed reception staff to be polite and friendly, and staff demonstrated a good understanding of the importance of confidentiality.

Are services responsive to people's needs?

Overall the service was responsive to people's needs. The building was fully accessible, and patients could request home or phone consultations as necessary. Patients were supported with timely referrals and to receive their results. Patients could generally get through to the surgery and make an appointment when required, although some patients said they had not managed to get appointments when they wanted. The practice had an effective system for receiving and responding to complaints.

Summary of findings

Are services well-led?

Overall the service was well-led. The practice had clear objectives and a strategy for the future. Staff at the practice were actively identifying areas where they wanted the practice to improve. Best practice was shared with other services. Staff had clear roles and responsibilities, and generally felt confident in raising issues, although staff could be more involved in change processes. The practice actively sought the views of patients.

Summary of findings

What people who use the service say

The majority of feedback we received was positive. People described the staff and doctors as caring and friendly, and said they were treated with dignity and respect. People commented that the building and rooms were always clean. The majority of people said they were happy with their treatment, and that doctors were empathetic and listened to their concerns. A minority however did say the manner of the doctors could be improved during consultations.

People said their appointments were generally on time and they were given enough time during their consultations. However some people did say they had been unable to access an appointment the same day. The practice did have a policy to see urgent cases the same day.

In the main, however, people were happy and satisfied with the service provided.

Longtown 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, and the team included two CQC inspectors.

Background to Longtown Medical Centre

Longtown Medical Centre serves just less than 4,000 patients in the semi-rural surrounding area. Patients reside in both England and Scotland. The practice is based in a modern shared community practice building, where a wide range of other services also operate, such as district nurses and health visitors. There is ample car parking, and full disabled access throughout the building.

The practice comprises three GP's. One is on long-term leave and is covered by a part-time locum. These are supported by two practice nurses, a nurse practitioner, a healthcare assistant, and a team of reception, administrative and management staff.

In addition to GP consultations, patients are able to access services such as clinics for chronic disease management, family planning and maternity services, and minor surgery or wound care.

Out of hours services are provided by Cumbria Health on Call (CHoC).

Why we carried out this inspection

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

How we carried out this inspection

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

We reviewed this information during an announced inspection on 7 May 2014. During our visit we spoke with a range of staff including GP's, the practice manager, nursing staff, receptionists and administrative staff. We observed how patients were treated when they arrived at the surgery, and reviewed a wide range of records in relation to the safe running of the practice. We also spent time speaking with patients, and reviewed CQC comment cards which patients had filled in. These had been made available in the surgery as part of the inspection process.

We also spoke with patients who used the service. We observed how people were being cared for and reviewed personal care or treatment records of patients.

Are services safe?

Summary of findings

Overall we found the service to be safe. Staff and GP's had been trained in safeguarding procedures, so they could spot suspected abuse and report this. This helped keep people safe. There were systems in place to record incidents or near misses, and the practice could demonstrate where they had learned from incidents to keep people safe in the future. There were appropriate procedures in place to ensure the practice was well run and safe, which covered areas such as infection control, health and safety and staff recruitment.

Our findings

Safe Patient Care

There were clear procedures in place for the reporting of safety incidents or allegations of abuse, and staff could describe their role in the reporting process to other agencies or senior staff. We saw examples of where the process had been followed correctly, and actions and learning points were then communicated back to staff.

The practice had a medicines manager in place and also input from an external pharmacist. These audited prescribing trends, checked the practice was following best practice guidance and checked for prescribing errors. Systems were in place to alert staff when patients needed a certain test or a medication review with the GP due to a medicine they were on. This helped keep patients safe by ensuring they were only given correct appropriate medicines.

There was a full range of policies and standard operating procedures for staff to follow to help keep people safe. These included a chaperoning policy, health and safety risk assessments, and safe prescribing policies. The building was modern and purpose built. Arrangements were in place so maintenance issues could be flagged up for fast repair. This meant patients were being treated in a safe physical environment.

Learning from Incidents

We looked at some significant events that had been recorded at the practice. The practice had carried out investigations, attempted to find causes and learn from the incidents. We found the practice had acted properly in these incidents, and where necessary had sent a written response to the patient. Medication errors were logged and monitored with actions, so that the practice could see they were improving over time. We found the practice to be willing to learn from incidents and had implemented change procedures as a result. Staff meetings were held regularly where learning from incidents was discussed and information passed on to staff.

Safety alerts or new practice guidance were received to by the practice manager, who then sent these to appropriate staff via the computer system. Staff confirmed they received alerts and new guidance as required so they were aware of any new risks to patients

Are services safe?

Safeguarding

The practice had safeguarding policies for the protection of children and vulnerable adults. The majority of staff had recently been trained on safeguarding, and were able to describe types of abuse and what they would do if they saw a patient where abuse was suspected. There was a designated safeguarding lead. More training was scheduled for the upcoming year, with staff being trained at a level appropriate to their role. For instance, doctors and nurses were trained at higher levels.

The computer system flagged up alerts for children where there was social services involvement. There was a whistleblowing policy which was given to all staff in their staff handbook. This meant that staff could spot and appropriately action suspected abuse.

Monitoring Safety & Responding to Risk

Nursing staff raised slight concerns about the level of nursing staff and cover. Staff said as there was no additional cover, they ended up covering shifts on their days off, although the practice stated this was a contractual obligation under their terms of employment. While nursing staff said no patients had come to harm because of this, they did say that sometimes patients would have to wait longer, for instance a week, until they could get an appointment to see them. Reception staff also raised slight concerns that staff levels were not altered enough to take account of busy times. When we discussed this with the provider they did not agree there was a problem and said they had calculated staffing levels as sufficient to manage risk.

There was a zero tolerance policy on threatening behaviour from patients, and reception staff had equipment to summon emergency help. Conflict resolution training was scheduled for staff. The computer system could flag up information where a patient may need extra help or support while at the surgery.

Medicines Management

The practice was not dispensing practice, so there were limited medicines held on site. The practice had a designated part-time medicines manager to oversee the safe running of the systems, and also input from an external pharmacist at the Clinical Commissioning Group (CCG). The manager audited a range of medicines to ensure that appropriate prescribing and dispensing checks took place. Fridge temperatures were checked and then audited for correctness, to ensure refrigerated medicines such as vaccines were stored appropriately and therefore still worked when given to the patient.

The computer system gave individual patient alerts; for instance a patient who would not be allowed a repeat prescription until their medication had been reviewed by a GP.

The practice had a comprehensive safe prescribing policy. Patients said the repeat prescribing system worked well and they got their correct medicines on time and were called for medicine reviews periodically.

Cleanliness & Infection Control

All the areas we inspected, such as the waiting room, consulting and treatment rooms and the toilets were clean and tidy. There were wash hand basins, hand wash and paper towels available for staff and in the public toilets. This meant people could wash their hands properly and reduce the risk of spreading germs.

Patients said “it’s always clean and hygienic” and “spotlessly clean, lovely surgeries.”

Only single use instruments were used for all procedures, such as minor operations, and clinical waste bins and sharps bins were available for their disposal. We checked equipment and dressing packs and these were in date and in their sterile wrappings. There was a system in place to audit stock and dispose of any that were out of date, although we did find some disposable equipment in an open tray which should have been stored wrapped. This was disposed of at the time of inspection. Consulting rooms had disposable curtains around the treatment benches, with dates on clearly shown for when they needed to be disposed.

We found potential for infection control risks to go un-noticed due to the use of the building. The cleaners were employed by the NHS trust, and the practice had not made any checks on their training. District nurses or other professionals were responsible for their own equipment, but they operated within treatment rooms that the practice was responsible for. Although roles and responsibilities for who was cleaning what were generally well defined, there were no overarching checks that the building and services in their entirety were clean and safe. We discussed this with the practice manager who agreed this was a potential issue.

Are services safe?

Staffing & Recruitment

The provider said they had sufficient staff so did not have to use agency. There was one locum doctor working part time to cover a long term leave. There was provision in place to adjust GP hours at busy times, for instance after a bank holiday. There was also a 'floating' receptionist who could be drafted in to help when demand increased, as for a flu clinic.

While reception and nursing staff said there was no risk to service delivery, many staff members said they would benefit from more staffing, particularly at times of holiday or sickness when staff would have to work days off to cover for each other, due to there being a very small pool of staff. The provider did not agree this was an issue and said they had carried out an assessment to ensure that sufficient staff were available.

Dealing with Emergencies

The practice had full fire evacuation plans in place, and staff had received fire safety training. There was a system to print out all the appointments at the start of each day so the surgery could still run smoothly if the computer system failed. The business had full contingency plans and equipment in place, including mobile phones to which calls could be diverted if the phones went down, and full plans covering subjects like data loss, loss of key members of staff and loss of services supply.

These plans were comprehensive and meant the service could continue to function in adverse events. Staff had a clear understanding of emergency plans and their roles in these, which meant they were likely to work well in the event. For patients this helped to ensure their service was likely to be minimally affected in the event of an emergency.

Staff knew where to locate emergency equipment, and had been given training in basic life support. Oxygen cylinders were checked and had been maintained correctly. Dates of emergency drugs were kept on the computer system so they could be audited easily for when they needed to be replaced. There were appropriate stocks of emergency drugs, although one was slightly out of date. GP's had a list of all emergency drugs they might require, and there were drug kits for palliative care so patients did not have a delay in receiving medicines.

Equipment

There were procedures in place to ensure that medical equipment was checked and maintained regularly. Any requests for maintenance or breakdowns were logged and audited so the provider had an overview of problems. Staff said they had suitable equipment for them to carry out their roles, from phone and computer systems, to personal protective equipment (PPE) such as gloves. For patients this meant the service was functioning well because staff had the equipment they needed.

Are services effective?

(for example, treatment is effective)

Summary of findings

Overall the service was effective. There was a system in place to monitor and promote clinical best practice. Appropriate timely referrals were arranged where needed following examination of a patient. The practice worked with patients with complex or long term conditions to monitor their health, and promoted healthy living to patients. Systems were in place to monitor performance of both systems and staff to ensure the patient was provided a good, effective service. Staff were appropriately qualified and trained to carry out their roles.

Our findings

Promoting Best Practice

There was an established system of clinical supervision for nursing staff at the practice to enable staff to be confident that they carried out accurate comprehensive assessments.

There was a system in place where the practice manager delivered best practice clinical guidance directly by email to nurses and GP's to ensure they kept up to date with information. Clinical staff were aware of this system and took time to read guidance relevant to them. This meant that care and treatment was delivered in line with recognised best practice or guidance.

Observations of and speaking with the GP's showed they performed appropriate comprehensive examinations. Appropriate referrals were completed at the time of consultation, with a different system in place for identifying urgent referrals. This ensured that timely investigations were carried out.

Staff were able to explain how they would involve carers and take decisions in the best interest of the patient if they were unable to consent.

The practice was developing more comprehensive systems to recall patients with single and multiple long term conditions for regular checks and assessments. Currently the system would flag up where patients with certain conditions were overdue. This meant patients with some chronic conditions such as asthma and diabetes were supported in managing their health.

Management, monitoring and improving outcomes for people

The practice monitored performance. For instance they had invested in a new telephone system which logged abandoned calls when people had failed to get through. These were being analysed month on month to look where improvements could be made. Improvements were being investigated for the IT systems and the way information was stored, so that patients with multiple long term conditions could be recalled for tests once, and have all their conditions discussed at the same time. This would save the patient attending multiple times for different tests.

A recent review had identified that time was lost during consultations through GP's or nurses not having equipment

Are services effective?

(for example, treatment is effective)

and information they might need to hand. Improvements had been made to organise and tidy clinical and consulting rooms so that staff had easy access to items such as disposable equipment, return to work forms, or patient information leaflets. The practice manager explained this had increased workflow and efficiency, meaning better outcomes overall for patients.

The practice computer systems and information sources used were able to produce much information around the practice performance. For instance, the practice manager showed us how the system could monitor prescribing rates or hospital admissions, and identify areas for improvement as a result.

Staffing

The practice had an electronic HR system where all staff information was logged. Potential staff members had an interview, and then appropriate recruitment checks were carried out including DBS (criminal records) checks, and the seeking of references. Experience and employment history was checked. This meant there were checks in place to ensure that only suitable and appropriately skilled staff were employed. This helped keep patients safe.

Staff were given a comprehensive induction when they commenced work, covering subjects such as fire safety, health and safety and practice rules. The practice had used locums who were also given a full induction. Each staff member had a job description which clearly defined their roles and responsibilities. Staff were also given a handbook which detailed whistleblowing procedures and disciplinary and grievance procedures. This helped keep patients safe by making staff aware of how they should report concerns and also allowed the provider to manage staff performance.

Learning needs of staff were identified, and linked into a yearly appraisal where objectives for the next year were discussed, although some staff did say they had asked for training the previous year that had not been actioned. Staff also felt they would benefit from supervisions in-between the yearly appraisals. Clinical supervision and appraisals were carried out by a senior nurse, and clinical meetings were held monthly for clinical staff. Nursing staff told us that specific training was upcoming as a result of these. Clinical audits were carried out and doctors went through their professional revalidation process as necessary. In general, the practice had systems in place to monitor performance and learning needs of staff.

A new training system had recently been introduced, which allowed staff to have all their training through one provider, and identify which courses they needed to complete. This covered subjects such as safeguarding, infection control and basic life support. We did note however, that staff were given a list then had the whole year to complete their training, so there was no prioritisation of which courses might be most important. Some staff also said it was difficult to get the time to complete the courses and would benefit from input into how the protected learning time was used.

Working with other services

The practice had the benefit of being located within a multi-purpose building where other services such as district nurses, speech therapists and health visitors were located. This promoted close working relationships and easy referrals. There was effective multi-disciplinary working, for instance around palliative care meetings, where the GP and district nurse would attend together, for information sharing and for the benefit of the patient. There was information readily available in the waiting area on outside services such as carer support, and staff could support carers in accessing these services. This meant that patients and their carers were given appropriate help and support.

Details of any out of hours consultations were sent to the practice electronically each morning. A back-up fax was also sent as an additional safeguard so the practice could check if any details were missing. This meant the GP's could be confident they had all necessary information.

Maternity services clinics were held each week, while child health surveillance clinics were run by health visitors from the same building. This allowed easy communication between services.

Health Promotion & Prevention

A full medical history was taken from new patients, including lifestyle factors such as smoking. Patients were also offered a new patient consultation when registering with the practice.

We spoke with staff at the practice about chronic disease management. We were told patients were able to access extra services or clinics for conditions such as asthma or diabetes.

Smoking cessation services were provided in the local area so people could access them easily. Flu clinics were

Are services effective?

(for example, treatment is effective)

available to help prevent illness. Patients aged 75 or over who had not had a consultation in the past year were able to request a health check at the practice. There was a good range of information available to patients in the waiting room, on clinics and support services available, and information on long term conditions. Some leaflets were also available in other languages. Staff were able to help carers in accessing services available to them.

The computer system had prompts built into it to remind staff to contact patients to invite them to the practice for health checks related to their condition. The system also captured some information on people at risk of developing a long term condition.

The practice carried out some intelligent monitoring on their computer system. For instance, they had identified high incidences of respiratory conditions and smoking in the area, and were developing treatment plans for this.

Arrangements were in place for nurses to pass information to doctors where necessary if a patient's condition had changed. Nursing staff did report that they felt pushed for time during appointments and so could not be as proactive as they wished, although staff did say no patients were at risk because of these.

Are services caring?

Summary of findings

Overall the service was caring. Patients told us the doctors were kind and empathetic, and they were not rushed during consultation. Patients said they understood their diagnosis and the treatment options available, as doctors explained it well. We did find that people could be given more opportunity to become involved in the management of their long term health condition. People told us, and we observed reception staff to be polite and friendly, and staff demonstrated a good understanding of the importance of confidentiality.

Our findings

Respect, Dignity, Compassion & Empathy

GP's came out of the consulting rooms to call patients by their name, which the practice manager believed was more personal than a tannoy system. We asked receptionists how they would accommodate patients who wanted to speak to someone in private. They told us and we observed there was provision for a private room where the patient could speak freely and not be overheard. Reception staff were observed to be polite and friendly, and chatted with patients as they came in. We received almost entirely positive feedback from speaking with people and from the comment cards left for us. Patients said "the reception staff are nice and polite", "fantastic reception staff, everyone is so friendly and helpful" and "I don't find it embarrassing to talk to them, but sometimes you do overhear other people's problems".

Treatment and consultation rooms were lockable and had a privacy curtain round treatment benches.

The GP's were observed to be empathetic and caring towards patients, and the majority of feedback we received from patients was positive. Comments included "the nurse is particularly helpful and nice", "all the doctors are lovely" and "they take their time with you, that's what I like about it". Patients were given sufficient time during consultations, with one GP recognising their consulting style was unhurried, and taking slightly longer to finish their appointments to allow for this, so patients were not rushed.

The practice manager had tried to embed a caring ethos into the practice. For example, staff had objectives in their appraisals which included 'respecting customers feelings and rights'.

Involvement in decisions and consent

The practice website signposted patients whose first language was not English to information leaflets in a variety of languages. The whole website had a facility to be translated into a variety of different languages. This helped remove barriers for patients wishing to access the service. Patients living temporarily in the area could register as a temporary patient for up to 3 months, or receive emergency treatment.

We observed that doctors took the time to carry out a thorough assessment of needs and explain conditions to

Are services caring?

patients. This meant that patients were supported to understand their diagnosis and options for treatment. Patients we spoke with said “yes the doctors explain any risks and benefits, and I ask if I don’t understand”, “I’m involved in decisions about my care” and “explanations are good in plain English, and cover risk”. Staff had been given training in capacity issues and had a good understanding of this, and the need for confidentiality at reception.

We found that patient involvement in management of long term conditions could be improved. There were care planning booklets available for diabetes. The patients were given the booklet at the time of seeing the nurse and some sections were not being filled in.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

Overall the service was responsive to people's needs. The building was fully accessible, and patients could request home or phone consultations as necessary. Patients were supported with timely referrals and to receive their results. Patients could generally get through to the surgery and make an appointment when required, although some patients said they had not managed to get appointments when they wanted. The practice had an effective system for receiving and responding to complaints.

Our findings

Responding to and meeting people's needs

The practice demonstrated some ways in which it was able to meet the needs of different patients who may be in vulnerable circumstances. For instance, the building had full disabled access and home visits were available where required. The practice information leaflet had information about the GP's and their area of interest, so that patients could choose to speak to a GP with a particular interest or experience, for example in mental health. Practice information was available in a number of languages, which helped remove barriers to accessing the service for people whose first language was not English. Information on phone consultations was available in the waiting room.

Patients we spoke with said they were able to request to see a specific GP, or a female GP if required.

Access to the service

Most results such as blood tests were received electronically into the surgery. There was a system where GPs would check each other's results if one was off. This meant that patients were supported to receive a timely diagnosis. Emergency or urgent referrals were logged on the computer by the GP at the time of consultation. Patients were referred for further tests or to another service as necessary. This meant that the practice supported patients in making timely appropriate referrals. The 'choose and book' system, which gives patients a choice of hospital, was offered to patients at the time of consultation.

The practice had both a practice leaflet and well-populated website. These contained information such as opening hours, out of hours services and clinics available. Patients were able to access a number of services online, such as booking appointments and ordering repeat prescriptions. Patients were able to book appointments well in advance.

The majority of patients we spoke with had accessed the service easily, although some patients fed back they had been unable to get an appointment, and had had to access the out of hours service as a result. Patient feedback to us included "I can't get an appointment when I want one, you have to phone at 8:00am to get seen the same day" and "you can't always get an appointment the same day, you can book in advance though and I do that."

Patients said their appointments were generally on time, and if not the receptionists let them know. The provider

Are services responsive to people's needs?

(for example, to feedback?)

had invested in a new phone system which logged answered and abandoned calls. The practice manager showed us that 90% of calls were answered within 12 seconds, and they could now work towards improving this. There was a minority of comments from patients who thought the new phone system was not user friendly, although other patients had said it worked well for them. Waiting times were monitored on an ongoing basis so the provider could see where they needed to improve.

Although there were specific nursing clinics throughout the day, there were no walk in clinics where patients could see the nurse without appointment, and if necessary be triaged to see a doctor.

Concerns & Complaints

The practice actively sought patient's views, and sent out a patient survey each year via a private survey company. They then looked at the results in conjunction with those gained from the National Patient Survey, which is commissioned by the National Health Service (NHS).

The practice leaflet and website encouraged feedback and detailed how to make a complaint or suggestion, and there was a full complaints procedure for staff to follow and so people were aware of their rights.

We saw where complaints had been made the practice had responded to these fully and in writing. An action plan for improvement had been completed where necessary. The practice manager said any smaller issues they would try and resolve these straightaway, and staff knew to contact him, although these smaller complaints were not recorded. Staff we spoke with were able to describe how they had dealt effectively with minor concerns, and knew to pass complaints up to the practice manager. Patients we spoke with said they would feel confident making a complaint, but had not had the need to do so.

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 service was well-led. The practice had clear objectives and a strategy for the future. Staff at the practice were actively identifying areas where they wanted the practice to improve. Best practice was shared with other services. Staff had clear roles and responsibilities, and generally felt confident in raising issues, although staff could be more involved in change processes. The practice actively sought the views of patients.

Our findings

Leadership & Culture

The practice had a clear business strategy with a mission statement, and corporate and individual objectives which linked in with staff appraisals. Key strengths and weaknesses had been identified and strategies were in development to foster continuous improvement in the practice.

The practice manager explained they were trying to foster a 'culture of ownership', with each department being able to take responsibility for itself, through having access to the right information. For instance, reception staff knowing who to contact in the event of computer problems.

The provider had invested heavily in computerised 'Practice management information systems' so that staff had access to procedures and information and could still perform their roles effectively if the practice manager was not there. While staff said there was generally an open and honest culture and they generally felt motivated, they did not always feel involved with changes and felt that they were sometimes not involved in making decisions. This meant that improvements the provider tried to instigate could be less effective as a result.

Staff described the practice as supporting openness, and said they were generally confident to raise issues. The practice manager welcomed challenge and saw the CQC inspection as a good learning opportunity. The practice manager stated they had an open door policy and staff cited this when we spoke with them. Staff also said everyone including the doctors were treated as equals.

Governance Arrangements

Throughout the practice staff were clear on their roles and responsibilities. Staff knew who was responsible for making decisions and who they should approach with issues. Staff had been provided with clear written job descriptions detailing their duties. There was a clear governance structure for the practice.

Systems to monitor and improve quality & improvement

The practice manager attended local practice manager forums, where best practice was shared. This group had identified top 10 problems which they wished to work through and improve. The practice had good links with NHS local area teams and Clinical Commissioning Groups

Are services well-led?

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

(CCG), and were keen to share and learn systems of best practice. Within the practice, appraisals for staff were linked to the business strategy, and 360 degree appraisals (where the person asks for the views of those around them) were carried out by doctors. Risks to the practice, and weaknesses of the operating model were identified, and improvement plans were either in place or being worked on.

The practice had introduced IT systems to allow more efficient auditing and analysis. The practice checked outcomes such as waiting times, prescribing trends, medication errors and near misses, and emergency drugs checks. The practice manager monitored electronic workflow tasks for all staff to ensure these were completed and that staff were supported in their roles.

Patient Experience & Involvement

The practice actively sought the views of patients through surveys and a comment box, and analysed the results. The practice manager was engaged in trying to set up a 'virtual' computerised Patient Participation Group (PPG), and information was being sent out to patients about this. The practice manager explained they were trying to ensure the group was more representative of the practice population. However they were unclear how the practice would encourage feedback to this group from those patients with no access to a computer. This meant that feedback from some patients may be missed. Some patients said changes made by the practice to the PPG recently had caused some problems and had not been well received by some of its members.

We saw from past patient surveys and projects that results had been collected and action plans put in place as a result. Improvements made from survey results included a water cooler in reception, a new phone system, and a private room where people could speak to receptionists.

Staff engagement & Involvement

Staff were given monthly protected learning time where practice meetings were held. Information was shared then staff were given the chance to raise issues. Rules for these meetings included 'there are no silly questions'. There were appropriate HR policies in place to support staff, and staff described a pleasant workplace, with no-one having witnessed or been subject to bullying or harassment.

We did find, however, that not all staff were fully engaged with some of the changes the practice manager had initiated. This may sometimes have been down to a lack of communication. For instance, staff told us that abandoned calls were logged by the new phone system, and this performance information kept. But how staff were doing had not been fed back to them, so they did not know whether they were doing well or not. The practice stated they had trained staff on how to read and evaluate their own performance, although staff did not seem clear on this.

Some staff told us they had fed back issues but these had not been acted upon. When we fed this back to a GP and the practice manager, the GP was unaware this was an issue and did not agree with what the staff said. Some staff said the format of staff meetings did not work particularly well for them, but staff had been given no input into the agenda. This meant that the provider did not always seek and act on feedback from staff.

Staff did say they generally felt able to speak up at meetings, or ask a colleague to do it for them. Staff said they generally felt confident in raising issues.

Learning & Improvement

The practice actively participated in projects to improve care and shared this information with other providers. For instance, there was an on going project analysing emergency hospital admissions for the over 75's. The provider was looking to see why these were and what factors the service could improve to reduce these admissions. This information was being shared through a local practice manager's forum and due to be presented to the local clinical commissioning group (CCG).

The practice was heavily engaged in identifying key strengths and weaknesses, and producing objectives for the next year from these. The last year's objectives were being measured for their success. This would then link in with individual staff objectives. The practice manager had a good understanding of continuous improvement and the ethos of the practice was to strive for this. They were also able to give examples of improvement, such as the new phone system, where patients had benefitted as a result, through being able to reach reception more easily.

Identification & Management of Risk

The practice had carried out a full review of risks to the business such as power cuts and industrial action, and had full contingency plans to deal with these. At a more strategic level, the practice was identifying 'threats' and

Are services well-led?

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

'weaknesses' to the business. A project was in place to analyse the causes of and solutions to these, to ensure the long term sustainability of the business. This would benefit patients as it ensured an effective doctor's surgery would continue to operate and provide services to people.