

Dr Myhill and Partners

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?

Requires improvement 

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 Dr Myhill and Partners on 08 December 2016. Overall the practice is rated as good.

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

- The practice had a clear vision and worked to meet the recognised needs of patients in the community it served.
- The practice had created and maintained an open and transparent approach to safety. A clear reporting system was in place for reporting and recording significant events. The practice had well established systems for managing medical alerts and updates.
- Risks to patients were identified, assessed and appropriately managed. For example, the practice implemented appropriate recruitment checks for new staff and undertook regular clinical audits and reviews to monitor and improve services.

- We saw that the staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff were supported to access development learning and routine training was provided to ensure they had the skills, knowledge and experience to deliver effective care and treatment.
- Data from the Quality and Outcomes Framework (QOF) showed the practice had performed well, obtaining 99.6% of the total points available to them, for providing recommended care and treatment to their patients. However, the practice had higher than average exception reporting rates across a range of outcomes.
- Results from the GP Patient Survey published in July 2016 were mixed; the majority of outcomes were lower than local and national averages.
- The practice had initiated an internal patient survey which was carried out January 2016 – March 2016 to seek feedback from patients on services provided.
- We received positive feedback from the patients who completed 27 comment cards.
- Information about services and how to complain or provide feedback was freely available in the waiting

Summary of findings

area and published on the practice website. The practice had a comprehensive and thorough process dealing with feedback. Outcomes from complaints were shared and learning opportunities identified as appropriate.

- The patient participation group (PPG) was well supported and engaged positively with the development of the practice.
- The practice had access to good facilities and modern equipment in order to treat patients and meet their needs.
- There was a clear leadership structure and we noted there was a positive outlook among the staff, with good levels of moral in the practice. Staff said they felt supported by management.
- A range of research projects brought added benefits to the practice.

- Effective arrangements for the organisation and presentation of information for discussion at partners meeting facilitated good governance.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvements are as follows:

- Continue to review and monitor processes for QOF continue to audit areas of high exception reporting.
- Ensure continued work to improve national GP patient survey results.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events. Staff understood their responsibilities to raise concerns and to report incidents or 'near misses'. Each incident was given a nominated 'lead' to ensure an investigation was completed and outcomes reported.
- Lessons learnt were shared to make sure action was taken to improve safety in the practice.
- Risks to patients were assessed and generally well managed. For example, arrangements for monitoring standards of infection prevention and control and the policies and procedures systems in place for safe staff recruitment.
- When there were unintended or unexpected incidents involving patients, they received support, information and an apology as appropriate to the circumstances. The practice put steps in place to identify learning and changes to processes were introduced to avoid a possible repeat incident when necessary.
- The practice had well established systems in place to keep patients safe and safeguarded from abuse. Systems for managing children's safeguarding cases in particular were well developed.
- The practice had clear systems in place for the management of safety alerts including those received from Medicines and Healthcare products Regulatory Agency (MHRA).

Are services effective?

The practice is rated as good for providing effective services.

Good



- Latest data from the Quality Outcomes Framework (QOF) 2015 – 2016 showed the practice had performed well, obtaining 99.6% of the total points available to them, for providing recommended care and treatment to their patients. However, a number of the exception reporting rates were higher than local and national averages.
- Staff referred to guidance from the National Institute for Health and Care and Excellence (NICE) and used it to assess and deliver care in line with current evidence based guidance.
- The practice was engaged in an ongoing programme of clinical audits, which demonstrated a commitment to quality improvement, professional development and patient care.

Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment. Personal and professional development was encouraged and supported.
- There was clear evidence of appraisals and staff had appropriate support and development plans to support their learning.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. The practice staff participated in regular multidisciplinary meetings to meet the needs of patients and deliver appropriate care and support.

Are services caring?

The practice is rated as good for providing caring services.

- The practice had identified 256 patients registered as carers, which represented approximately 3% of the practice list. A carers 'champion' leads the work to identify and support patients who were carers. The practice had applied to Northamptonshire Carers to be assessed for their Bronze Carers Award.
- The practice had recorded 47 military veterans on their patient list and was able to offer advice and support as required.
- Outcomes from the latest national GP patient survey results reported that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. For example;
- 91% said the last nurse they spoke to was good at treating them with care and concern, compared to the local CCG average of 90% and the national average 91%.
- 77% said they found the receptionists at the practice helpful, compared with the local CCG average 86% and the national average of 87%.
- Feedback was received from 27 patients who completed CQC comment cards, these were consistently positive. Patients we spoke with on the day of the inspection told us they were impressed by the thoughtful approach and professional attitude of the staff.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Information for patients about the services available was easy to understand and accessible. The practice had an informative practice leaflet and a comprehensive website. For example, posters were on display and leaflets were available in the waiting area giving details of health related matters.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services.

Requires improvement



- Practice staff engaged with NHS England and Nene Clinical Commissioning Group to secure improvements to services where these were identified.
- Urgent appointments were available the same day, with pre-bookable appointments with the health care assistants, nursing team and GPs available up to three weeks in advance.
- Results from the latest national GP patient survey published July 2016 were considerably lower than local and national averages in areas relating to access to appointments and practice opening hours, for example;
 - 58% of patients described their experience of making an appointment as good, compared to the CCG and the national average of 73%.
 - 66% of patients were satisfied with the practice's opening hours compared to the local CCG and national average of 79%.
 - 37% of patients said they could get through easily to the surgery by phone compared to the local CCG average of 70% and the national average of 73%.
- Whilst the practice had considered options to improve telephone systems in order to address concerns about performance, The practice told us that only 24% of the practice population accessed online booking services and this may be contributing to higher call volumes at peak times.
- The practice had good facilities and was well equipped to treat patients and meet their needs. A phlebotomy service was provided at the practice, so that patients did not have to attend the local hospital.
- Information about how to complain was available and easy to understand. Evidence demonstrated the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders as appropriate. The practice encouraged positive feedback and celebrated success appropriately.

Are services well-led?

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

Good



- The practice had a clear statement outlining their aims and objectives, with priority given to provision of high quality, safe and professional health care to their patients.
- Practice staff were clear about their role in delivering services to patients.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had appropriate policies and procedures to govern activity and held regular governance meetings.
- The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- Systems were in place to review, update and amend policies and procedures to ensure best practice guidelines were incorporated and followed by staff.
- Information was used to benchmark delivery of services, patient satisfaction levels and to identify areas of good practice and areas for development.
- The practice had a business development plan which identified existing objectives and possible future developments.
- The practice regularly and proactively sought feedback from staff and patients, which it acted on. Staff told us they felt supported and listened to. The practice had an active patient participation group.
- There was a clear and accessible governance framework, which supported the delivery of good quality care to patients. This included arrangements to monitor and improve quality and identify risk.
- Effective arrangements for the organisation and presentation of information for discussion at partners meeting facilitated good governance.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness, transparency and honesty.
- The practice with involvement from the patient participation group (PPG) had positive links with the community, various charities and religious groups.

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.

Good



- The practice had a nominated GP lead for older patients and conducted a weekly Pro-Active Care meeting. The practice offered personalised care in order to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people. Where possible GPs were able to offer home visits to those patients who were unable to travel into the surgery. On-the-day or emergency appointments were available to those patients with complex or urgent needs.
- The practice had clear objectives to avoid hospital admissions where possible. GPs made visits residential care homes and ensured that patient medication was reviewed regularly and where possible other routine tests were undertaken without the need for patient admission to hospital.
- District nursing team and a podiatry service were hosted at the practice location.
- A dedicated telephone number was provided to care homes for direct access to the practice, for use in an emergency.

People with long term conditions

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

Good



- A named GP was lead for QOF administration and oversight.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice scored 95% for patients with diabetes, on the register, who had influenza immunisation in the preceding period of 01 August 2015 to 31 March 2016, with an exception reporting rate of 30%. The local CCG average was 96% with 22% exception reporting and the national average of 95%, with exception reporting at 20%.
- All these patients had a structured annual review to check their health and medicines needs were being met was offered.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

- The practice had protocols in place to support the treatment of patients with long term conditions. The practice held records of the number of patients with long term conditions. These patients were seen at the surgery on a regular basis and invited to attend specialist nurse-led clinics.
- The practice offered longer appointments to these patients and home visits were available when needed.
- Nurse led clinics ensured annual reviews and regular checks for patients with asthma, diabetes and chronic obstructive pulmonary disorder (COPD) were in place. Effective arrangements were in place to ensure patients with diabetes were invited for a review of their condition.
- 95% of the patients on the diabetes register had influenza immunization in the preceding 01 August 2015 to 31 March 2016, compared to local CCG average of 96% and national average of 95%.
- Patients who were admitted to hospital were reviewed by the practice after discharge.

Families, children and young people

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

- A named GP was safeguarding lead and comprehensive systems were 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.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals and we saw evidence to confirm this.
- The practice had a programme to remind patients about cancer screening;
 - 92% of women aged between 25 - 64 years of age whose notes record that a cervical screening test has been performed in the preceding five years, compared to the local CCG average and the national average of 82%.
- The practice provided appointments outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses, for example the practice had a speech therapy service based in the building which offered easier access for patients.

Good



Summary of findings

- Immunisation rates for all standard childhood immunisations were higher than national averages; the practice achieved a 95% target for childhood immunisation rates for the vaccinations given to under two year olds compared to the national average score of 91%.
- The practice supported a number of initiatives for families with children and young people; including a range of family planning services and chlamydia screening.
- Baby vaccination clinics and ante-natal clinics were held at the practice on a regular basis. Links with the community midwife team and liaison with health visitors formed a positive and collaborative approach, with midwife and health visiting teams located in the practice building.

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 practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, with extended opening hours available on Monday and Thursday evenings until 8pm and Saturday morning from 8am to 10.30am.
- The practice had a programme to remind patients about cancer screening initiatives;
 - 62% of patients aged 60 to 69 years had been screened for bowel cancer in the last 30 months compared to 60% locally and 58% nationally.
 - 77% of female patients aged 50 to 70 years had been screened for breast cancer in the last three years compared to 77% locally and 73% nationally.
- Telephone consultations with GPs and call-backs to patients who could not visit the practice were available.
- The practice provided a health check to all new patients and carried out routine NHS health checks for those eligible patients aged 40 - 74 years.
- The practice was proactive in offering on-line services such as appointment booking, electronic prescription service and an appointment reminder text messaging as well as a full range of health promotion and screening that reflects the needs of this age group.

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.

Good



Summary of findings

- There was a nominated lead GP for this group of patients.
- The practice held a register of patients living in vulnerable circumstances. The practice was able to recognise how services should be adapted to support the patient's wishes to remain independent.
- The practice had a system in place to identify patients with a known disability and would offer flexible appointments wherever possible, for example longer appointments times would be offered for patients with a learning disability.
- The practice had recorded 256 carers on their register, which was approximately 3% of the Rothwell location patient list.
- The practice had applied to Northamptonshire Cares to be assessed for their Bronze Award. A member of staff had taken on the role of carers champion and further development work was planned.
- The practice regularly worked collaboratively with other health care professionals in the case management of vulnerable patients including, for example, Nene CCG Learning Disability Strategic Health facilitators.
- The practice informed vulnerable patients about how to access support groups and voluntary organisations.
- Staff had received learning disability awareness training and knew how to recognise signs of abuse in vulnerable adults and children and the protocol to follow for reporting concerns.
- Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had recorded 47 military veterans on their patient list and was able to offer advice and support as required.

People experiencing poor mental health (including people with dementia)

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

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The Wellbeing Team and Mental Health Workers were housed in the practice building and provided services to patients at the practice.

Good



Summary of findings

- The practice had supported patients experiencing poor mental health about how to access support groups and voluntary organisations, with links to support services, such as counselling and referrals to the Improving Access to Psychological Therapies service (IAPT).
- The practice carried out advance care planning for patients with dementia.
- For patients on the dementia register, the practice had a lead member of staff with responsibility for developing and improving delivery of services for patients with mental health and health promotion.
 - 80% of patients diagnosed with dementia had their care reviewed in a face-to-face meeting in the last 12 months, compared to the local CCG average of 87% and the national average of 84%.
- The practice had a system in place to follow up patients who had attended A&E where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia and had received training in dementia awareness.
- Latest QOF data 2015-16 showed that the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01 April 2015 to 31 March 2016) was 91%, with an exception reporting rate of 43%. Compared against the local CCG average of 92% with an exception reporting rate of 17% and the national average of 89%, with an exception reporting rate of 13%.

Summary of findings

What people who use the service say

We looked at the most recent national GP patient survey results published in July 2016.

There were 236 patient survey forms distributed and 119 returned. This equated to an approximate 50% response rate, which was higher than the England average of 38%, and represented approximately 0.58% of the total practice's patient list of approximately 20,500.

The results from the survey were mixed, with some outcomes higher than local and national averages and others falling below average. For example;

- 37% of patients found it easy to get through to this practice by phone, compared to the local CCG average of 70% and national average of 73%.
- 53% of patients were able to get an appointment to see or speak to someone the last time they tried, compared to the local average of 74% and national average of 76%.
- 95% of patients said the last nurse they saw or spoke with was good at giving them enough time, compared to the local and national average of 92%.
- 97% of patients said they had confidence and trust in the last GP they saw or spoke with, compared to the local and national average of 95%.
- 68% of patients described the overall experience of this GP practice as fairly good or very good, compared to the local average of 84% and national average of 85%.
- 62% of patients said they would recommend this GP practice to someone who has just moved to the local area, compared to the local average of 78% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 27 completed comment cards. All of the comment cards were very positive about the standard of care received. One card made reference to difficulties in accessing an appointment by telephone. Other patients said services were provided in a professional and courteous manner.

A number of the comment cards identified named members of staff who patients felt had provided exceptional care and attention. Staff were described as very caring, attentive, diplomatic and knowledgeable. Three cards included comments which described the practice as excellent. Some of the comments were from patients who had recently registered with the practice, whilst others had been registered since the practice opened.

We spoke with two patients and members of the Patient Participation Group (PPG) during the inspection. Both of the patients said they were satisfied with the care they received and thought the staff were professional in their approach, committed to providing good services and demonstrated a thoughtful and caring approach to patients.

The practice had made use of the Friends and Family Test (FFT); FFT provides patients with the opportunity to provide feedback to GP practices on the quality of services provided. In the period from January to November 2016, out of the 25 responses received, 10 patients (40%) said they would recommend the practice.

Areas for improvement

Action the service **SHOULD** take to improve

- Continue to review and monitor processes for QOF continue to audit areas of high exception reporting.
- Ensure continued work to improve national GP patient survey results.

Dr Myhill and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist advisor.

Background to Dr Myhill and Partners

Dr Myhill and Partners is also known as Rothwell Medical Centre and, with the Desborough Surgery, forms the Rothwell & Desborough Health Care Group. These two practices are registered as separate locations with the CQC although patients are able to access services at either site.

Dr Myhill and Partners provides primary medical services from a modern, purpose built, two-storey building to approximately 20,500 patients in Rothwell and Desborough and surrounding areas in Northamptonshire.

Dr Myhill and Partners provides services under a General Medical Services (GMS) contract, a nationally agreed contract with NHS England.

All staff may work at either of the locations (Rothwell or Desborough) and in total there are eleven GP partners (female and male) and one salaried GP, one nurse manager, three independent nurse prescribers, four practice nurses, four health care assistants and a pharmacist. Support to the partners and clinical team is provided by a practice manager, an operations manager and a team of administration, secretarial and reception staff.

The practice population broadly follows the England national demographic. There is a slightly higher than average number of patients aged 65 years and above. The practice has approximately 20% of patients over 65 years of age, compared to the CCG and England average of 17%.

The area is recorded as being in the '7th decile' and therefore falls in an area of relatively low deprivation. According to national data, life expectancy for male patients at the practice is 78 years, compared to the local CCG and England average of 79 years. For female patients life expectancy is 83 years and matches local CCG and England averages.

The practice is open between 8am and 6.30pm from Monday to Friday inclusive. Extended opening hours are offered on Mondays and Thursdays 6:30pm until 8pm and Saturdays 8am until 10:30am..

When the practice is closed out of hours services are provided by IC24 via the NHS 111 telephone service. Information about the out of hours services is available on posters and leaflets in the practice waiting area, on their website and on telephone answering service.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

Detailed findings

How we carried out this inspection

Before inspecting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. For example, NHS Nene Clinical Commissioning Group (CCG), Healthwatch and the NHS England area team to consider any information they may hold about the practice.

We carried out an announced inspection on 08 December 2016.

During our inspection we:

- Spoke with GP Partners, practice nurses, the practice manager, the operations manager and administration and reception staff at the practice.
- Spoke with patients, including members of the Patient Participation Group (PPG). (The PPG is a group of patients who volunteer to work with practice staff on making improvements to the services provided for the benefit of patients and the practice).
- Observed how staff interacted with patients.
- Reviewed CQC comment cards where patients shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Senior staff understood their roles in discussing, analysing and learning from incidents and events. We were told that the event would be discussed at practice clinical meetings which took place regularly and we saw minutes from meetings to confirm this.
- Information and learning was circulated to staff and the practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, MHRA (Medicines and Healthcare products Regulatory Agency) alerts, patient safety alerts and minutes of meetings where these were discussed. Information was received into the practice by the practice manager and cascaded to clinicians. The pharmacist at the practice undertook searches relevant to the alerts and reported back to clinical meetings. The practice held regular and comprehensive clinical meetings, with detailed records kept and learning shared widely and appropriately. Lessons learnt were shared to ensure action was taken to improve safety in the practice. The practice had a thorough incident review process, in which a member of staff was identified to lead on each investigation to establish the reasons behind any problem or situation. The practice worked to establish an open and inclusive environment with all reviews.

For example, we saw that following an alert issued relating to instructions for the administering of a particular

medicine, the practice carried out a search on their system to see if any patients were likely to be affected and then took the appropriate action to review and amend any medicines as required.

When there were unintended or unexpected safety incidents, patients received support, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. For example, we were advised of an incident where due to a power failure the practice was concerned that the refrigerators in which flu vaccinations were being stored may have fallen outside of the recommended temperature range. The practice took immediate action and contacted relevant agencies and manufacturers to ensure storage arrangements were appropriate. A plan was subsequently put in place should power failures occur in the future.

Overview of safety systems and processes

The practice had clear systems, processes and practices in place to keep patients safe and safeguarded from abuse.

- There was a GP nominated as safeguarding lead for adults and children. Staff demonstrated they understood their responsibilities to safeguard children and adults from abuse and were aware of procedures to follow in reporting concerns. Staff had access to e-learning and face-to-face training. All staff had completed safeguarding training relevant to their role.
- Systems for reporting patient concerns were clear. Safeguarding policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The practice liaised with local schools and social services and GPs attended safeguarding meetings and provided reports where necessary for other agencies.
- Safeguarding systems put in place by the practice, including the appointment of a dedicated administrator, provided the practice with clear oversight and up-to-date information to safely manage and monitor these cases. The reporting, monitoring and recording of action and decisions taken at safeguarding meetings directly into patient records, combined with the maintenance of a central log of concerns, meant that activity at the practice was immediately available to all partner agencies. The practice had systems in place to ensure that when children did not attend for appointments or moved to another practice that

Are services safe?

appropriate details were made available to relevant agencies. The practice had introduced standard templates for recording information consistently and accurately.

- The practice displayed notices in the patient waiting area and all treatment and consultation rooms, which advised patients that chaperones were available if required. Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.) The practice told us they had a three-year rolling programme of DBS review and renewals for all clinical and management staff.
- The practice had a clear protocol in place to guide the work of medical clerks who updated the records of patients, for example when results were received from other services or under the 'shared care' protocol. We saw that the protocol provided guidance when cases should be referred to a clinician.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. There was an infection control protocol in place and audits were undertaken regularly, this was managed by the practice infection control lead. Where issues or concerns had been identified the practice had action plans in place to address any required improvements.
- We saw that all staff training for infection prevention and control was up-to-date and information was shared across the practice to ensure systems were in line with best practice guidelines.
- All single use clinical instruments were stored appropriately and were within their expiry dates. Where appropriate equipment was cleaned daily and spillage kits were available. Clinical waste was stored appropriately and was collected from the practice by an external contractor on a weekly basis.
- During our inspection we checked the emergency medicines in the practice and found all the stock to be within manufacturers' expiry dates. The practice had systems in place to check the security and storage arrangements for medicines usage.
- The practice carried out regular medicines audits, with the support of the local CCG medicines management team and an in-house pharmacist, ensure prescribing was undertaken in accordance with best practice guidelines for safe prescribing. We saw that regular audits for high risk medicines, such as methotrexate (methotrexate is a type of medicine known as a disease-modifying anti-rheumatic), had been completed to ensure monitoring of patients took place as appropriate.
- The practice had a policy and procedures in place for the management and handling of prescriptions, including guidance for staff dealing with repeat prescriptions and those prescriptions which remained uncollected. Blank prescription forms were securely stored and there were systems in place to monitor their use.
- Patient Specific Directions (PSDs) had been adopted by the practice which allowed nurses to administer medicines in line with legislation. The health care assistants were trained to administer vaccines against a patient specific prescription or direction from a prescriber. We saw an appropriate example of a signed certificate in place.
- We reviewed three staff personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). The practice had a locum GP information pack in place and ensured that all relevant employments were in place for locum staff.

Monitoring risks to patients

There were procedures in place for monitoring and managing risks to patient and staff safety;

- The practice had guidance and information in place to assist and support staff in managing risks and safety. The practice had completed a legionella risk assessment and an inspection had been undertaken by an external, accredited company. The practice had carried out regular testing of hot water temperatures. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings.)

Are services safe?

- The practice had up-to-date fire risk assessments, which included a log of the fire alarm tests and routine staff fire training.
- There was a health and safety policy available along with a poster in the staff communal areas which included the names of the health and safety lead at the practice.
- Appropriate health and safety assessments had been completed, along with electrical equipment testing to ensure the equipment was safe to use. Clinical equipment was checked and calibrated routinely to ensure it was working properly.

We checked the practice process for management of the safe storage of vaccines and found that arrangements in place for the routine monitoring of temperatures within the refrigerators used for storing medicines would benefit from review. We found three examples where the temperature had been recorded in excess of the recommended range. Of these one had been noted where the refrigerator temperature had been re-set and rechecked within an hour. We also found that the lock for the larger refrigerator was broken. The key for the second, smaller, refrigerator could not be found.

- Effective systems were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs, including, for example arrangements to ensure the appropriate management of planned staff holidays. Staff members would be flexible and cover additional duties as and when required.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers which alerted staff to any emergency and all staff received annual basic life support training.
- The practice had access to a defibrillator, a risk assessment had been undertaken to establish that access was freely available and all equipment was appropriate to emergency needs. Emergency oxygen was available with adult and children's masks. A first aid kit and accident book were also available.
- Emergency medicines were kept in a secure area of the practice and staff knew of their location. The medicines we reviewed were in date and were readily accessible should they be required.
- The practice had a comprehensive and detailed business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and appropriate arrangements for contacting staff in an emergency. The plan was accessible from outside the practice.
- The practice told us of two occasions when they had used the plan, firstly when they experienced serious disruption to telephone services and secondly when a road traffic incident forced the temporary evacuation and closure of the premises. We saw evidence that the plan was put in place and services continued to be delivered with alternative measure available, whilst risks to staff and patients safety were considered and well managed.
- The partners and managers at the practice maintained a risk register, within the business continuity plan, which ensured that the practice was able to identify and assess risk across the range of functions and activities.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met people's needs.
- The practice monitored that these guidelines were followed through risk assessments and random sample checks of patient records.
- The practice worked with the CCG pharmacist and the practice's in-house pharmacy advisor, to monitor the efficiency of medicines management and prescribing.
- The practice met with the Nene Clinical Commissioning Group (CCG) on a regular basis and accessed CCG guidelines for referrals and also analysed information in relation to their practice population. For example, the practice would receive information from the CCG on A&E attendance, emergency admissions to hospital, outpatient attendance and public health data. They explained how this information was used to plan care in order to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective.

Management, monitoring and improving outcomes for people

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

The most recent published results showed the practice achieved 99.6% of the total number of points available, which was higher than the local CCG average of 97.6% and national average of 95.3%.

The practice achieved this result with an overall exception rate of 12% exception reporting which was higher than local and national averages of 6%. (Exception reporting is

the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

We discussed the higher than average exception rate with the practice and reviewed the systems in place used to manage the process. We found that the practice implemented a clear and strict policy of making three attempts to contact the patient and, if no response was received, an exception was applied. We noted that the practice based initial contact for review or recall on the birthday anniversary of the patient and did not appear to take into account the impact of a patient's current treatment plan. Additionally, it appeared that the only method used to attempt contact with patients was by letter. We could see that the practice had a clear policy, which it applied efficiently however, the high exception rates did mean that a number of patients may not be receiving timely intervention or review.

The practice had taken steps to reduce exception reporting rates which had led to a decrease in exception reporting from 2014/2015 to 2015/2016, this was as a result of audits carried out to monitor exception reporting each year.

Data from 2015/2016 showed the following:

- The practice scored 95% for patients with diabetes, on the register, who had influenza immunisation in the preceding period of 01 August 2015 to 31 March 2016, with an exception reporting rate of 30%. The local CCG average was 96% with 22% exception reporting and the national average 95%, with exception reporting at 20%.
- Other performance measures identified the number of patients with diabetes on the register whose last measured total cholesterol (measured within the preceding 12 months) is 5mmol/l or less was 88%, with an exception reporting rate of 23%. Compared to the local CCG average of 81% with 15% exception reporting and the national average of 80%, with an exception reporting rate of 13%.

The practice provided dedicated clinics for patients with diabetes. These had worked to address patient needs and ensured regular review and monitoring was in place to identify and implement improvement wherever possible.

Are services effective?

(for example, treatment is effective)

When comparing performance for mental health related indicators the practice was similar to local and national averages;

- For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months (01 April 2015 to 31 March 2016) was 92%, with an exception reporting rate of 42%. Compared against the local CCG average of 92% with an exception reporting rate of 16% and the national average of 89%, with exception report rate of 10%.
- For another measure, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01 April 2015 to 31 March 2016) was 91%, with an exception reporting rate of 43%. Compared against the local CCG average of 92% with an exception reporting rate of 17% and the national average of 89%, with an exception reporting rate of 13%.

For patients on the dementia register the practice had a lead GP with responsibility for developing and improving delivery of services for patients with mental health and health promotion. Advice was freely available and easily accessible within the practice and on the website. The practice provided longer appointments for patients with mental health concerns.

There was evidence of quality improvement including clinical audit, for example;

- The practice had a comprehensive and regular cycle of clinical audits. The practice had undertaken six audits within the previous year. Of these two had been 'full cycle' audits, where repeated audits had been completed, action implemented and outcomes reviewed and improvements or changes reported.
- Areas in which audits had been undertaken included an orthopaedic audit which highlighted good examples of referral arrangements. Other audits covered high risk medicines, B12 injections and post-operative wound care.
- The findings of the audits had identified changes to systems and improvements in the patient recall system had ensured timely recall for blood tests had been issued.

- The practice participated appropriately in local audits, national benchmarking, and peer review and research. Findings from audits were used by the practice to evaluate, review and, where appropriate, to improve services.

Effective staffing

Staff at the practice had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, information governance, basic life support, infection control, health and safety and fire safety.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and attendance to update training sessions.
- Additionally, the practice had qualified nurses dealing with the treatment and review of patients with Asthma and Chronic Obstructive Pulmonary Disorder (COPD).
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of personal development needs. The practice had a comprehensive training record and matrix to monitor delivery of refresher training. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. The practice offered ongoing support to staff, with development with training delivered via informal one-to-one meetings appraisals, or more formal coaching and mentoring. Clinical supervision and facilitation and support for revalidating GPs as appropriate. All staff had received an appraisal within the previous 12 months.
- Staff had access to regular clinical educational training sessions which were delivered using a variety of methods, including on-line e-learning, off-site presentations and at the practice. Relevant practice staff had also attended CCG led training days which were held throughout the year. Protected learning time for staff was assured.

Are services effective?

(for example, treatment is effective)

- Staff members were aware of the need to recognise equality and diversity and acted accordingly. Appropriate training had been provided for staff to support understanding and awareness.
- Staff had access to accredited external training opportunities. Staff received training that included safeguarding, infection control, chaperoning, basic life support, information governance and customer service training.

Coordinating patient care and information sharing

- 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 investigation and test results. Information such as NHS patient information leaflets was also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice had systems in place to provide staff with the information they needed. Staff worked together with other health and social care services to understand and meet the range and complexity of patient needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred to, or after they were discharged from hospital.
- Clinical staff had access to advice and support from a wide range of specialist staff including dietician, the local respiratory team and staff also worked closely with the local diabetes team.

Consent to care and treatment

We saw that patients' consent to care and treatment was obtained and recorded in line with legislation and guidance.

- The practice had a consent policy in place and staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- These included patients considered to be in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, drug, alcohol and smoking cessation and patients experiencing poor mental health.
- Patients were signposted to the relevant services, including for example Northamptonshire Carers, Young Carers, the Dementia Alliance and Macmillan Cancer Care.
- Access to an NHS dietician and other healthy lifestyle advice was available.
- The practice held a register of patients living in vulnerable circumstances, including those with a learning disability, with routine health checks and additional appropriate support offered.

The practice had 684 patients on their cancer register. The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis was 98% (with exception rate of 12%), compared to the CCG average of 96% (exception rate 27%) and the national average of 95% (exception rate 25%).

The practice's uptake for the cervical screening programme was 93%, which was higher than the national average of 81%. The practice encouraged uptake of the screening programme by ensuring a female clinician was available and by sending reminder letters to patients who had not responded to the initial invitation.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Bowel and breast cancer screening rates were comparable with both local CCG and national averages. For example, data published in March 2016 showed:

- 62% of patients aged 60 to 69 years had been screened for bowel cancer in the last 30 months compared to 60% locally and 58% nationally.

Are services effective?

(for example, treatment is effective)

- 77% of female patients aged 50 to 70 years had been screened for breast cancer in the last three years compared to 77% locally and 72% nationally.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, the practice achieved a 95% target for childhood immunisation rates for the vaccinations given to under two year olds compared to the national average score of 91%. For MMR vaccinations given to five year olds, the practice achieved an average of 96% compared to the CCG average of 96% and the national average of 91%.

Patients had access to appropriate health assessments and checks. The practice offered NHS health checks for people aged 40–74 years. Health checks were also offered to patients aged 75 and over and new patients were offered a health check upon registering at the practice. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff were able to recognise when patients may wish to discuss sensitive issues or appeared distressed and they could offer them a private room to discuss their needs.
- The practice had an electronic check-in facility available which promoted patient confidentiality.

We received 27 CQC patient comment cards. Patients said they felt the practice offered a good service and said staff were helpful, caring and treated them with dignity and respect. Patients reported that staff would help them complete forms or assist with making appointments.

We spoke with two patients, who were also members of the practice PPG. The patients told us that they were very pleased with the care provided by the practice and said their dignity and privacy was respected. Patients told us that staff responded compassionately when they needed help and provided support when required.

Most recent results from the national GP patient survey published in July 2016, showed patients felt they were treated with compassion, dignity and respect. Outcomes for the practice were broadly comparable with the local CCG and national averages for each of the measures.

For example:

- 88% of patients said the last GP they saw was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 89% said the GP gave them enough time, compared to the CCG average 86% and the national average 87%.

- 97% said they had confidence and trust in the last GP they saw, where the CCG and the national average was 95%.
- 83% said the last GP they spoke to was good at treating them with care and concern, where the CCG and the national average was 85%.
- 91% said the last nurse they spoke to was good at treating them with care and concern, compared to the local CCG average of 90% and the national average 91%.
- 77% said they found the receptionists at the practice helpful, compared with the local CCG average 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and involved in decisions about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.

Further results from the national GP patient survey published in July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment, with outcomes comparable to local CCG and national averages. For example:

- 85% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 78% said the last GP they saw was good at involving them in decisions about their care, compared to the local CCG average of 80% and where the national average was 82%.
- 86% said the last nurse they saw was good at involving them in decisions about their care, compared to the local CCG average and the national average was 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that a translation service was available for patients who were hard of hearing or did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

- Notices in the patient waiting area told patients how to access a wide range of support organisations, including Age UK, British Heart Foundation and the Dementia Alliance.
- Information was available about local informal groups including opportunities for healthy walking social inclusion, and events organised such as coffee mornings.
- The practice's computer system alerted GPs if a patient was also a carer. The practice held a register of carers with 256 identified, which was approximately 3% of the practice list.
- The practice had identified a member of staff who acted as carers 'champion' with objectives to develop services and raise awareness of carers in the practice and across the community.
- The practice maintained a bereavement register. Staff told us that if families had suffered bereavement, their usual GP contacted them. The practice would seek to offer patients appropriate support and offer consultations at times convenient to them, to meet the family's needs.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with NHS England and Nene Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice had a system in place to identify patients with a known disability.
- There were longer appointments available for patients with a learning disability. Home visits were available for older patients and patients who would benefit from these such as those with mobility issues.
- Visits to patients living in residential care homes were planned and delivered in consultation with care home staff and patients and their families.
- Same day appointments were available for children and those with serious medical conditions.
- The practice was proactive in developing services. They offered a range of online services such as appointment booking, a text messaging service to remind patients of their appointments and repeat prescriptions.
- A full range of health promotion and screening clinics and advice was available to meet the recognised needs of the patient group.
- The practice provided an electronic prescribing service (EPS) which enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- Information leaflets for travellers, giving advice relating to vaccination and health awareness, were available in the patient waiting area.
- The practice offered a range of family planning services. Baby vaccination clinics and ante-natal clinics were held at the practice on a regular basis, links with the community midwife team and health visitors formed part of the support available.
- The practice had a portable hearing loop and staff had received deaf awareness training.
- The practice referred patients to the Improving Access to Psychological Therapies service (IAPT) where necessary

and encouraged patients to self-refer where appropriate. Members of the Wellbeing Team were located in the practice building. Information about services on offer was available in the waiting area.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday, with extended opening Mondays and Thursdays 6:30pm until 8pm and Saturdays 8am until 10:30am.. Appointments were available during those times.

In addition to pre-bookable appointments that could be booked up to three weeks in advance, urgent appointments were also available on the day for people that needed them.

Results from the national GP patient survey published in July 2016 showed that patients' satisfaction with how they could access care and treatment was lower than local CCG and national averages, for example;

- 66% of patients were satisfied with the practice's opening hours compared to the local CCG and national average of 79%.
- 37% of patients said they could get through easily to the surgery by phone compared to the local CCG average of 70% and the national average of 73%.
- 93% of patients said the last appointment they booked was convenient, compared to the local CCG and the national average of 92%.
- 58% of patients described their experience of making an appointment as good, compared to the local CCG and the national average of 73%.

The practice was aware of the patient survey results and feedback regarding the telephone access arrangements, an internal patient survey had been carried out January – March 2016 with the support of the PPG and an action plan was drawn up to address the areas identified as needing improvement. The practice advised us that they had previously experienced problems with their telephone system and as a result had installed a new telephone system in January 2016. The practice had also trained additional staff to be able to deal with telephone calls at peak times and they had provided publicity about the availability of on-line booking facilities.

One of the patient comment cards contained a comment about the problems with booking an appointment. The members of the PPG who spoke with us were aware of the

Are services responsive to people's needs?

(for example, to feedback?)

patient feedback about telephone access and appointment booking. They felt that appointments were reasonably available and accessible. They recognised that there had been difficulties with telephone access, but also thought that the on-line appointment booking system was not well known or well used. We were advised that 24% of patients had registered to use the on-line booking system.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. The practice manager was the identified lead person who handled complaints in the practice. The practice carried out an analysis of complaints and produced an annual complaints report. Information on how to complain was readily available to patients.

- The practice leaflet contained information about how to complain, notices were displayed in the waiting area and information was available on the practice website.

- Information about the role of the Parliamentary and Health Service Ombudsman (the PHSO make final decisions on complaints that have not been resolved by the NHS in England) was also available.
- We looked at two complaints received in the last 12 months and found both of these had been dealt with in a timely and thorough way. Lessons learnt from concerns and complaints were shared across the practice and action was taken as a result to improve the quality of care. For example, after joint working with other agencies, a letter was sent to the parent of a child patient which contained confidential notes and had not been checked before being posted. The practice apologised to the patient, reviewed systems in place for communication and introduced standard templates for correspondence to ensure that only agreed, non-sensitive, information was included.

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 vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement and staff were aware and understood the practice values.
- The practice held regular business planning meetings and we saw evidence to confirm that they monitored, planned and managed services which reflected the vision and values of the practice.

The practice had key aims and values included in their Statement of Purpose, to provide high quality, safe, professional care to patients. There was a clear desire to focus on the prevention of disease by promoting health and wellbeing and offering care and advice to patients.

The practice was committed to working in partnership with their patients, families and carers towards a positive experience and understanding, involving them in decision making about their treatment and care.

The practice identified as a learning organisation, which continually sought to improve the range and quality of services to patients.

The practice had a business development plan which identified existing objectives and possible future developments. The plan was routinely reviewed and progress against objectives was monitored.

Governance arrangements

The practice had clear governance structure which supported the delivery of the strategy and good quality care. The practice had developed effective administrative arrangements for the organisation and presentation of information for discussion at partners meetings. The quality of information presented to the meetings supported informed and evidence based discussion and decision making, which facilitated good governance.

The reporting structures, agreed lines of delegated authority and procedures put in place at the practice ensured that:

- There was a clear staffing framework and that staff were aware of their own roles and responsibilities.

- The practice had introduced flexible working across both sites and additional training had been provided to ensure administration staff were able to deliver a range of administration and patient support services as required.
- Copies of all relevant policies and associated guidance and protocols were available to all staff via a shared drive facility on the practice computer system.
- The performance of the practice was monitored by managers and the practice partners through regular meetings and progress review sessions.
- A regular programme of clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions. However, we found that the storage and accurate monitoring of medicines required refrigeration.

Leadership and culture

Staff told us the management team were approachable and took the time to listen to members of staff.

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

The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people support and a verbal and written apology.
- The practice kept written records of written correspondence.

There was a clear leadership structure in place and staff told us they felt supported by management.

- The practice held regular team meetings and staff were able to participate.
- Staff told us there was an open culture within the practice and they had the opportunity to raise issues at team meetings.
- Staff said they felt respected, valued and supported by management and clinicians in the practice.

Are services well-led?

Good 

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

- The management team encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the Friends and Family Test (FFT), the patient participation group (PPG) and through local patient surveys and comments and complaints received.
- The PPG met monthly and had encouraged the development of a 'virtual' patient group. We were told that 700 patients had signed up to receive the email newsletter issued by the PPG. The PPG produced a patient newsletter which provided information, education, advice and links to local groups.
- The practice told us that improvements and developments to services had been influenced as a result of staff and patient feedback. For example, the practice agreed to the PPG request that television information screens be installed.
- The PPG had previously identified that with an open plan reception area it was sometimes possible to partially hear conversations and telephone calls from the administration team as they worked behind reception area. The practice acknowledged this and installed screens to separate the front of reception and the administration area behind.
- The practice recognised the value of this feedback and indicated that future plans, as part of the 'property

forward view' would include the formation of a dedicated area where telephone calls would be handled. The practice told us they considered this would help to ensure patient confidentiality and lessen the frustration for patients who can hear the telephone ringing.

The practice had gathered feedback from staff through staff meetings and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

At the time of our inspection, the practice was involved in a range of patient services and plans to meet the individual and collective needs of the practice and the population they served.

For example,

- The practice worked closely with the local CCG pharmacy adviser and had recruited an in-house pharmacist to undertake a comprehensive monthly programme for medication reviews.
- The practice had a service development plan which would focus on improving outcomes for patients and exploring opportunities to increase the patient list size.
- Plans were in place for the practice to take on medical students during 2017.
- With the aim of increasing the number of participants and the diversity of representation of patients offering feedback, the practice told us that they were exploring the further development of the 'virtual' patient representation group.