

# Orchard Croft 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.

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# Summary of findings

## Overall summary

Orchard Croft Medical Centre is located in a purpose built facility in Horbury, Wakefield. The practice also has a branch site, Netherton Surgery in Netherton. In this inspection we visited both sites.

Prior to the inspection we met with Wakefield Clinical Commissioning Group and the NHS England Local Area Team to discuss the practices performance.

The patients we spoke with and those who completed our Care Quality Commission (CQC) comment cards were very complimentary about the care provided by staff at the practice. Patients reported that staff treated them with dignity and respect.

Orchard Croft Medical Centre is well maintained and clean. However there were some issues with the Netherton Surgery building.

The leadership team are approachable and visible. There are appropriate governance and risk management measures in place.

The practice is registered with the Care Quality Commission to deliver care under the following regulated activities: Diagnostic and screening procedures, family planning, surgical procedures, treatment of disease, disorder or injury.

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### **Are services safe?**

Orchard Croft Medical Centre was safe. The practice was clean and well-maintained. The provider employed a handyman who was responsible for general maintenance of the building and ensured that the premises were safe for patients and staff.

The practice branch surgery in Netherton had a poorly maintained work surface which made it difficult to ensure good hygiene and infection control.

The medicines held within the services were stored and checked appropriately. There were systems in place to investigate and learn from incidents that occurred within the practice.

### **Are services effective?**

The service was effective. Care and treatment was being delivered in line with current published best practice. Patients' needs were met and referrals to secondary care were made in a timely manner.

### **Are services caring?**

The service was caring. The patients who responded to Care Quality Commission (CQC) comments cards, and those we spoke with during our inspection, were very complimentary about the service. The practice had a well-established patient participation group (PPG); we spoke with two members of the group who told us how they never felt rushed when attending an appointment with the doctor.

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

The service was responsive to patients' needs. The practice had a clear complaints policy and responded appropriately to complaints about the service. We spoke with two members of the PPG who were able to give examples of the changes made in response to patients' comments.

### **Are services well-led?**

The service was well-led. The staff we spoke with felt supported by management and clinical staff and were happy in their roles.

# 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 service made appropriate provision which ensured care for older people was safe, caring, responsive and effective. Patients in this group were invited for a flu vaccination and offered a general health check.

### People with long-term conditions

The service made provision to ensure care for people with long term conditions were safe, caring, responsive and effective. The practice employed a GP with a specialist interest in cardiology. There was a dedicated diabetes lead and the practice had an established diabetes network. This had enabled the practice to transfer 80-90% of diabetic care into the community so patients could be treated by GPs at the surgery rather than attending hospital.

### Mothers, babies, children and young people

The service made provision to ensure care for mothers, babies and young people was safe, caring, responsive and effective. There was information on the website regarding pregnancy care and family health. The practice provided family planning clinics, childhood immunisations and maternity services.

### The working-age population and those recently retired

The service made provision to ensure care for working age people and those recently retired was safe, caring, responsive and effective. The practice had extended their hours to accommodate patients who could not attend appointments during normal surgery hours and had introduced online booking for appointments.

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

The service made provision to ensure care for people in vulnerable circumstances who may have poor access to primary care was safe, caring, responsive and effective. The practice provided longer appointments for people with hearing impairments in order to ensure that translation services could be used.

### People experiencing poor mental health

The service made provision to ensure care for people who experienced a mental health problem was safe, caring, responsive

## Summary of findings

and effective. The practice manager told us they offered screening with the Health Care Assistant and any patients not being seen regularly by the Community Psychiatric Nurse or Psychiatrist were invited to an appointment with the GP.

# Summary of findings

## What people who use the service say

We reviewed 17 completed CQC patient comment cards. We met with two members of the PPG on the day of our inspection and spoke with ten patients.

The majority of patients we spoke with were very complimentary about the care provided by the staff; their overall friendliness and behaviour was mentioned. However one person told us they thought that some staff lacked communication skills and could do with training.

Patients reported that staff treated them with dignity and respect and they did not feel rushed when they attended the practice for an appointment.

## Areas for improvement

### Action the service **SHOULD** take to improve

The practice had an effective incident reporting system in place and clinical incidents were discussed regularly at the GP partners meeting. However, as the salaried GPs did not attend this meeting it was likely that some information and the lessons from such incidents could be missed.

The practice had systems in place to ensure patients on Warfarin were requested to attend the practice for an appointment for blood tests. However, the practice did not have a system to follow up any patient who did not attend the practice.

The practice actively promoted the use of chaperones within the practice. Nurses, health care assistants and reception staff were used to provide chaperone services. However, non-clinical staff had not received any formal training to assist them with this element of their role.

There was a process for dealing with Safety Alert Bulletins and ensuring that all staff had sight of this information. However, the practice had no record of action taken or changes made as a result of information contained within the alerts. We received confirmation from the practice manager following our inspection that a spreadsheet had been produced to record all future action taken.

We found the practice to be clean and well maintained. However, when we visited the Netherton branch site we noted a number of infection control issues such as damage to the worksurface in the treatment room and issues with the flooring.

## Outstanding practice

Our inspection team highlighted the following areas of good practice:

The practice worked proactively with the local health and wellbeing co-ordinator. As a result patients had access to other health care professionals who could provide support and information. The health and wellbeing co-ordinator was also a member of the PPG.

The practice had a dedicated diabetes lead who had set up a transfer of diabetic care into a community setting. Over 80% of patients who previously had to attend hospital for an appointment were now able to access services at the practice.

# Orchard Croft Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead inspector. The team included a second CQC inspector, a GP, a practice manager and an expert by experience.

### Background to Orchard Croft Medical Centre

The service is provided by six GP partners and three salaried GPs. Working alongside the GPs is a Nurse Practitioner, five practice nurses and two health care assistants. The practice is a training practice for doctors who wish to become GPs.

Surgery opening times are between 8.00am and 6.00pm Monday to Friday at the Orchard Croft site, with additional appointments offered from 8.00am until 11.00am on Saturday mornings. The branch site at Netherton offers appointments between 8.00am and 1.00pm on Monday, Wednesday and Friday mornings, with an additional session from 2.00pm until 6.00pm on Wednesday afternoons.

The practice has a patient list of 11,742.

### 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?

The inspection team always looks at the following six population areas at each inspection:

- Vulnerable older people (over 75s)
- People with long term conditions
- Mothers, children and young people
- Working age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing poor mental health.

Before visiting Orchard Croft Medical Centre and Netherton Surgery, we reviewed a range of information we held about the service and asked other organisations to share what they knew about the service. We carried out an announced visit on 10 and 18 July 2014. During our visit we spoke with a range of staff including GPs, practice nurses, receptionists and secretaries. We spoke with patients who used the service. We met with two members of the PPG and reviewed the CQC comment cards where patients and members of the public shared their views and experiences of the service.

# Are services safe?

## Our findings

Orchard Croft Medical Centre was safe. The practice was clean and well-maintained. The provider employed a handyman who was responsible for general maintenance of the building and ensured that the premises were safe for patients and staff.

The practice branch surgery in Netherton had a poorly maintained work surface which made it difficult to ensure good hygiene and infection control.

The medicines held within the services were stored and checked appropriately. There were systems in place to investigate and learn from incidents that occurred within the practice.

### Safe patient care

The provider had systems in place to record, monitor and learn from incidents which occurred within the practice. We spoke with five GPs, a Nurse Practitioner and four practice nurses who were able to give examples of incidents that had occurred and the process they would follow to report these.

The practice had a dedicated safeguarding lead. We saw that information was available in the clinical and administrative areas, which advised staff how to escalate any safeguarding concerns. The staff we spoke with were aware of how to escalate any concerns regarding safeguarding.

We spoke with the practice manager who explained the process on how they dealt with alerts, such as safety alert bulletins. This included circulating to all GPs and the prescription clerk for them to action. We found however the practice did not have any mechanisms in place for recording any action taken following receipt of the alerts. We received confirmation from the practice manager following our inspection that a spreadsheet had been produced to record all future action taken.

The premises were accessible for people with limited mobility such as wheelchair users and all patient areas were clean and well maintained.

However, when we visited the branch site at Netherton we saw that there were issues with the building. For example; there was damage to an electric socket located at low level in the waiting room and scratches to the work surface in

the treatment room. We spoke with the practice manager following our inspection and we were informed that the handyman was scheduled to repair the electric socket the following week.

### Learning from incidents

The provider had an effective incident reporting system in place. The staff members we spoke with were all aware of how to report an incident.

We spoke with five GPs, a Nurse Practitioner and four practice nurses who were able to give examples of incidents which had occurred within the practice and the process they would follow to report these.

We saw evidence incidents were discussed with both clinical and non-clinical staff in regular staff meetings. However, salaried GPs employed by the practice were not included in this meeting so it was likely that some information and the lessons from such incidents could be missed.

We were able to review minutes of the meetings and saw that changes had been made as a result of incidents that had occurred.

### Safeguarding

The practice had a safeguarding policy in place. The policy detailed the steps that staff members should take if they suspected a person may be suffering from abuse. This included the escalation process within the practice and also provided contact details for external agencies. The staff we spoke with were aware of the policy and how to escalate concerns regarding safeguarding.

We spoke with the Nurse Practitioner who told us the practice had an internal notification system whereby they could add a marker to any patient's record where there were concerns that abuse may be happening. All staff accessing the clinical system would be able to view this marker; however it would not be added to the clinical notes.

We spoke with the practice manager who told us that they held a list of patients where safeguarding concerns had been suspected. These patients were discussed at monthly meetings and information was shared with relevant organisations such as the District Nursing team and Health Visitors.



# Are services safe?

We were able to review staff training records and saw that all staff had received appropriate training in safeguarding vulnerable adults and children.

## **Monitoring safety and responding to risk**

The practice had developed clear lines of accountability to ensure patients received safe care and treatment. The GPs and nurses had dedicated lead roles such as diabetes lead, safeguarding lead and infection control lead.

We spoke with four members of the administrative team who told us they felt supported by management and GPs and would be able to raise a concern should the need arise.

We spoke with a member of the reception team who told us that the practice were looking to provide additional appointments from 7.30am due to demands on access. This would hopefully enable people to access an appointment on the day they required.

We found the practice ensured the clinical staff received annual cardiopulmonary resuscitation (CPR) training.

## **Medicines management**

There were appropriately stocked medicines and equipment bags ready for doctors to take on home visits. We checked the contents of the bag and found all medication to be in date.

Medicines fridge temperatures were checked and recorded daily. There was a lead nurse responsible for conducting these checks.

We spoke with the practice manager who told us the practice had undertaken a number of medication audits to identify any issues. For example, they identified patients who had taken medication for longer than the recommended timescale and those patients who were on inappropriate co-prescriptions.

The practice had also undertaken an audit of patients on repeat prescription for hypnotics, which are drugs that are used to cause sleepiness or promote calm. A patient information booklet had then been designed by the practice to try to reduce the number of patients who used hypnotics.

## **Cleanliness and infection control**

We observed all areas of the practice to be clean, tidy and well maintained. Aprons and gloves were available in all treatment areas, as was hand sanitiser. Sharps bins were appropriately assembled, out of the reach of children, signed and dated.

One treatment room had reusable curtains around the treatment couch. We discussed this with the infection control lead during our inspection and it was unclear how frequently these had been laundered.

We visited the Netherton branch site and noted that the treatment room had vinyl flooring. However this was not sealed at the edges where the flooring met the skirting board which meant that it would be difficult to keep free from dirt and dust. The worksurface in the treatment room had scratches to the surface which would make it difficult to keep clean.

We were able to review the Infection Prevention and Control policy (IPC) for the practice which had an identified lead person.

We looked at staff training records and saw that staff had received appropriate training in IPC.

We spoke with the practice manager who told us they employed a local contract cleaning company to maintain upkeep of the practice. However, when we asked to review cleaning schedules we saw that these had not been completed by the company.

## **Staffing and recruitment**

Orchard Croft Medical Centre had an effective recruitment policy and procedures in place. Most staff had been employed for a number of years and there was a low turnover. We looked at the staff file for the newest receptionist and found this was comprehensive and well maintained.

We looked at three staff files during the inspection and found them to be well maintained. Each file contained proof of identification, references and a clear record of training undertaken.

We saw the provider had obtained Disclosure and Barring (DBS) checks for all new employees recruited since April 2013 and retrospective checks had been undertaken for clinical staff.

# Are services safe?

We spoke with a GP who had recently been employed by the practice who told us that they had received a comprehensive induction and felt supported in the role.

We were told by the practice manager that most administrative staff were employed on a part time basis so would cover for each other at holidays and sickness. We spoke with two receptionists who confirmed this.

All staff had up to date appraisals in their files and staff told us the process was a supportive one. One member of the reception team told us how they wanted to develop and take on some administrative work and had been supported by management to do this.

## Dealing with Emergencies

There were effective business continuity plans in place to deal with emergencies that might interrupt the smooth running of the service such as power cuts and incapacity of GPs.

We found all staff were trained to a minimum of basic life support to support patients who had an emergency care need. Emergency equipment was checked and available for staff to access in an emergency.

## Equipment

Emergency equipment included a defibrillator and oxygen which was readily available for use in a medical emergency. We saw they had been checked regularly to ensure they were in working condition.

# Are services effective?

(for example, treatment is effective)

## Our findings

The service was effective because care and treatment was delivered in line with current published best practice. Patients' needs were consistently met and referrals to secondary care were made in a timely manner.

Staff ensured that patient's consent to treatment was obtained and recorded appropriately. Effective processes were in place to monitor and support staff performance within the practice.

### Promoting best practice

The staff we spoke with were keen for the service to be as patient centred as possible. We spoke with one GP who was new to the practice and told us that patient centred care was their main priority. The patients we spoke with told us they felt involved in decisions regarding their care.

Clinicians were familiar with and used current best practice guidance and there was a process in place for dissemination of new guidance and alerts.

We spoke with the advanced nurse practitioner who told us they had regular supervision with a GP within the practice every two weeks. This ensured that they could discuss any issues which had occurred.

The practice provided a service for all age groups. GPs, apart from having the overall competence to assess each person who attended the service, had particular interest areas. One GP had taken the lead on diabetes. The practice ran a diabetes clinic and had been able to reduce the number of patients required to attend hospital for appointments.

### Management, monitoring and improving outcomes for people

The practice manager and GP partners had a variety of mechanisms in place to monitor the performance of the practice and to ensure clinicians' adherence with best practice.

The monitoring mechanisms ensured the team made effective use of clinical supervision and staff meetings to assess the performance of clinical staff. Appraisals were up to date for all staff.

Patients told us they were happy the doctors and nurses at the practice managed their conditions well and felt that care and treatment was explained to them.

### Staffing

We were able to review staff training records and saw that this covered a wide range of topics such as equality and diversity, health and safety and infection control.

The practice ensured all staff could readily update both mandatory and non-mandatory training and this was provided through e-learning and face to face training on in house training days.

We spoke to one GP who told us they were funded to undertake continuing professional development and that safeguarding training had been covered on their first day with the practice.

We spoke with two reception staff and two secretarial staff who told us they had annual appraisals and were supported to develop within their own roles and other aspects of the practice team. Staff were also given the opportunity to comment on their progress and training needs for the future.

### Working with other services

The practice was part of a local network of practices who worked closely together. At the time of our inspection the QOF manager for the practice was attending a collaborative meeting with other members of the local network team.

We saw that the district nursing team were based within the practice. We spoke with five GPs who told us they had a good working relationship with the district nursing team, community matron and palliative care team. They told us that multi-disciplinary meetings were held on a monthly basis to discuss the needs of individual patients.

We spoke with one GP who told us they were happy with the current out of hours provider and attendance at the accident and emergency department had reduced. They told us they had a fax handover form which could be used to share information with the palliative care team, district nursing team and out of hours provider with the patients consent.

### Health, promotion and prevention

The waiting area of the surgery displayed leaflets for patients with information which related to health promotion and any local incentives that were taking place over the coming months.

## Are services effective?

(for example, treatment is effective)

We spoke with the practice manager who told us about a local health and wellbeing officer which the practice worked closely with. This involved inviting other groups and organisations to come in and speak to patients regarding health issues.

We spoke with a GP who told us how all new patients attended the practice for an assessment and this was carried out by the nurses with GP input when required.

# Are services caring?

## Our findings

The service was caring. The patients who responded to Care Quality Commission (CQC) comments cards, and those we spoke with during our inspection, were very complimentary about the service. They said staff were kind and caring and they were treated with dignity and respect. The practice had a well-established patient participation group (PPG); we spoke with two members of the group who told us how they never felt rushed when attending an appointment with the doctor.

### **Respect, dignity, compassion and empathy**

Staff were familiar with the steps they needed to take to protect people's dignity. Consultations largely took place in purposely designed consultation rooms with an appropriate couch for examinations and curtains to maintain privacy and dignity; however the treatment room at the Netherton Surgery did not have a curtain around the couch.

There were signs displayed at both sites explaining that patients could ask for a chaperone during examinations if they wanted one. We spoke with a GP who told us that nurses, health care assistants and receptionist were used as chaperones. However, the non-clinical staff had not received any chaperone training.

Patients told us that they felt staff and doctors effectively maintained their privacy and dignity. However during our inspection of the Netherton Surgery we noted that the waiting area was small and all conversations between the receptionist and patients could be overheard.

The surgery had an active PPG. We spoke with two PPG members who told us that the surgery valued their contribution to the operation of the service and had made changes as a result of suggestions made to improve privacy and dignity. For example, the chairs in the waiting room had been repositioned so they were no longer facing the reception desk. This meant that people were not being observed when they spoke with the receptionist.

We spoke with two members of the reception team who told us that any patients who wished to speak to them in private would be taken to a side room. The two PPG members confirmed this.

We spoke with ten patients during our inspection. The majority of the patients we spoke with told us they were happy with the approach and attitude adopted by staff and felt happy with the care they received from the clinicians.

### **Involvement in decisions and consent**

The practice had an effective consent policy available to assist all staff and this contained relevant consent forms for use, along with information for patients.

Eight of the people we spoke with confirmed they had been involved in decisions about their care and treatment. They told us their treatment had been fully explained to them and they understood the information given to them. This demonstrated commitment in how they supported patients to make informed choices about their care and treatment.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

The service was responsive to patients' needs. The practice had a clear complaints policy and responded appropriately to complaints about the service. The practice was proactive in how they sought the views of patients and responded to suggestions which improved the service and improved access to the service. We were told by the patient participation group (PPG) that the practice was very responsive to the suggestions made. They told us changes had been made to reflect feedback from patients where appropriate.

### Responding to and meeting people's needs

The practice was accessible to patients with mobility difficulties.

The main entrances to the Orchard Croft building and Netherton Surgery were accessible via a ramp. There were toilets for disabled people available at both practices.

Patients could alert staff of their arrival for an appointment via an electronic touch screen monitor at the reception desk or they notified staff at the desk. Patients were alerted to their appointment by an electronic screen which displayed their name and the room where the appointment would be held, this was also announced by the receptionists.

Staff we spoke with told us they had access to interpreter or translation services for patients who needed it, and on the day of our inspection we saw that a double appointment had been booked for one patient who required these services.

Patients with immediate or life limiting needs were discussed at the monthly clinical meeting. This ensured all practitioners were involved in the care delivery and were aware of the up to date circumstances surrounding them. This meant that care was planned and updated to reflect their changing needs.

### Access to the service

The practice had extended their surgery hours to facilitate patients who could not attend during normal surgery hours. At the time of our inspection additional appointments were provided on a Saturday morning. In addition, the practice were also considering offering appointments from 7.30am but this had not been finalised.

The practice had introduced an online booking system to enable patients to book their appointments online.

Home visits and urgent on the day appointments were available every day.

All surgery opening times were detailed in the comprehensive practice leaflet which was available for patients.

Where patients were referred to secondary care via the 'choose and book' system' they were supported by the secretarial team to complete the process.

The practice had a process in place to follow up on two week urgent cancer referrals. This involved the secretaries liaising with the booking service to ensure the referral had been received.

### Concerns and complaints

There was an effective complaints procedure in place. We were able to review a log of complaints for the practice and saw that there were good systems in place for reporting and receiving complaints.

We reviewed a record of complaints received by the practice over the last twelve months and saw that these all had been resolved to everyone's satisfaction.

The patients we spoke with were happy that if they had a complaint they would be able to make one. One patient told us they had made a complaint in the past and were happy with the response they received.

We spoke with two members of the PPG who told us that complaints which came through the suggestions box were reviewed during the PPG meetings and they were involved in resolving these.

# Are services well-led?

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

## Our findings

The service was well led. The practice had a clear vision and purpose which was to provide a service to meet patients' needs. Governance structures were in place and there was a robust system for managing risk.

### Leadership and culture

There was a well-established management structure with clear allocation of responsibilities. We were able to review the practice mission statement which outlined how the practice would strive to provide the highest possible standard of care for patients both clinically and non-clinically.

The practice had been selected to take part in the Prime Ministers Challenge Fund, this was a pilot scheme intended to improve access to general practice and test innovative ways of delivering the service.

We spoke with one GP who told us the senior partner was due to retire in the near future. They told us that plans were already in place to manage the changes and ensure minimum disruption to patients.

The staff we spoke with told us that leadership of the service was visible and accessible.

We spoke with two members of the patient participation group (PPG) who told us that the meetings were attended by a GP from the practice and that suggestions from the group were well received by both clinical and managerial staff.

We spoke with two members of the reception team and two secretarial staff who told us that monthly meetings were held in which they could discuss any issues and raise concerns.

We spoke with one GP who was relatively new to the practice. They told us they felt part of a team and there was a positive, open culture.

There was a clear recruitment process that supported the employment of suitable staff. Comprehensive induction and training programmes were in place for all staff.

### Governance arrangements

There were comprehensive systems which monitored all aspects of the service. We found that staff felt comfortable to suggest changes to existing arrangements in order to improve the service being offered.

The practice manager and GPs actively encouraged patients to be involved in shaping the service. We spoke with two members of the PPG who confirmed this.

We found that all staff had individual training plans. Staff could access training from external sources if appropriate.

### Systems to monitor and improve quality and improvement

We saw that the provider had a process in place for conducting clinical audits. We saw evidence of completed audit cycles where there had been recommendations for future practice. Areas looked at included minor surgery and cancer referrals.

We saw evidence that the practice manager constantly reviewed and kept policies up to date to ensure they were in line with current guidelines.

Data collected by the practice for the Quality and Outcomes Framework (QOF) was used to monitor patient outcomes.

We were able to review significant event records and saw that the practice had identified learning. The practice manager told us that significant events were discussed at the partners meetings, however the salaried GPs did not attend this and any learning points were cascaded following the meeting. We discussed this with the registered manager during our inspection and this was something they would consider changing in the future.

### Patient experience and involvement

There was an active PPG who met regularly to discuss issues, assist with patient surveys and produce the practice newsletter. We saw the minutes from these meetings and spoke with two members of the group. We were told the practice was proactive in how they supported their patients and would consider any suggestions made by the group. We saw the action plan from the PPG contained detailed findings and recommendations, this was finalised in January 2014.

We received seventeen completed Care Quality Commission (CQC) comment cards. The majority of patients were complimentary about the care provided by the clinical staff and the overall friendliness and behaviour of staff.



# Are services well-led?

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

## **Staff engagement and involvement**

Staff we spoke with and the documents we reviewed showed that they regularly attended staff meetings and this provided them with the opportunity to review complaints, significant events and suggest changes which could be made to improve the service.

Staff were very engaged with and committed to the surgery and its patients. They spoke passionately about their roles and their patients and how they were supported to give patients the best care possible.

Staff felt valued and confident they could raise any issues they may have had with the practice manager or the clinical staff and felt it would be dealt with in an appropriate manner.

Some staff we spoke with raised concerns regarding holiday and sickness cover and said that in some cases they returned to an increased workload.

## **Learning and improvement**

We saw that all staff had completed mandatory training. The practice held a record of all training undertaken and details of when refresher training would be required.

The staff we spoke with told us they felt supported to complete training and could request any additional training which may assist with their role.

We spoke with one member of the reception team who told us they had wanted to gain experience in the administrative area of the practice and this had been supported by the practice manager.

We spoke with a GP who worked within the practice who told us they were supported to complete Continuing Professional Development.

## **Identification and management of risk**

Staff told us they felt confident about raising any issues and were aware of how to report an incident should one occur.

The practice employed a handyman who conducted regular checks of the premises and reported any risks.

We found that appropriate risk assessments and checks were carried out. For example; fire alarm tests, emergency lighting and fire drills.

The GP and partners and the practice manager effectively monitor any potential risks and had contingency plans to deal with all eventualities.