

Drayton Road Surgery

Quality Report

20 Drayton Road,
Bletchley,
Milton Keynes
Buckinghamshire,
MK2 3EJ

Tel: 01908 371481

Website: www.draytonroadsurgery.nhs.uk

Date of inspection visit: 12 July 2017

Date of publication: 11/08/2017

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?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	8
What people who use the service say	12

Detailed findings from this inspection

Our inspection team	13
Background to Drayton Road Surgery	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Drayton Road Surgery on 12 July 2017. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey published in July 2017 showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment. However, some results were below local and national averages, for example 79% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 89%.

- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider should make improvement are:

- Monitor systems developed to record actions taken in response to safety alerts, to ensure they are effectively implemented.
- Ensure routine monitoring of significant events to analyse trends.

Summary of findings

- Implement systems to ensure monitoring of the quality of care and continuous improvement. For example, through clinical audit and improved training for staff on computer systems to ensure patient registers are accurately maintained.
- Develop systems to identify and support more carers in their patient population.
- Continue to monitor and ensure improvement to national GP patient survey results, in particular those relating to GP consultations.
- Continue to monitor and encourage patient uptake of childhood vaccination programmes.
- Continue with efforts to ensure sustainability and security for the practice and document plans in a formal business plan.
- Continue to develop the patient participation group (PPG) to ensure the practice seek feedback from patients.

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 a system in place for reporting and recording significant events. An overall analysis of significant events was not routinely undertaken.
- Lessons learnt were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received support, an explanation of events, and a written apology. They were told about any actions taken to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The practice maintained working relationships with other safeguarding partners such as health visitors.
- There were systems in place to protect patients from the risks associated with medicines management and infection control.
- Health and safety risk assessments, for example, a fire risk assessment had been performed and were up to date.
- Actions taken in response to safety alerts were written on some of the paper records. However, there was no overall log of actions taken in response to all alerts received. We were sent evidence shortly after our inspection to demonstrate that the practice had created a log to be used in future to monitor actions taken in response to alerts received.

Are services effective?

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

Requires improvement



- Data from the latest Quality and Outcomes Framework (QOF) (2015-2016) showed patient outcomes were largely comparable to Clinical Commissioning Group (CCG) and national averages, although indicators relating to diabetes were below average.
- Staff assessed needs and delivered care in line with current evidence based guidance. For example, we saw that following a review of NICE guidance the clinical team had reviewed changes to the use and management of asthma medicines to ensure the best possible outcomes for patients.

Summary of findings

- There was limited evidence of quality improvement including clinical audit. We saw evidence of three clinical audits commenced in the last two years, none of these were completed audits (to demonstrate where the improvements made were implemented and monitored).
- We noted that the practice team did not fully utilise their IT systems and had limited knowledge of the full capabilities of the computer software they used (beyond basic functions). We were told on the day of inspection that additional training would be sourced following our inspection to enable better use of practice data.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Performance for immunisations for children up to the age of five years was below average at 80% for the same period. We saw that the nurse had attended a training course which included training on methods for increasing uptake of childhood immunisations.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs, including the community District Nursing Team.
- Clinical staff were aware of the process used at the practice to obtain patient consent and were knowledgeable on the requirements of the Mental Capacity Act (2005).
- The practice was proactive in encouraging patients to attend national screening programmes for cervical, breast and bowel cancer.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the most recent national GP patient survey published in July 2017 showed patients rated the practice below local and national averages for some aspects of care, in particular relating to GP consultations. The practice had made efforts to improve patient satisfaction and we saw that the survey results had improved comparative to the 2016 results.
- The majority of patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Summary of findings

- The practice had identified less than 1% of patients as carers. We saw that the provision for carers was managed by an individual member of staff, who was committed to ensuring the practice maintained contact with carers. They rang carers every four weeks to offer them support and ensure they were coping with their responsibilities. The practice recognised the need to identify more carers and was making continued efforts to do so.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice provided a service for all age groups and served a patient population with diverse cultural and ethnic needs and those living in deprived circumstances. We found the GP and other staff were familiar with the needs of their patients and the local community. The practice engaged with NHS England and local Clinical Commissioning Group (CCG) to improve services.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they usually found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. Two patients commented on difficulty accessing appointments on occasions.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice was enrolled in the locality 'Diabetes Prevention Programme' to support patients recognised as being pre-diabetic.
- Information about how to complain was available and evidence from three examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. The practice had a mission statement which promoted the wellbeing of its patients by encouraging excellent standards in its clinicians and staff. Staff we spoke with knew and understood the values.
- There was a leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular meetings.

Good



Summary of findings

- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to identify risk. The practice was aware of the need to expand and develop audit work undertaken and planned to include the recently appointed salaried GP in managing quality improvement.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. The GP owner and practice manager encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients. Although there was no active patient participation group, the practice gathered information and received feedback from patients through a variety of routes including the use of a suggestion box and actively speaking to patients. The NHS Friends and Family Test (FFT) was used to monitor patient satisfaction as were complaints and compliments received.
- The practice was aware of future challenges to its sustainability with the planned retirement of the Lead GP within the year following our inspection. However, there was no documented business plan for the future of the practice that formalised options being considered at the time of our inspection. We were told on the day of our inspection that the practice intended to document these discussions in a business plan and begin liaising with the Milton Keynes Clinical Commissioning Group (CCG) to secure the future of the practice. We noted that discussions with staff about the future planning of the practice had been open and inclusive.

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

Good



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

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided influenza, pneumonia and shingles vaccinations.
- A phlebotomy clinic ran daily enabling patients to have blood tests conducted locally rather than at the local hospital.
- The practice ran an anticoagulant clinic for patients to monitor their treatment. (Anticoagulants are medicines used to prevent blood from clotting). This clinic had been well received by patients as it reduced the need for them to travel to secondary care for the service.
- The practice offered health checks for patients over the age of 75.

People with long term conditions

Good



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

- The nurse had a lead role in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was generally below the Clinical Commissioning Group (CCG) and national averages. For example, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading showed good control in the preceding 12 months, was 84%, where the CCG average was 92% and the national average was 91%. The practice recognised diabetes as an area in need of improvement. We were told that with the recruitment of the HCA and introduction of specific clinics had reduced pressures and improved the management of all long term conditions within the practice including diabetes. The practice informed us that data collected since April 2017 demonstrated this (although this data was not verified).

Summary of findings

- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- Longer appointments and home visits were available when needed.
- The practice provided an insulin initiation service for diabetic patients.
- A recall system was utilised to manage these patients; which included telephoning patients who had not responded to letters or SMS messages to arrange appointments.
- Patients with long term conditions benefitted from continuity of care with their GP or nurse. All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with more complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- All discharge summaries were reviewed on the day they were received ensuring medicines were adjusted and appropriate primary care follow-up was arranged.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who may be 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's uptake for the cervical screening programme was 78%, which was comparable to the CCG average of 82% and the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Children and infants who were unwell were always seen on the same day.
- Childhood immunisations were carried out in line with the national childhood vaccination programme. The practice achieved the required 90% standard for childhood immunisation rates between April 2016 and March 2017 for children up to two years of age.

Good



Summary of findings

- Performance for immunisations for children up to the age of five years was below average at 80% for the same period. We saw that the nurse had attended a training course which included training on methods for increasing uptake of childhood immunisations.
- We saw positive examples of joint working with midwives and health visitors.
- Family planning and contraceptive advice was available. The practice provided a variety of health promotion information leaflets and resources for this population group for example coil insertion and contraceptive implants.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice provided telephone consultations if needed.
- The practice had enrolled in the Electronic Prescribing Service (EPS). This service enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.
- The practice encouraged the use of the on line services to make it easier to book appointments and order repeat prescriptions.
- The practice encouraged screening for working age people such as bowel screening and cervical screening.

Good



People whose circumstances may make them vulnerable

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

- The practice had developed a register of patients in vulnerable circumstances including patients with no fixed address and those from traveller communities.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access support groups and voluntary organisations.

Good



Summary of findings

- Staff interviewed knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had identified less than 1% of the practice list as carers. We saw that the provision for carers was managed by an individual member of staff, who was committed to ensuring the practice maintained contact with carers. They rang carers every four weeks to offer them support and ensure they were coping with their responsibilities. The practice recognised the need to identify more carers and was making continued efforts to do so.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.

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).

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.
- We noted that the practice only had six patients on its dementia register. However we were reassured that the practice planned to expand the register through active searches of patient records to ensure that more patients were identified and supported.
- The practice provided dementia screening services for patients identified as at risk of developing dementia to allow for early intervention and support if needed.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice held a register of patients experiencing poor mental health and invited them to attend annual reviews. The practice had told patients experiencing poor mental health about how to access support groups and voluntary organisations.
- 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 interviewed had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The most recent national GP patient survey results were published on 7 July 2017. The results showed the practice was performing in line with local and national averages. 365 survey forms were distributed and 113 were returned. This represented less than 1% of the practice's patient list (a response rate of 31%).

- 78% of patients described the overall experience of this GP practice as good compared with the CCG average of 80% and the national average of 85%.
- 70% of patients described their experience of making an appointment as good compared with the CCG average of 66% and the national average of 73%.
- 70% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 71% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 19 comment cards which were all positive about the standard of care received. Patients said they felt the practice offered an excellent service and staff

were helpful, caring and treated them with dignity and respect. In particular patients commented on the welcoming approach of staff and their caring nature. Patients said that GPs took time to listen to them and staff were accommodating of patient requests where possible. Three negative comments made alongside positive feedback referred to occasional difficulty booking an appointment.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Two of these patients also stated that they found there was occasional difficulty booking routine appointments when needed.

The practice also sought patient feedback by utilising the NHS Friends and Family test. The NHS Friends and Family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. Results from April 2017 to July 2017 showed that 100% of patients who had responded were either 'extremely likely' or 'likely' to recommend the practice.

Drayton Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Drayton Road Surgery

Drayton Road Surgery is located in Bletchley in Milton Keynes. It is part of the NHS Milton Keynes Clinical Commissioning Group (CCG). The total practice population is approximately 3,053.

Available information shows the practice to have a higher than average population of males aged between 30 to 54 years and females aged between 30 to 49 years. There are significantly lower than average populations of both males and females aged from 70 years to over 85 years. Whilst the percentage of its patient population that are in employment is similar to national averages, the percentage unemployed is significantly higher. The national average across England is 6% in comparison to the practice figure of 13%. National data indicates that the area is one of moderate deprivation, with a higher than national average value for children affected by deprivation.

This is a singled handed GP practice with one male GP, one female salaried GP and one female practice nurse (qualified as an Independent Prescriber) working alongside a health care assistant, the practice manager, three receptionists and three administration staff. There is also a

female long term locum GP who attends the surgery once a week. The practice holds a General Medical Services (GMS) contract; a nationally agreed contract with NHS England for providing services.

The practice operates from a two storey converted property. Patient consultations and treatments take place on the ground level. There is a car park outside the surgery, with disabled parking available.

The practice is open from 8am to 8pm on Mondays and from 8am to 6.30pm Tuesday to Friday. Appointments with a GP are available from 9am to 12pm and from 4pm to 6pm Monday to Friday. Extended hours appointments are available on Mondays between 6.30pm and 8pm. Appointments with a nurse are available from 8am to 1.30pm Monday, Tuesday, Wednesday, Friday and from 7.30am to 1pm on Thursdays.

The out of hours service is provided by Milton Keynes Urgent Care Services and can be accessed via the NHS 111 service. Information about this is available in the practice and on the practice website and telephone line.

Why we carried out this inspection

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. We carried out an announced inspection on 12 July 2017. During our inspection we:

- Spoke with a range of staff including two GPs, the practice nurse, the practice manager and members of the administrative team.
- Spoke with patients who used the service.
- Observed how staff interacted with patients.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public 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 living 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 a system 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 in the practice manager's office. The incident recording 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).
- As a small practice we were told that significant events rarely occurred. However the documented examples demonstrated that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received support, an explanation, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice maintained a log of significant events and these were discussed as a standing item on the agenda for practice meetings, to ensure that lessons learnt were shared and monitored.
- The practice did not undertake an annual analysis of significant events, to identify trends or areas for improvement and learning for example, due to the low number of significant events that occurred. We were told that due to low numbers staff were able to recall significant events and discuss learning as when the opportunity arose. However we were told that the practice planned to incorporate cancer diagnoses and deaths as part of their significant event records in the future to encourage more opportunities for learning and improvement.

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. We saw evidence that appropriate action was taken to improve safety in the practice. For example, we saw that when an alert had been received regarding a blood glucose monitor (for diabetic patients) the nurse had checked to ensure that no registered patients were affected. Copies of alerts were kept in a central folder. Whilst actions taken in response to alerts

were written on some of the paper records there was no overall log of actions taken in response to all alerts received. We were sent evidence shortly after our inspection to demonstrate that the practice had created a log to be used in future to monitor actions taken in response to alerts received.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to the appropriate level to manage child (level 3) and adult safeguarding.
- A notice in the waiting room advised patients that chaperones were available if required. All 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 maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be visibly clean, tidy and well maintained. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention team to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

Are services safe?

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. One of the administrators ran regular searches of patients receiving high risk medicines to ensure that appropriate tests had been undertaken prior to prescriptions being issued. Patients requiring reviews or interim tests were booked accordingly as a matter of priority. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the Milton Keynes Clinical Commissioning Group (CCG) medicine management team, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- The practice nurse had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. We were told that the health care assistant (HCA) was trained to administer vaccines and medicines, in particular flu vaccines. At the time of our inspection the HCA had not administered any vaccines; however we were informed that patient specific prescriptions or directions from a prescriber would be produced appropriately when required.

We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available with a poster displayed on the reception office door which identified local health and safety representatives.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There was a designated fire marshal within the practice who had undertaken additional training to fulfil the role. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. Staff informed us they worked flexibly as a team and provided additional cover if necessary during holidays and absences.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

Are services safe?

- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff, suppliers and key stakeholders.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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 patients' needs. For example, we saw that following a review of NICE guidance the clinical team had reviewed changes to the use and management of asthma medicines to ensure the best possible outcomes for patients.

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 were 83% of the total number of points available. The practice discussed QOF performance regularly.

Data from 2015/2016 showed the majority of QOF targets to be similar to local and national averages, however there were some outliers:

Performance for diabetes related indicators was generally below the local Clinical Commissioning Group (CCG) and national averages. For example,

- the percentage of patients with diabetes, on the register, in whom the last blood pressure reading showed good control in the preceding 12 months, was 84%, where the CCG average was 92% and the national average was 91%. Exception reporting for this indicator was 4% compared to a CCG average of 7% and national average 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).

The practice recognised diabetes as an area in need of improvement. They were aware of the low performance

and ascertained it to staff shortages which had resulted in limited capacity. They also informed us that their electronic system had not been fully integrated which may have affected data submissions historically. We were told that the recent recruitment of the HCA and introduction of specific clinics had reduced pressures and improved the management of all long term conditions within the practice including diabetes. We were told that the nurse had received support from a diabetes consultant in response to the low QOF performance. The consultant had supervised the provision of diabetes care and was satisfied with the standards provided.

Performance for mental health related indicators was in line with local and national averages. For example,

- The percentage of patients with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months (1 April 2015 to 31 March 2016) was 100% where the CCG average was 84% and the national average was 84%. Exception reporting for this indicator was 14% compared to a CCG average of 7% and national average of 7%.
- We noted that the practice only had six patients on its dementia register. However we were reassured that the practice planned to expand the register through active searches of patient records to ensure that more patients were identified and supported.

The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months (01/04/2015 to 31/03/16) was 150/90mmHg or less was 80% which was comparable to the CCG average of 82% and national average of 83%. Exception reporting for this indicator was 5% compared to a CCG average of 6% and national average of 4%.

There was limited evidence of quality improvement including clinical audit:

- We saw evidence of three clinical audits commenced in the last two years, none of these were completed audits where the improvements made were implemented and monitored.
- An example of an audit carried out in relation to minor surgical procedures undertaken at the practice highlighted two cases that had been referred under the two week cancer wait system. Following the audit the

Are services effective?

(for example, treatment is effective)

practice had invested in an advanced microscope to reduce the risk of recurrence, however no repeat audit had been undertaken to review the efficacy of changes made.

- The practice informed us that they regularly reviewed prescribing as part of the locality prescribing incentive scheme and undertook audits routinely following meetings as part of the scheme.
- We noted that the practice team did not fully utilise their IT systems and had limited knowledge of the full capabilities of the computer software they used (beyond basic functions). We were told on the day of inspection that additional training would be sourced following our inspection to enable better use of practice data. We were also informed that as staffing levels had stabilised and an additional GP had been recruited, more time would be dedicated in the future to quality improvement, including audit and review.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff, including locums. All new staff received a tailored induction pack which covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We spoke to recently appointed staff who informed us that they felt well supported in their roles and that they had received a comprehensive and valuable induction.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, we saw that nursing staff involved in reviewing patients with long term conditions such as diabetes and asthma attended regular updates and received training to support them specifically in these roles.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate

training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and facilitation and support for revalidating GPs and nurses. We noted that the new practice manager had made considerable efforts to improve systems for supporting staff including the introduction of a formal appraisal system. All staff had received an appraisal within the last 12 months.

- The practice closed on ten afternoons each year to provide protected learning time for staff.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house 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 computer system. This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when referring patients to other services.
- Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs along with assessment and planning of ongoing care and treatment. This included when patients moved between services, including when they were referred or after they were discharged from hospital. The practice held a register of patients at risk of unplanned hospital admission or readmission. We saw that patients on this register and any others who had been recently admitted or discharged from hospital were reviewed when needed. Patients who were identified as at risk of unplanned hospital admission had access to urgent appointments when required. At the time of our inspection there were 65 patients on the unplanned admissions register receiving this care.
- The practice held regular multi-disciplinary team (MDT) meetings to discuss all patients on the palliative care register and to update their records accordingly to formalise care agreements. They liaised with district nurses, hospice nurses and local support services. A list

Are services effective?

(for example, treatment is effective)

of the practice palliative care patients was also shared with the out of hours service to ensure patients' needs were recognised. At the time of our inspection 11 patients were receiving this care.

- All discharge summaries from the local hospital were reviewed on the day they were received ensuring medicines were adjusted and appropriate primary care follow-up was arranged.
- The practice and the out of hours service were able to coordinate patient care through shared care records.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, 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.
- Written consent forms were used for specific procedures as appropriate.

Supporting patients to live healthier lives

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation were signposted to the relevant service.
- The health care assistant provided smoking cessation advice to patients with the option to refer patients to local support groups if preferred.
- The nurse was trained in chronic disease management and had the lead role in supporting patients with long term conditions such as diabetes, asthma and chronic obstructive pulmonary disease (COPD). We saw evidence that patients who did not attend (DNA) their appointments received reminder letters and/or a telephone call to further encourage attendance.
- The practice provided contraceptive advice, including fitting of intra-uterine devices and implants.
- The practice provided a variety of health promotion information leaflets and resources for young people.

The practice's uptake for the cervical screening programme was 78%, which was comparable to the CCG average of 82% and the national average of 81%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. We also saw posters displayed in the waiting room to encourage patients from ethnic backgrounds to attend cervical screening appointments.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Latest data published in March 2015 showed that:

- 57% of patients aged 60-69 years had been screened for bowel cancer in the preceding 30 months, where the CCG average was 56% and the national average was 58%.
- 75% of female patients aged 50 to 70 years had been screened for breast cancer in the preceding 3 years, where the CCG average was 76% and the national average was 72%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. The practice achieved the required 90% standard for childhood immunisation rates between April 2016 and March 2017 for children up to two years of age. Performance for children up to the age of five years was below average at 80% for the same period. We saw that the nurse had attended a training course which included training on methods for increasing uptake of childhood immunisations.

Patients had access to appropriate health assessments and checks. These included new patient and NHS health checks for patients aged 40–74 years. New patient health checks included an alcohol survey. The practice had 776 patients eligible to receive a NHS health check. Of those 436 (56%) had received the health check with 180 of those completed in the past 12 months.

Health checks were also offered for patients over the age of 75 years. The practice had 108 patients eligible, of those 70 (65%) had received the health check with 50 of those completed in the past 12 months. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services effective?

(for example, treatment is effective)

There were 10 patients on the practice's learning disability register at the time of our inspection. Of those, all had been invited for and had accepted an appointment for a health review to be undertaken in the months following our inspection

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex. Historically appointments with a female GP had been restricted to Tuesdays when the female locum was available. However, we saw that since the recruitment of the female salaried GP access to appointments with a female GP had improved.

All of the 19 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Two of these patients also stated that they found there was occasional difficulty booking routine appointments when needed.

Results from the most recent national GP patient survey published in July 2017 showed patients felt they were treated with compassion, dignity and respect. The practice was generally below average for its satisfaction scores on consultations with GPs. Nurse consultations were scored in line with local and national averages. For example:

- 79% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 80% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 86%.

- 84% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%
- 71% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 86%.
- 94% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 91%.
- 93% of patients said the nurse gave them enough time compared with the CCG average of 91% and the national average of 92%.
- 96% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 97% and the national average of 97%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 83% of patients said they found the receptionists at the practice helpful compared with the CCG average of 84% and the national average of 87%.

The practice was aware of the below average scores for GP consultations and were taking steps to improve future performance, for example through conscious efforts to improve patient experience during consultations. We noted that the scores for nursing care had improved considerably in comparison to the 2016 results. GP scores for listening and showing care and concern had also improved based on previous performance highlighting that the efforts made were effective. The practice acknowledged that more work needed to be done to improve patient satisfaction with GP consultations and planned to incorporate discussions around improvement in practice meetings.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

We were told that children and young people were treated in an age-appropriate way and recognised as individuals.

Are services caring?

Results from the national GP patient survey showed the majority of patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. However, results based on GP consultations were generally below local and national averages. For example:

- 78% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 82% and the national average of 86%.
- 64% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.
- 92% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 90% and the national average of 90%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 85%.

We saw that whilst the scores for GP performance were below average they had improved on the previous year's performance; highlighting again that efforts made were proving effective. The practice acknowledged the need to continue with efforts to monitor and improve patient satisfaction results.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format and different languages if required.
- A hearing loop was available for patients who suffered from impaired hearing.

- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified seven patients as carers (less than 1% of the practice list). We saw that the provision for carers was managed by an individual member of staff, who was committed to ensuring the practice maintained contact with carers. They rang carers every four weeks to offer them support and ensure they were coping with their responsibilities. The practice recognised the need to identify more carers and was making continued efforts to do so. They worked with the local carer's organisation MK Carers and had developed a carer's form which they encouraged patients to complete. The practice also informed us, shortly after our inspection that they planned to display a carer's notice board in the waiting room. Written information was available to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice provided a service for all age groups and served a patient population with diverse cultural and ethnic needs and those living in deprived circumstances. We found the GP and other staff were familiar with the needs of their patients and the local community. The practice engaged with the NHS England Area Team and Milton Keynes Clinical Commissioning Group (CCG) to improve services. For example, despite its small size the practice had increased its catchment area to include provision for a new housing estate that had been developed. The practice offered a range of enhanced services including provision for patients at risk of unplanned hospital admissions and dementia assessments.

- The practice offered extended hours on a Monday evening until 8pm with a GP and from 7.30am on a Thursday with a nurse; for working patients who could not attend during normal opening hours.
- There were longer appointments available in various circumstances including for patients with a learning disability and those with multiple conditions.
- There were 10 patients on the practice's learning disability register at the time of our inspection. Of those, all had been invited for and had accepted an appointment for a health review to be undertaken in the months following our inspection.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice ran an anticoagulant clinic for patients to monitor their treatment. (Anticoagulants are medicines used to prevent blood from clotting). This clinic had been well received by patients as it reduced the need for them to travel to secondary care for the service.
- The practice was able to initiate insulin treatment for patients with diabetes. The provision of this service in house reduced the pressures on secondary care services.
- The practice was enrolled in the locality 'Diabetes Prevention Programme' to support patients recognised as being pre-diabetic. Patients identified as at risk of

developing diabetes were referred to the intensive scheme which educated and supported patients in managing their health to reduce the risk of them developing diabetes.

- Patients were able to receive travel vaccines available on the NHS and were referred to other clinics for vaccines available privately.
- There were six week post-natal checks for mothers and their children.
- A community midwife was available at the practice each week.
- A range of contraceptive and family planning services were available. This included coil insertion and contraceptive implants.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- The practice had considered the needs of patients with disabilities, for instance, there was an access ramp and access enabled toilet facilities available. Other reasonable adjustments were made and action was taken to remove barriers when patients found it hard to use or access services.
- The practice has considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate.
- The practice had enrolled in the Electronic Prescribing Service (EPS). This service enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.
- A phlebotomy service was available Monday to Friday, reducing the need for patients to attend secondary care for blood tests to be undertaken.
- A HIV quick test was available for all new patients registering at the practice (that met specified criteria).

Access to the service

The practice was open from 8am to 8pm on Mondays and from 8am to 6.30pm Tuesday to Friday. Appointments with a GP were available from 9am to 12pm and from 4pm to 6pm Monday to Friday. Extended hours appointments were available on Mondays between 6.30pm and 8pm. Appointments with a nurse were available from 8am to 1.30pm Monday, Tuesday, Wednesday, Friday and from

Are services responsive to people's needs?

(for example, to feedback?)

7.30am to 1pm on Thursdays. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were available for people that needed them.

The out of hours service was provided by Milton Keynes Urgent Care Services and could be accessed via the NHS 111 service. Information about this was available in the practice and on the practice website and telephone line.

Results from the most recent national GP patient survey published in July 2017 showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 78% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 80% and the national average of 85%.
- 84% of patients said they could get through easily to the practice by phone compared to the CCG average of 59% and the national average of 71%.
- 80% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 82% and the national average of 84%.
- 77% of patients said their last appointment was convenient compared with the CCG average of 77% and the national average of 71%.
- 70% of patients described their experience of making an appointment as good compared with the CCG average of 66% and the national average of 73%.
- 74% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 69% and the national average of 64%.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Patients were able to telephone the practice to request a home visit and a GP would call them back to make an assessment and allocate the home visit appropriately. In

cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. The practice made concerted efforts to provide care for patients in their own home where needed and in particular for the vulnerable elderly patients.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in the waiting room, at reception and on the practice website.

We were told that the practice did not receive many complaints as the small team were often able to resolve concerns as they were raised. We noted that efforts were made to ensure learning opportunities were maximized despite the low levels of complaints received. For example through logging of verbal and written complaints. Complaints were discussed as a standing item on practice meeting agendas.

We looked at three complaints received in the last 12 months and found that the practice handled them objectively and in an open and timely manner. Lessons were learnt from individual concerns and complaints and actions were taken as a result to improve the quality of care. For example, a complaint received regarding the manner of one of the reception team was discussed with the patient and shared with the employee concerned. Additional training was offered to the member of staff to ensure the risk of recurrence was reduced.

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 which promoted the wellbeing of its patients by encouraging excellent standards in its clinicians and staff. Staff we spoke with knew and understood the values.
- The practice was aware of future challenges to its sustainability with the planned retirement of the Lead GP within the year following our inspection. We were told that the GP had liaised with other practices within the locality and was considering options for a merger to secure the future of the practice. However, there was no documented business plan for the future of the practice that formalised these discussions. We were told on the day of our inspection that the practice intended to document these discussions in a business plan and begin liaising with the Milton Keynes Clinical Commissioning Group (CCG) to plan the future of the practice. We noted that discussions with staff about the future planning of the practice had been open and inclusive.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- There was a staffing structure and staff were aware of their own roles and responsibilities. Lead roles and responsibilities were assigned and documented for all staff to refer to. We spoke with clinical and non-clinical members of staff who demonstrated an understanding of their roles and responsibilities.
- Practice specific policies were implemented and were available to all staff in paper form via the folders in the reception office and the practice manager's office. We looked at a sample of policies and found them to be available and up to date.
- An understanding of the performance of the practice was maintained using the Quality and Outcomes Framework (QOF) and other performance indicators. We saw that QOF data was regularly discussed and actions taken to maintain or improve outcomes for patients.

- A programme of continuous clinical and internal audit had not been fully developed to monitor quality and to make improvements. The practice was aware of the need to expand and develop audit work undertaken and planned to include the recently appointed salaried GP in managing quality improvement.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. We looked at examples of significant event and incident reporting and actions taken as a consequence. Staff were able to describe how changes had been made or were planned to be implemented in the practice as a result of reviewing significant events.
- We saw evidence from minutes of meetings that a system was in place that allowed for lessons to be learned and shared following significant events and complaints however an annual audit of significant events and complaints did not take place to monitor trends.

Leadership and culture

On the day of inspection the GP owner in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the GP owner was approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems 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). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. From the sample of five documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, an explanation of events and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

There was a leadership structure and staff felt supported by management.

Are services well-led?

Good 

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses, health visitors and midwives to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- There were also nurse led clinics for patients with diabetes and respiratory conditions such as asthma and chronic obstructive pulmonary disease. The lead showed a good understanding of their roles and responsibilities.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the lead GP and practice manager. All staff were involved in discussions about how to run and develop the practice, and encouraged to identify opportunities to improve the service delivered by the practice.
- We noted that the practice manager had been in post for one year and had undertaken extensive improvement work in that time. Staff spoke positively of improvements made and commented in particular on the cohesive leadership and enhanced governance systems developed over the 12 months preceding our inspection.

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

The practice encouraged and valued feedback from patients and staff.

- The practice proactively sought feedback from staff and patients. The patient participation group (PPG) had dissolved due to the deaths of several members and

difficulties recruiting new members. There was only one remaining member of the PPG at the time of our inspection and we saw evidence that the practice continued to meet with him regularly whilst simultaneously making efforts to recruit new members through active advertising and signposting both on the practice website and within the practice building. Although there was no active patient participation group, the practice gathered information and received feedback from patients through a variety of routes including the use of a suggestion box and actively speaking to patients.

- The NHS Friends and Family Test (FFT) was used to monitor patient satisfaction as were complaints and compliments received.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

We saw evidence that the practice was making some efforts to learn and improve, in particular since the appointment of the practice manager 12 months prior to our inspection.

We saw evidence that the practice team was part of local pilot schemes to improve outcomes for patients in the area. For example, through involvement in the locality 'Diabetes Prevention Scheme'. We were told of plans to try and secure the practice's future through liaison with key stakeholders and engagement with other providers within the locality.

The practice recognised the need to undertake more quality improvement work and informed us that they planned to develop systems for facilitating this in the future as their clinical capacity was secured.