

Regent Medical Centre

Quality Report

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Date of inspection visit: 10 January 2017

Date of publication: 29/03/2017

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?

Good



Are services caring?

Outstanding



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Regent Medical Centre on 10 January 2017. Overall, the practice is rated as good.

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

- Staff understood their responsibilities to raise concerns and report incidents and near misses to the practice manager.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Results for the National GP Survey, published in July 2016, were above local and national averages access to services. For example, for those that responded, 96% found it easy to get thorough to the surgery by phone (CCG average 79%, national average 73%).
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had a clear vision and strategy that all members of staff were involved in reviewing and developing.
- 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 and complied with the requirements of the duty of candour regulation.

We saw four areas of outstanding practice:

- Feedback from patients and carers we spoke to was continually positive about the way that staff treated

Summary of findings

people. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We saw a strong patient-centred culture. We heard of many examples where staff had gone the extra mile, for example delivering prescriptions when patients were unable to collect prescriptions, seeing patients outside normal clinical session times and taking steps to ensure vulnerable patients, such as patients with learning disabilities, had continuity of care.

- Data showed that patients rated the practice higher than others for several aspects of care. According to the latest National GP Patient Survey results, 81% of respondents said they usually get to see their preferred GP (CCG average 61%, national average 59%). Data from the most recent Friends and Family Survey carried out by the practice, from September 2016 to November 2016, showed that 100% of patients said they would be extremely likely or likely to recommend the service to family and friends.
- The practice introduced a review of patients with long-term conditions who did not attend for review appointments into their monthly clinical meeting following an incident. Following a whole team discussion, each non-attender was proactively followed up. Since this review was introduced 73% of

the patients discussed had been subsequently seen by a clinician for a review of their chronic disease. The practice planned a formal audit of this work when it had been in place for 12 months.

- The practice had worked to improve the outcomes for patients. For example, monthly unplanned admission meetings had been introduced as part of a local CCG project; this meeting included attached staff such as district nurses and the community matron. At these meetings, patients were discussed and comprehensive care plans were developed when required. A review of data showed that for 2015, 18% of these admissions had been deemed as avoidable, for 2016, only 4% of these admissions had been deemed avoidable. In addition the practice had introduced the palliative care 'Gold Standards Framework'. As part of this, they had completed work to increase the identification of patients on their palliative care register over the last 12 months. This had resulted in an increase from 9.5% to 44% of patients on this register because of a diagnosis other than cancer. This encouraged the discussion about all patients requiring end of life care at the monthly multi-disciplinary team (MDT) meetings.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording incidents.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes and 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. For example, there was an effective safety alert system and safeguarding leads were in place.
- Good infection control arrangements were in place and the practice was clean and hygienic. Disclosure and Barring Service (DBS) checks had been completed for all staff that required them.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- We found that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- The practice introduced a review of patients with long-term conditions who did not attend for review appointments into their monthly clinical meeting following an incident. Since this review was introduced 73% of the patients discussed had been subsequently seen by a clinician for a review of their chronic disease.
- The practice had introduced the palliative care 'Gold Standards Framework'. As part of this, they had completed work to increase the identification of patients on their palliative care register over the last 12 months. This had resulted in an increase from 9.5% to 44% of patients on this register because of a diagnosis other than cancer.

Summary of findings

- Outcomes for patients were above average for the locality. The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring its effectiveness and had achieved 98.1% of the points available in 2015/2016. This was 1.2% above the local average and 2.7% above the national average.
- Quality improvement work was taking place, including clinical audit.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- 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.

Are services caring?

The practice is rated as outstanding for providing caring services.

- Data showed that patients rated the practice better than others for several aspects of care. For example, results from the National GP Patient Survey, published in July 2016, showed that 99% of respondents said the last GP they saw or spoke to was good at listening to them (CCG average 91%, national average 89%). It also showed that 99% of respondents had confidence and trust in the last GP they saw or spoke to (CCG average 96%, national average 95%).
- Data from the most recent Friends and Family Survey carried out by the practice, from September 2016 to November 2016, showed that, from 20 respondents, 100% of patients said they would be extremely likely or likely to recommend the service to family and friends.
- Feedback from patients and carers we spoke to was continually positive about the way that staff treated people. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We saw a strong patient-centred culture. We heard of many examples where staff had gone the extra mile, for example delivering prescriptions when patients were unable to collect prescriptions, seeing patients outside normal clinical session times and taking steps to ensure vulnerable patients, such as patients with learning disabilities, had continuity of care.
- As part of a local cluster of practices, funding had been allocated to local projects that focused on social inclusion and support for carers.

Outstanding



Summary of findings

- Information for patients about the services offered by the practice was available; they provided this information on the practice's website, patient leaflets and in folders in the waiting area that ensured patients could find information on sensitive issues without being overlooked by other patients.
- The practice had close links to local and national support organisations and referred patients when appropriate.
- The practice had recently reviewed their carers register to ensure carers were offered appropriate support. A 'carers corner' had been set up in a quiet waiting area and the carers champion wrote to all carers detailing to support and advice they could offer.
- The practice had worked to improve the number of carers they had identified, during 2015/2016 they had identified 29 carers. When we inspected the practice, they had identified 49 carers, which was 1.3% of the practice patient population.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs. We saw that the practice had a proactive approach to understating the needs of their patients and to delivering care in a way that met these needs and promoted equality.
- One of the GP's at the practice delivered education sessions twice a year. These sessions were open to anyone who wished to attend and not restricted to patients. Topics covered included mental health, prostate awareness and in December 2016 an open session for anyone who was experiencing loneliness at Christmas. The practice consulted with their patient participation group on possible topics.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Data from the National GP Patient Survey, published in July 2016, showed that patients rated the practice above average for access to care and treatment. For example, of those that responded 88% found it easy to get through to the practice by telephone (CCG average 79%, national average 73%) and 87% described their experience of making an appointment as good (CCG average 76%, national average 73%).
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- Information about how to complain was available on the practice website and in the waiting areas.

Are services well-led?

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

- The practice had a clear vision with quality and safety as their top priority. Staff were clear about the vision and their responsibilities in relation to this. On the day of the inspection, we saw that all staff were committed to this aim, staff had been involved in the development and review of the practices vision.
- There was a leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The provider was aware of and complied with the requirements of the duty of candour regulation. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- There was an overarching governance framework, which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The practice proactively sought feedback from staff and patients, which it acted on.
- There was an active patient participation group (PPG) and the practice had acted on feedback from the group.
- The leadership drove continuous improvement. There was a clear proactive approach to seeking and embedding new ways of providing care and treatment.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in their population. All patients over the age of 75, who were not on a chronic disease register, were offered an annual health check with a nurse. Since this was introduced in 2016, 49 patients had attended for a health check.
- The practice was responsive to the needs of older people; they offered home visits and urgent appointments for those with enhanced needs. The local CCG pharmacist visited patients in care homes and patients unable to leave the house due to illness and/or old age to carry out medication reviews.
- Nationally reported data showed that outcomes for patients with conditions commonly found in older people were generally above local and national averages. For example, the practice had achieved 100% of the Quality and Outcomes Framework (QOF) points available for providing the recommended care and treatment for patients with chronic obstructive pulmonary disease (COPD). This was 2.3% above the local clinical commissioning group (CCG) average and 4.1% above the national average.
- The practice maintained a palliative care register and offered immunisations for shingles and pneumonia to older people.

People with long term conditions

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

Good



- The practice nurses had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority and supported by the practice, comprehensive care plans were in place and regularly reviewed.
- The practice introduced a review of patients with long-term conditions who had not attended for review appointments into the monthly clinical meeting following an incident. Since this review was introduced 73% of the patients discussed had been subsequently seen by a clinician for a review of their chronic disease.

Summary of findings

- Nationally reported data showed that outcomes for patients with conditions commonly found in this population group were generally above or in line with local and national averages. For example, the practice had achieved 91.3% of the QOF points available for providing the recommended care and treatment for patients with diabetes. This was 2.2% below the local CCG average and 1.5% above the national average.
- The practice had recently introduced a 'year of care' approach for diabetes.
- Home visits were available when needed. Longer appointments were available if requested.
- All patients with a long-term condition had a named GP and were offered a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice held regular clinics for long terms conditions, for example for patients with diabetes.

Families, children and young people

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

- There were processes in place for the regular assessment of children's development. This included the early identification of problems and the timely follow up of these. Systems were in place for identifying and following-up children who were considered to be at-risk of harm or neglect. For example, the needs of all at-risk children were regularly reviewed at practice multidisciplinary meetings involving child care professionals such as health visitors.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There were arrangements for new babies to receive the immunisations they needed. Practice childhood immunisation rates were above national averages. The practice had scored 9.7/10 compared with the national average score of 9.1/10 in respect of the vaccinations given to two year olds.
- Pregnant women were able to access an ante-natal clinic provided by healthcare staff attached to the practice.
- Nationally reported data showed that outcomes for patients with asthma were above average. The practice had achieved

Good



Summary of findings

100% of the QOF points available for providing the recommended care and treatment for patients with asthma. This was 2.1% above the local CCG average and 2.6% above the national average.

- The practice provided contraceptive and sexual health advice.
- Telephone appointments were available at the practice.
- The practice ensured young people were aware of what the practice could offer and their rights regarding access and consent. The practice wrote to all patients over the age of 16 with information on the services it offered for young people.

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 website enabled patients to completed online asthma, depression and alcohol questionnaires. Submitted questionnaires were received by the practice manager and then reviewed by a clinician.
- Patients could order repeat prescriptions and book routine healthcare appointments online.
- The practice offered a full range of health promotion and screening which reflected the needs for this age group.
- The practice's uptake for cervical screening was 87.4%, compared to the CCG average of 82.4% and the national average of 81.4%.
- Additional services such as new patient health checks, travel vaccinations and joint injections were available.
- A text message appointment reminder service was available.
- The practice website provided a good range of health promotion advice and information; it also had a facility to translate its contents into many languages.

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 held a register of patients living in vulnerable circumstances including patients with a learning disability. Patients with learning disabilities had been invited to the

Good



Summary of findings

practice for an annual health check. Twenty patients were on this register, 95% had an annual review and 75% had an influenza vaccination (2016/2017 data from the practice, which had not yet been verified).

- Nationally reported data showed that outcomes for patients with a learning disability were good. The practice had achieved 100% of the QOF points available for providing the recommended care and treatment for patients with a learning disability. This was the same as the local CCG average and 0.3% above the national average.
- The practice used 'easy read' letters and appropriate health related information that ensured patients can understand the tests and treatment they were offered. The practice had an 'easy read' version of the complaints policy, which was available in the waiting area.
- The practice offered longer appointments for patients with a learning disability if requested.
- The practice regularly worked with multi-disciplinary teams (MDT) in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff had completed learning disability awareness training to ensure they were aware of their patient's needs.
- Staff 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.
- Good arrangements were in place to support patients who were carers.

People experiencing poor mental health (including people with dementia)

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

- The practice had identified 1% of their population with enduring mental health conditions on a patient register to enable them to plan and deliver relevant services. Thirty-six patients were on this register, 64% of those had had an annual review, 28% had an influenza vaccination (2016/2017 data from the practice, which is yet to be verified).
- Nationally reported data showed that outcomes for patients with mental health conditions were above average. The

Good



Summary of findings

practice had achieved 99.8% of the QOF points available for providing the recommended care and treatment for patients with mental health conditions. This was 4.8% above the local CCG average and 7% above the national average.

- Nationally reported data showed that outcomes for patients with dementia were above average. The practice had achieved 100% of the QOF points available for providing the recommended care and treatment for patients with dementia. This was 2.4% above the local CCG average and 3.4% above the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. They carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- Staff had completed dementia awareness training to ensure they were aware of their patient's needs.

Summary of findings

What people who use the service say

The National GP Patient Survey results published in July 2016 showed the practice was performing above the local and national averages. There were 273 forms sent out and 105 were returned. This was a response rate of 38% and represented 2.8% of the practice's patient list. Of those who responded:

- 96% found it easy to get through to this surgery by telephone (clinical commissioning group (CCG) average 79%, national average of 73%).
- 86% were able to get an appointment to see or speak to someone the last time they tried (CCG average 85%, national average 85%).
- 97% described the overall experience of their GP surgery as good (CCG average 88%, national average 85%).
- 91% said they would recommend their GP surgery to someone who had just moved to the local area (CCG average 80%, national average 78%).
- 88% found the receptionists at this surgery helpful (CCG average 89%, national average of 87%).
- 96% said the last appointment they got was very convenient (CCG average 92%, national average 92%).
- 87% described their experience of making an appointment as good (CCG average 76%, national average of 73%).

- 84% usually waited 15 minutes or less after their appointment time to be seen (CCG average 68%, national average 65%).

Patients were very complimentary about the practice, the staff who worked there and the quality of service and care provided. We reviewed 42 CQC comment cards that patients had completed. All of these were very positive about the standard of care received. Many of the cards were also very positive about the staff at the practice; they were described as helpful, polite and excellent. Several cards mentioned that the practice was caring.

We spoke with two patients; including one member of the patient participation group. Eight patients also completed questionnaires on the day of the inspection. They said they were happy with the care they received. They said they thought the staff involved them in their care and explained tests and treatment to them. They thought the practice was clean and they said that routine and urgent appointments were always available. Feedback from patients was consistent and positive about the care they received from the practice.

Outstanding practice

- Feedback from patients and carers we spoke to was continually positive about the way that staff treated people. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We saw a strong patient-centred culture. We heard of many examples where staff had gone the extra mile, for example delivering prescriptions when patients were unable to collect prescriptions, seeing patients outside normal clinical session times and taking steps to ensure vulnerable patients, such as patients with learning disabilities, had continuity of care.
- Data showed that patients rated the practice higher than others for several aspects of care. According to the latest National GP Patient Survey results, 81% of

respondents said they usually get to see their preferred GP (CCG average 61%, national average 59%). Data from the most recent Friends and Family Survey carried out by the practice, from September 2016 to November 2016, showed that 100% of patients said they would be extremely likely or likely to recommend the service to family and friends.

- The practice introduced a review of patients with long-term conditions who did not attend for review appointments into their monthly clinical meeting following an incident. Following a whole team discussion, each non-attender was proactively followed up. Since this review was introduced 73% of

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the patients discussed had been subsequently seen by a clinician for a review of their chronic disease. The practice planned a formal audit of this work when it had been in place for 12 months.

- The practice had worked to improve the outcomes for patients. For example, monthly unplanned admission meetings had been introduced as part of a local CCG project; this meeting included attached staff such as district nurses and the community matron. At these meetings, patients were discussed and comprehensive care plans were developed when required. A review of data showed that for 2015, 18% of these admissions

had been deemed as avoidable, for 2016, only 4% of these admissions had been deemed avoidable. In addition the practice had introduced the palliative care 'Gold Standards Framework'. As part of this, they had completed work to increase the identification of patients on their palliative care register over the last 12 months. This had resulted in an increase from 9.5% to 44% of patients on this register because of a diagnosis other than cancer. This encouraged the discussion about all patients requiring end of life care at the monthly multi-disciplinary team (MDT) meetings.

Regent Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Regent Medical Centre

Regent Medical Centre is registered with the Care Quality Commission to provide primary care services. The practice provides services to around 3,800 patients from one location. We visited this address as part of the inspection:

- Ridley House, Henry Street, Newcastle upon Tyne, Tyne and Wear, NE3 1DQ

Regent Medical Centre is situated in a purpose built two-storey building. Patient services are all on the ground floor. All reception and consultation rooms are fully accessible for patients with mobility issues. An onsite car park is available which includes dedicated disabled parking bays.

The practice has a lead GP (male) and two salaried GPs (female). The practice employs a practice manager, a practice nurse, a healthcare assistant and eight staff who undertake reception and administrative duties. The practice provides services based on a General Medical Services (GMS) contract agreement for general practice.

The practice is a training practice where 5th year medical students gain experience of primary care.

Regent Medical Centre is open at the following times:

- Monday 8am to 7:30pm.
- Tuesday to Friday 8am to 6:30pm.

The telephones are answered by the practice during their opening hours. This information is also available on the practice's website and in the practice leaflet. The service for patients requiring urgent medical care out of hours is provided by the NHS 111 service and Vocare, which is locally known as Northern Doctors Urgent Care Limited.

Appointments are available at Regent Medical Centre at the following times:

- Monday to Friday 8:10am to 12:30pm and 2:30pm to 6:10pm
- Extended hours appointments with a GP or nurse are available from 6:30pm to 7:30pm each Monday.

The practice is part of NHS Newcastle Gateshead clinical commissioning group (CCG). Information from Public Health England placed the area in which the practice is located in the seventh less deprived decile. In general, people living in more deprived areas tend to have greater need for health

The proportion of patients with a long-standing health condition is in line with the national average (54%). The proportion of patients who are in paid work or full-time employment or education is slightly below average (58.3% compared to the national average of 61.5%). The proportion of patients who are unemployed is below average (2.8% compared to the national average of 5.4%).

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether

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the registered 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.

How we carried out this inspection

Before visiting, 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 visit on 10 January 2017.

During our visit we:

- Reviewed information available to us from other organisations, such as NHS England.
- Reviewed information from the CQC intelligent monitoring systems.
- Spoke to staff and patients. This included two GPs, the practice manager, a nurse, the healthcare assistant and two members of the administration team. We spoke with two patients who used the service including one member of the patient participation group (PPG). Eight patients completed patient questionnaires. We spoke with one member of the extended community healthcare team who was not employed by, but worked closely with, the practice.
- Looked at documents and information about how the practice was managed and operated.

- Reviewed patient survey information, including the National GP Patient Survey of the practice.
- Reviewed a sample of the practice's policies and procedures.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

- Staff told us they would inform the practice manager of any incidents and there was a recording form available for staff to use to document these. The incident recording form supported the recording of notifiable incidents under the duty of candour regulation. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice completed an annual review of their incidents to understand if any themes could be seen, this was shared with staff. The practice actively encouraged all staff to report incidents.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written or verbal apology and were told about any actions to improve processes to prevent the same thing happening again. For example, following an incident in 2015 the practice had introduced a policy of following up patients who did not attend chronic disease clinics.
- The practice carried out a thorough analysis of incidents. We reviewed the forms used to record incidents. These recorded the event and any actions taken by the practice to reduce the risk of the event reoccurring.
- Incidents were also reported on the local cross primary and secondary care Safeguard Incident and Risk Management System (SIRMS) when appropriate.
- The practice had an effective system for reviewing and acting on safely alerts received.
- reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to level three in children's safeguarding.
- Notices in the clinical rooms and the waiting area advised patients that staff would act as chaperones, 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 saw that the premises were clean and tidy. The nurse was the infection control lead; they liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place. We saw that infection control and hand washing audits were undertaken. We saw that staff took action to address any issues raised.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.)
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks.
- The practice had a system in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. We found that:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined whom to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for adult and child safeguarding. The GPs attended safeguarding meetings and provided

Monitoring risks to patients

Risks to patients were assessed and well managed.

Are services safe?

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster, which identified local health and safety representatives. The practice manager completed a regular assessment of health and safety at the practice. The practice had an up to date fire risk assessment and carried out regular fire drills. All electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place 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).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms that alerted staff to any emergency. Panic alarms were fitted in the clinical rooms. A flowchart was available to ensure staff were easily aware of their responsibilities when an emergency occurred. All staff received annual basic life support training.
- The practice had a defibrillator on the premises and oxygen with adult and children's masks was available in a treatment room. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All of the medicines we checked were in date and fit for use.
- The practice had a business continuity plan. It included details of actions to be taken in the event of possible disruptions to service, for example, loss of power.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The GP's met each month, as part of this meeting NICE guidelines, clinical cases and clinical significant events were discussed.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice.) The most recent published results showed the practice had achieved 98.1% of the total number of QOF points available compared to the local clinical commissioning group (CCG) average of 96.9% and the national average of 95.3%. At 6.8%, their clinical exception-reporting rate was 2.9% below the local CCG average and 3% below the national average. (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).

Data from 2015/2016 showed;

- Performance for the diabetes related indicators was above average (91.3% compared to the national average of 89.8%). The practice's clinical exception rate for diabetes was 7.4%, which was below the national average of 11.6%.
- Performance for the mental health related indicators was above average (99.8% compared to the national average of 92.8%). The practice's clinical exception rate for mental health was 13.4%, which was above the national average of 11.3%.

- Performance for the heart failure related indicators was above average (100% compared to the national average of 98.1%). The practice's clinical exception rate for heart failure was 6.3%, which was below the national average of 9.2%.
- The practice performed well in other areas. For example, the practice had achieved 100% of the points available for 14 of the 19 clinical domains including the hypertension, dementia and osteoporosis domains.

There was evidence of quality improvement including clinical audit.

- We saw evidence of two two-cycle audits. For example, the practice looked at patients who were prescribed restricted antibiotics, the practice aimed to comply with 10% or less of the antibiotics they prescribed being restricted antibiotics. The first audit, completed in January 2016, showed that 13.5% of patients were prescribed restricted antibiotics. When the second audit was completed in August 2016, only 5% of patients were now prescribed restricted antibiotics, a decrease of 8.5%. The practice was therefore able to demonstrate an improvement in their management of patients who were prescribed antibiotics.
- The practice had also completed two single-cycle reviews including a review of their learning disability health check system. The practice found that of the 20 patients on their register 90% had had a health check in the last year, the remaining 10% had a check booked in. They also found that 80% of these patients had seen the same GP they had seen the previous year and 100% had seen the same nurse they had seen the previous year.
- The practice participated in the CCG's medicines optimisation work.
- The practice introduced a review of patients with long-term conditions who had not attended for review appointments into the monthly clinical meeting. Following a whole team discussion, each non-attender was proactively followed up. Since this review was introduced 73% of the patients discussed had been subsequently seen by a clinician for a review of their chronic disease. The practice planned a formal audit of this work when it had been in place for 12 months.
- The practice had completed work to increase the identification of patients with dementia over the last 12

Are services effective?

(for example, treatment is effective)

months. This had resulted in an increase from 0.5% to 0.68% of their practice population being identified as diagnosed with dementia; this was now in line with the local CCG average.

- The practice had completed a two-cycle administrative audit on compliance with smart card usage by staff. The first audit, completed in December 2015, showed that 62.5% of staff were complying with the requirement not to leave their smart card unattended. When the second audit was completed in February 2016, 100% of staff were now complying with the requirement not to leave their smart card unattended.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff, including locum GPs. It covered such topics as safeguarding, fire safety, health and safety and confidentiality. The induction programme for GPs had recently been reviewed by the most recently recruited GP to ensure it reflected the needs of newly appointed GPs. The induction programme for newly appointed administration and nursing staff recorded when staff were competent to complete key tasks.
- The practice could demonstrate how they ensured role-specific training and updates for relevant staff. For example, for those reviewing patients with long-term conditions. Staff who took samples for the cervical screening programme had received specific training which included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example, by having access to on-line resources and discussion at practice meetings.
- Staff received training which included: safeguarding, basic life support, information governance and equality and diversity. Staff had access to and made use of in-house training and external training.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. We saw that staff training needs were monitored. 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 and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.

- Staff told us the practice was committed to, and supportive of, training and development. The healthcare assistant who worked at the practice had originally been employed as a secretary, they now worked as a healthcare assistant for one session a week. They were currently completing the Care Certificate qualification for healthcare assistants. They told us that they had received a great deal of support by the practice in their new role.

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 and intranet systems.

- This included risk assessments, care plans, medical records and investigation and test results. The practice shared relevant information with other services in a timely way, for example, when referring patients to other services.
- Staff worked together with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, when they were referred or, after they were discharged from hospital.
- We saw evidence that multi-disciplinary team (MDT) meetings took place each month. The district nurses and health visitors that worked with the practice were invited to attend the practice's monthly meeting to discuss any areas of concerns and vulnerable patients.
- Monthly unplanned admission meetings had been introduced as part of a local CCG project; this meeting included attached staff such as district nurses and the community matron. At these meetings, patients were discussed and comprehensive care plans were developed when required. These meetings ensured patients received coordinated care to help them avoid admission to hospital. High risk patients (and their families/carers when appropriate) were encouraged to be involved in developing their care plans and were

Are services effective?

(for example, treatment is effective)

given a paper copy to keep. A review of data showed that for 2015, 18% of these admissions had been deemed as avoidable, for 2016 only 4% of these admissions had been deemed avoidable.

- As part of a CCG initiative, the practice had introduced the palliative care 'Gold Standards Framework'. As part of this, they had completed work to increase the identification of patients on their palliative care register over the last 12 months. This had resulted in an increase from 9.5% to 44% of patients on this register because of a diagnosis other than cancer. This encouraged the discussion about all patients requiring end of life care at the monthly multi-disciplinary team (MDT) meetings.

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 their capacity and, recorded the outcome of the assessment.
- All new patients were given information on how the practice uses their personal information.

Supporting patients to live healthier lives

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

- This included patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet and smoking cessation.
- The practice's website provided a good range of health information and details of support services available for patients. There was a facility to translate the contents into many languages.
- Information such as NHS patient information leaflets was available in the practice's waiting area.

The practice's uptake for the cervical screening programme was 84.4%, which was above the local average of 82.4% and national average of 81.4%. The practice encouraged their patients to attend national screening programmes for bowel and breast cancer screening. For example, each month the practice wrote to patients who had not responded to invitations for cervical, breast and bowel cancer screening tests to remind them of the importance of the test.

Practice childhood immunisation rates were above national averages. The practice had scored 9.7/10 compared with the national average score of 9.1/10 in respect of the vaccinations given to two year olds.

Patients had access to appropriate health assessments and checks. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.



Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

Feedback from patients and carers we spoke to was continually positive about the way that staff treated people. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We saw a strong patient-centred culture. We heard of many examples where staff had gone the extra mile, for example delivering prescriptions when patients were unable to collect prescriptions, seeing patients outside normal clinical session times and taking steps to ensure vulnerable patients, such as patients with learning disabilities, had continuity of care.

From discussions with the clinical staff, we heard of good examples of patient focused care and staff were able to describe examples of good quality patient centred care. As part of a local cluster of practices funding had been allocated to local projects that focused on social inclusion and support for carers. For example, this funding supported a food club for carers; the practice had received positive feedback from the food club on the impact of the food club on carers confidence on supporting the nutritional needs of the person they cared for.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- On the day of the inspection, we saw that staff were caring and that they treated the patients with respect.

Patients were very complimentary about the practice, the staff who worked there and the quality of service and care provided. We reviewed 42 CQC comment cards that patients had completed. All of these were very positive about the standard of care received. Many of the cards were also very positive about the staff at the practice; they were described as helpful, polite and excellent. Several cards mentioned that the practice was caring.

Results from the National GP Patient Survey, published in July 2016, showed patients were very satisfied with how they were treated and that this was with compassion, dignity and respect. Of those who responded:

- 99% said they had confidence and trust in the last GP they saw or spoke to (clinical commissioning group (CCG) average 96%, national average 95%).
- 99% said the GP they saw or spoke to was good at listening to them (CCG average 91%, national average 89%).
- 98% said the GP they saw or spoke to gave them enough time (CCG average 90%, national average 87%).
- 98% said the last GP they saw or spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 98% had confidence or trust in the last nurse they saw or spoke to (CCG average 98%, national average 97%).
- 94% said the last nurse they saw or spoke to was good at listening to them (CCG average 93%, national average 91%).
- 91% of respondents said they would recommend this surgery to someone new to the area (CCG average 80%, national average 78%).

The practice gathered patients' views on the service through the national friends and family test (FFT). (The FFT is a tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience that can be used to improve services. It is a continuous feedback loop between patients and practices). Data from the most recent Friends and Family Survey carried out by the practice, from September 2016 to November 2016, showed that, from 20 respondents, 100% of patients said they would be extremely likely or likely to recommend the service to family and friends.

Care planning and involvement in decisions about care and treatment

Staff were fully committed to working in partnership with people. 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.



Are services caring?

Results from the National GP Patient Survey, published in July 2016, showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Of those who responded:

- 94% said the last GP they saw was good at explaining tests and treatments (CCG average of 88%, national average of 86%).
- 96% said the last GP they saw was good at involving them in decisions about their care (CCG average 85%, national average 82%).
- 88% said the last nurse they saw was good at explaining tests and treatments (CCG average 92%, national average 90%).
- 88% said the last nurse they saw was good at involving them in decisions about their care (CCG average 88%, national average 85%).

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

- Translation services were available for patients who did not have English as a first language. One of the GP's at the practice spoke Hindi, Urdu and Punjabi.
- A hearing loop was available for patients who were hard of hearing.
- Information for patients about the services offered by the practice was available; they provided this information on the practice's website, patient leaflets and in folders in the waiting area that ensured patients could find information on sensitive issues without being overlooked by other patients.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice website also provided a wide range of health advice and information.

The practice had reviewed their patient list to ensure that carers had been correctly identified. They had also worked with a local carer's organisation to improve the support they offered to carers. An additional 20 carers had been identified during this process. The practice's computer system alerted GPs if a patient was also a carer. The practice had links to support organisations and referred patients when appropriate. The practice had now identified 49 of their patients as being a carer (1.3% of the practice patient population). Seventy- one percent of carers on this register had an influenza immunisation completed in the last year.

A 'carers corner' was available in a quiet waiting area, information to support carers was displayed in this area. One of the members of the administration team and the health care assistant were carer's champions and wrote to all carers detailing the support and advice they could offer. If a carer found it difficult to deal with support organisations the carers champion would contact the organisation on their behalf. The practice planned to introduce carer's health check in the near future.

Staff told us that if families had suffered bereavement, the practice contacted them by letter, this included information on bereavement support services. The practice would then offer support in line with the patient's wishes.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of their local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified.

The practice was aware of the needs of their practice population and provided services that reflected their needs. We found that:

- When a patient had more than one health condition that required regular reviews, they were able to have all the healthcare checks they needed completed at one appointment if they wanted to.
- The practice held regular clinics to provide childhood immunisations.
- There were longer appointments available for patients with a learning disability, patients with long term conditions, those requiring the use of an interpreter or when requested.
- Home visits were available for older patients and patients who would benefit from these.
- Patients told us that routine and urgent appointments were available when required.
- Patients were able to receive travel vaccinations that were available on the NHS.
- Smoking cessation support and dietary advice was provided by the practice.
- There were disabled facilities, a portable hearing loop and translation services were available.
- Patients could order repeat prescriptions and book GP appointments on-line.
- The practice provided contraceptive and sexual health advice to patients.
- Additional services such as joint injections and minor surgery were available at the practice.
- All patients over the age of 75, who were not on a chronic disease register, were offered an annual health check with a nurse. Since this was introduced in 2016, 49 patients had attended for a health check.
- Patients could self-refer to a counsellor who provided services at the practice.
- A local support organisation for people with a learning disability had visited to the practice and completed a Health Quality Checkers report in January 2016. Following this, the practice introduced 'easy read' letters

and new health related information that ensured patients could understand the tests and treatment they were offered. The practice also introduced an 'easy read' version of the complaints policy, which was available in the waiting area.

- The practice website enabled patients to complete online asthma, depression and alcohol questionnaires. Submitted questionnaires were reviewed by a clinician.
- The practice ensured young people were aware of what the practice could offer and their rights regarding access and consent. The practice wrote to all patients over the age of 16 with information on the services it offered for young people.
- One of the GP's at the practice delivered education sessions twice a year. These sessions were open to anyone who wished to attend and not restricted to patients. Topics covered included mental health, prostate awareness and in December 2016 an open session for anyone who was experiencing loneliness at Christmas. The practice consulted with their patient participation group on possible topics.

Access to the service

Appointments were available at Regent Medical Centre at the following times:

- Monday to Friday 8:10am to 12:30pm and 2:30pm to 6:10pm
- Extended hours appointments with a GP or nurse were available from 6:30pm to 7:30pm each Monday.

Results from the National GP Patient Survey, published in July 2016, showed that patients' satisfaction with how they could access care and treatment was above local and national averages. Of those who responded:

- 88% of patients were satisfied with the practice's opening hours (CCG average 81%, national average of 76%).
- 96% patients said they could get through easily to the surgery by phone (CCG average 79%, national average 73%).
- 86% patients said they were able to get an appointment or speak to someone last time they tried (CCG and national average 85%).
- 82% feel they normally don't have to wait too long to be seen (CCG average 60%, national average 58%).

Are services responsive to people's needs?

(for example, to feedback?)

- 87% describe their experience of making an appointment as good (CCG average 76%, national average 73%).

Patients told us they were able to get appointments when they needed them. 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.

This was done by gathering information from the patient when they called to request a home visit or an urgent appointment. A GP reviewed all relevant information and ensured an appointment was allocated when needed.

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.

We also spoke with two patients during the inspection; including one who was a member of the patient participation group. Eight patients also completed questionnaires on the day of the inspection. They told us that routine and urgent appointments were available when required.

Listening and learning from concerns and complaints

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

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice had an 'easy read' version of the complaints policy, which was available in the waiting area.
- The practice manager was the designated responsible person who handled all complaints in the practice; GPs provided clinical oversight when required.
- We saw that information was available to help patients understand the complaints system. Information was on display in the reception area, in the practice leaflet and on the practice website. The practice completed an annual review of their complaints to understand if any themes could be seen, this was shared with staff

We looked at one of the three complaints received in the last 12 months and found that these were dealt with in a timely way and with openness and transparency. Lessons were learnt from concerns and complaints, and action was taken as a result to improve the quality of care. We saw that the letter sent to the patient did not include information on actions the patient could take if they were unhappy with the practice's response to their complaint. The practice told us that they would include this information in any future written responses to complainants

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

- The practice aims and values included, 'to treat all patients and staff with dignity, respect and honesty in an environment which is accessible, safe and friendly' and to provide an effective clinical governance framework to allow us to continually learn and improve our services.'
- In March 2016, the practice had completed an organisational SWOT (strengths, weaknesses, opportunities, threats) analysis to aid the development of the practice's vision and the organisational plan for the practice.
- The practice's vision consisted of four key principles. They were:
 - The provision of high quality compassionate primary care medical services for all members of the community.
 - Provide a good in and out of hours care experience for patients, carers and families, through co-ordination and collaboration across care boundaries.
 - Promote great use of information and technology to improve health care and encourage community self-sufficiency.
 - Create a safe environment for our workforce, trained to the correct skill levels, and allow them to deliver their roles effectively and with compassion.
- All of the staff we spoke to were very aware of the practice's vision and spoke positively of being involved in its development and review.
- On the day of the inspection, we saw evidence of a strong patient centred culture. For example, the practice had reviewed its patient list to ensure they were aware of the specific needs of their population, for example, they had looked at disease prevalence, ethnicity and the age range of their patients.

Governance arrangements

The practice had an overarching governance framework, which supported the delivery of their strategy and good quality care. This outlined the structures and procedures staff had put in place to achieve this.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. GPs, the nurse and the practice manager held lead roles in key areas, for example, in safeguarding and the Quality and Outcomes Framework (QOF). The management of the practice had a comprehensive understanding of the performance of the practice and their practice population.
- Practice specific policies were implemented and were available to all staff.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. Quality improvement work was focused on the most vulnerable patients at the practice.
- The practice was aware of the need to ensure they had plans in place to manage future staff changes and they reviewed the staffing levels at the practice on a regular basis.

Leadership and culture

On the day of the inspection, 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.

The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents. (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).

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

- The practice held regular meetings. Staff we spoke with told us that communication at the practice worked well and they were made aware of changes that were made.
- Practice specific policies were implemented and these were easily accessible to staff. Policies were regularly reviewed and updated.
- Staff told us there was an open culture within the practice and, they had the opportunity to raise any issues, felt confident in doing so and were supported if they did.

Are services well-led?

Good 

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

- Staff said they felt respected, valued and supported by the partners, the practice manager, and their own teams. During the inspection, we saw that staff and the management of the practice had strong working relationships.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- There were high levels of staff satisfaction. Staff were proud of the practice as a place to work and spoke highly of the culture. There were high levels of staff engagement and staff at all levels were encouraged to raise concerns.

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

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

The practice had gathered feedback from patients through their patient participation group (PPG), surveys and complaints received. We found that:

- The practice had an active patient participation group that included some additional virtual members who did not attend meetings but responded to surveys and requests for information. They told us that the practice was responsive to suggestions made and supported the work of the group.
- The practice had reviewed the feedback they received from patients via the National GP Patient Survey, the

friends and family test, their suggestion boxes and patient's surveys. They had responded to issues raised. For example, they had audited the length of their consultation times to ensure GP's had given sufficient time to patients and provided customer care training for reception staff.

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

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and was planning effectively to develop the practice. The leadership drove continuous improvement and was driven by the values of the practice. There was a clear proactive approach to seeking and embedding new ways of providing care and treatment.

For example:

- Practice goals had been linked to their vision and four key principles. In order to achieve these the practice had introduced evening appointments with GPs and nurses, set up a monthly GP meeting, updated their practice website to include additional health promotion information (including web-based patient health questionnaires), introduced an e-learning system and supported staff development. New goals had been set for 2016/2017 and progress had been made in achieving these.