Francis Grove Surgery

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Outstanding
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Francis Grove Surgery on 19 November 2015. 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 an effective system in place for reporting and recording significant events.
- 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.
- The practice worked to improve patient outcomes, including with other local providers to share best practice. For example, the practice nurses recruited patients for research studies and actively took part in carrying out research.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients said they found it easy to make an appointment with a named GP and that 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. Information about how to complain was available and easy to understand.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet people's needs. For example, with local dementia services.
- 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.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.

We saw several areas of outstanding practice including:

Summary of findings

- As well as providing the anticoagulation clinic in-house, the practice nurses undertook home visits to provide this service to their known housebound patients, allowing for continuity of care. The practice had gathered patient satisfaction information for the anticoagulation service annually to ensure it was continuing to meet patients' needs. We were shown evidence of surveys for the last two years.
- The majority of the practice population were of working-age. The practice had implemented a well-women's drop in service once weekly for cervical screening, chlamydia screening, family planning advice and immunisations for pregnant women. This had been running for four years. Following feedback gathered from patients using the drop in service, the practice offered more extended hours sessions for those of working-age with the practice nursing team, to improve access to these services. Patients were very positive about this service that was offered by the practice.
- The practice promoted a local dementia hub and had close links with this service. The practice nursing team organised a dementia open day in May 2015 during Alzheimer's awareness week, specifically for dementia sufferers and carers. The Patient Participation Group (PPG) also assisted with arrangements for a Saturday flu drop in clinic in September 2015, where representatives from the dementia hub and older people's services were invited to provide information and support to patients and carers.

However there were areas of practice where the provider should make improvements:

- Ensure that all clinical staff are trained to the required level for safeguarding children.
- Ensure that the reasons for changes made to practice systems are clearly communicated to all staff and ensure that non-clinical staff are given enough time in staff meetings to provide suggestions and feedback.

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?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice; however we found that the reasons for action were not always communicated to non-clinical staff.
- When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions 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 people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Our findings at inspection showed 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.
- We also saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients.
- Data showed that most patient outcomes were at or above average for the locality.
- Clinical audits demonstrated quality improvement.
- The practice worked to improve patient outcomes and working with other local providers to share best practice, as they recruited patients to take part in research and the practice nurses were involved in carrying out research with their patients.
- 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 multidisciplinary teams to understand and meet the range and complexity of people's needs. Patients at risk were monitored effectively.

Summary of findings

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for several aspects of care.
- 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Outstanding

The practice is rated as outstanding for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet people's needs. For example with local dementia services.
- There were innovative approaches to providing integrated person-centred care, for example providing a dementia awareness day with advanced care planning discussion with practice nurses.
- The practice had tailored its service to meet the needs of its population, for example by providing a Women's drop in clinic for family planning advice, cervical screening and chlamydia screening.
- The practice provided an in-house anti-coagulation service for practice patients but additionally the practice nurses provided a home visiting anticoagulation clinic so there was continuity of care for their known housebound patients.
- The practice had set up a pregnancy pathway information pack and this was sent to all newly expectant mothers.
- The practice had gathered feedback from patients to ensure the services they provided were meeting patient needs; for the anticoagulation clinic, the Women's drop in service and the dementia open day.
- Patients said they found it easy to make an appointment with a named GP and that 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. They were able to offer translation services for those with speech and hearing difficulties as well as those with language barriers.

Summary of findings

- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders. Verbal and written complaints were analysed and used to learn and improve.

Are services well-led?

Good

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

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. However, not all staff were clear about the vision for the practice.
- There was a clear 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 and all clinical staff were invited to attend these.
- 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 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.
- Non-clinical staff received monthly meetings, however there was not always enough time for them to make suggestions during staff meetings.
- The practice proactively sought feedback from patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice completed health checks for those aged over 75 and had undertaken an audit to ensure those most at risk had their health checks completed as a priority.
- Those most at risk were on the practice's avoiding unplanned admissions register.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had run a Saturday flu clinic to promote uptake of the flu vaccination for the over 65s and this was promoted via the practice newsletter and on the website.

People with long term conditions

Outstanding

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice had a register of those with two or more long term conditions in addition to the avoiding unplanned admissions register.
- The practice monitored patients against a higher target than the national Quality and Outcomes Framework (QOF) target, to ensure they were reviewing more patients with the potential for uncontrolled diabetes. Some patients with uncontrolled diabetes were reviewed every two months. Data showed that 81% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the Clinical Commissioning Group (CCG) average of 73% and the national average of 78%. The number of patients who had received an annual review for diabetes was 95% which was above the CCG average of 89% and national average of 88%.
- Longer appointments and home visits were available when needed, including practice nurses undertaking home visits to patients requiring anticoagulation services who were known patients on the practice's housebound patient list.

Summary of findings

- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver multidisciplinary care.

Families, children and young people

Good

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 were at risk, for example, children and young people who had a high number of A&E attendances. The practice also had a sub-register of children at risk.
- Immunisation rates were mixed for standard childhood immunisations. The practice were in line with Clinical Commissioning Group (CCG) average for the five in one vaccine; however they were the lowest performing in the CCG area for the pre-school booster. The practice had worked to address this by sending pre-booked appointments and robust re-call processes were in place.
- The practice supported pregnant mothers by sending them a pregnancy information leaflet which included details of their pregnancy pathway and information about recommended immunisations and dietary advice.
- 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.
- We saw good examples of joint working with midwives, health visitors and school nurses.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

Good

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. For example, the practice offered a Women's drop in service once weekly for cervical screening, chlamydia screening, pregnancy immunisations and family

Summary of findings

planning services. The practice had gathered patient feedback about this service to ensure it was meeting their needs. Cervical screening rates were 83% for 2014/15 which was in line with local and national averages.

- The practice nurses took part in the 'Pace Up' research trial to improve the physical activity of those aged 45-74 and patients responded positively about being involved in this.
- The practice offered extended hours services two evenings and two mornings per week with GPs and also with practice nurses to provide access to those who were unable to attend the drop in clinic.
- The practice was proactive in offering online services and an online patient newsletter as well as a full range of other health promotion and screening that reflected the needs for this age group.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- It offered longer appointments for people with a learning disability and had completed 88% of annual reviews for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- 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.

People experiencing poor mental health (including people with dementia)

Good

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

- 96% of practice patients with severe mental health needs had received an annual review and care plan in the last 12 months which was above Clinical Commissioning Group (CCG) and national averages.

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- 76% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months which was lower than Clinical Commissioning Group (CCG) and national averages.
- The practice nurses carried out advance care planning for patients with dementia and had started to include those with dementia on the national Co-ordinate My Care (CMC) register so that advanced decisions would be able to be seen by other health services.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- 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 people with mental health needs and dementia. The practice had close links with a local dementia hub and had invited support workers from the hub to speak with patients during the Saturday flu clinic and a dementia open day at the practice in May 2015.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015. The results showed the practice was performing above and in line with local and national averages. In total, 341 survey forms were distributed and 128 were returned. This was a response rate of 37.5%.

- 90% describe the overall experience as good compared with a Clinical Commissioning Group (CCG) average of 79% and a national average of 85%.
- 69% find it easy to get through to this surgery by phone compared with a CCG average of 60% and a national average of 73%.
- 91% find the receptionists at this surgery helpful compared with a CCG average of 84% and a national average of 87%.
- 53% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 50% and a national average of 60%.
- 92% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 81% and a national average of 85%.
- 91% say the last appointment they got was convenient compared with a CCG average of 88% and a national average of 92%.
- 71% describe their experience of making an appointment as good compared with a CCG average of 66% and a national average of 73%.
- 58% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 55% and a national average of 65%.
- 56% feel they don't normally have to wait too long to be seen compared with a CCG average of 47% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 34 comment cards which were all highly positive about the standard of care received. Patients reported that the reception staff were courteous, welcoming and helpful, GPs were patient and took the time to listen to them and the nursing staff provided an excellent service.

We spoke with 11 patients during the inspection and two member of the Patient Participation Group (PPG). All 13 patients said that they were happy with the care they received and thought that staff were approachable, committed and caring.

Francis Grove 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, a second CQC inspector, a practice manager specialist advisor and an Expert by Experience.

Background to Francis Grove Surgery

Francis Grove Surgery provides primary medical services in Wimbledon to approximately 11800 patients and is one of 24 practices in Merton Clinical Commissioning Group (CCG). The practice population is in the least deprived decile in England.

The practice population has a lower than CCG and national average representation of income deprived children and older people. The practice population of children, older people and those of working age are in line with local and national averages. Of patients registered with the practice, 57% are White British and Mixed British and 27% are Pakistani or British Pakistani.

The practice operates from purpose-built premises over two floors. All patient facilities are wheelchair accessible and there is a lift access to the first floor. The practice has access to six doctors' consultation rooms on the ground floor and four nurses' consultation rooms and a treatment room on the first floor. The practice team at the surgery is made up of two full time male lead GPs who are partners, two part time female GPs who are partners, two part time female salaried GPs, one part time female locum GP, two full time female practice nurses, one part time female health care assistant and a temporary part time respiratory nurse. The practice team also consists of a practice manager, an assistant practice manager, four administrative staff and nine reception staff members.

The practice operates under a Personal Medical Services (PMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). The practice provides teaching to final year medical students.

The practice reception and telephone lines are open from 8am to 6.30pm Monday to Friday. Appointments are available between 8am and 1pm every morning and 3.30pm and 6pm every afternoon. Extended hours surgeries are offered with both GPs and practice nurses from 6.30pm to 7.30pm on Monday and Wednesday and 7.15am and 8am on Tuesday and Thursday.

The practice has opted out of providing out-of-hours (OOH) services to their own patients between 6.30pm and 8am and directs patients to the out-of-hours provider for Merton CCG.

The practice is registered as a partnership with the Care Quality Commission to provide the regulated activities of diagnostic and screening services and treatment of disease, disorder or injury. A fourth partner was applying to be added to the partnership at the time of the inspection. The practice were not registered to provide the regulated activities of maternity and midwifery services and family planning services as per the CQC (Registration) Regulations 2009 at the time of the inspection but an application has since been submitted.

Detailed findings

Why we carried out this inspection

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

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

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 19 November 2015.During our visit we:

- Spoke with a range of staff including seven reception and administrative staff, the practice manager, four GPs, two practice nurses and the health care assistant and we spoke with 11 patients who used the service and two members of the practice's Patient Participation Group (PPG).
- Observed how people were being cared for and talked with carers and/or family members.
- Reviewed the personal care or treatment records of patients.
- Reviewed 34 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 are provided for specific groups of people and what good care looks 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.

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events and outcomes were recorded on a detailed significant events form for each incident.
- Actions following incidents were shared with all staff during clinical meetings and practice manager meetings with non-clinical staff, however the lessons learnt and reasons for any changes made were not always made clear to non-clinical staff. For example, changes were made to the system for the summarising and filing of medical records. Staff were aware of these changes, however not all staff were aware of the original incident where medical records had been misplaced that had triggered the improvements made.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. There was evidence that action was taken to improve safety in the practice. For example, the practice's clinical system went down for an entire day due to network issues. The practice manager became aware of the incident immediately. The practice implemented their Business Continuity Plan; including working with a list of appointments and recording consultation notes on paper. Following this incident it was decided that a nominated person (Practice Manager or Assistant Practice Manager) should take a key role in managing similar situations in the future. This incident was discussed as part of information governance training for staff. A step by step procedure was developed and this was kept in a central location for reference if similar situations occurred in the future. The business continuity plan was amended and updated following this incident.

When there were unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology; and were told about any actions to improve processes to prevent the same thing happening again. We were shown an example of a complaint where the practice had conducted a significant event analysis following this.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse, which included:

- 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 who to contact for further guidance if staff had concerns about a patient's welfare including the local authority Safeguarding team. There was a lead member of clinical staff for both adult and child safeguarding. The practice held a register of patients on the child protection register. The practice also maintained a sub-register which included those where children who were at risk and were shown examples where the practice had flagged potential risks with the health visiting team. The practice also held a register of flagged adults at risk. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. There was evidence of good communication links with social services as they attended most of the monthly integrated meetings where at risk patients were discussed. All staff demonstrated they understood their responsibilities in relation to safeguarding and all had received training relevant to their role. All nurses had received safeguarding children's training to at least level 2; most GPs were trained to level 3 however one GP was trained to Safeguarding children level 2. All clinical staff and some non-clinical staff had also received training in safeguarding vulnerable adults.
- A notice in the waiting room and in consulting rooms advised patients that a member of 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 check (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.) It was practice policy that the nursing staff acted as chaperones; however some non-clinical staff were to be trained.

Good

Are services safe?

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Monthly cleaning audits had been carried out and we saw that areas of improvement identified from these had been actioned. A practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control policy and supporting procedures in place with clear information for staff to refer to. Staff had received training from the practice nurse as part of the induction, appropriate to their role. Monthly and annual infection control audits were undertaken by the practice nurse and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice had a system in place to monitor the use of emergency drugs. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice regularly accessed NHS England site to update any new guidance on PGDs.
- We reviewed four personnel files and found that 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 checks through the Disclosure and Barring Service. The practice employed locums when required however they did not always gain full assurances that the appropriate recruitment checks had been obtained by the agency. On the inspection day the practice put processes in place to improve this.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- 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 in the reception office. The practice had up to date health and safety risk assessments, fire risk assessments and carried out regular fire drills and most staff had received fire training. Actions from the risk assessments had been completed. The practice had an incident this year where the fire alarm was triggered due to a fault and the building was evacuated as a result of this; we saw evidence of this incident in the practice. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and Legionella, although evidence of the Legionella risk assessment was not available at the time of the inspection as this was kept by the owner of the premises. The practice carried out regular water testing.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Fire extinguishers were checked annually.
- 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 and the practice had an effective system in place to monitor clinical and non-clinical staff.

Arrangements to deal with emergencies and major incidents

The practice had adequate 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 which alerted staff to any emergency. In addition to this, there were panic buttons in all treatment rooms and at the reception desk which were tested regularly to ensure they were in good working order.
- All clinical staff and most non-clinical staff received annual basic life support training, however some new members of non-clinical staff recruited in the last six months had not received this. We saw that training had been booked for December 2015.
- There were appropriate emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.

Good

Are services safe?

Adult defibrillator pads were available and the practice ordered paediatric defibrillator pads immediately following the inspection. However, the practice did not have a system in place to monitor the oxygen cylinders. There was also a first aid kit and accident book available.

- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage which had been updated following an incident in the last 12 months relating to the computer systems. The plan included emergency contact numbers for staff and details the procedure if there was a staff shortage. A hard copy of the plan was kept off-site for access in the event of an emergency situation.

Good

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 peoples' needs. The practice had access to NICE guidance and local guidance via a recently established Clinical Commissioning Group (CCG) system to assist clinical decision making. One of the GPs had been actively involved in creating the cardiology clinical pathway for this system. The CCG lead GP fed back to all clinical staff where local guidance had changed following CCG meetings.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- From 10 medical records we reviewed, the practice was found to be following best practice guidance, for example for osteoporosis. There was evidence from medical records that complex patients' needs were managed in-house with specialist consultant advice from a local hospital, to maintain continuity of care for patients.
- The practice nurses also shared best practice during regular nursing meetings, for example in relation to wound care.

The practice nurses had identified roles for leading in long-term conditions such as diabetes, dementia and Chronic Obstructive Pulmonary Disease (COPD). Patients' needs were effectively assessed with the use of annual review templates and care plans where relevant. Care plans we viewed included those for patients most at risk of admission to hospital, care plans for those with two or more long-term conditions and care plans to support patients over the age of 75s, which included cognitive screening. We were shown how the practice nurses had adapted the care plan template for avoiding unplanned admissions to include more detail such as a named care co-ordinator and recent hospital specialist involvement. The practice nurses had discussed this in a clinical meeting to ensure that clinicians felt it was meeting the needs of patients.

The practice also actively used advanced care planning for patients with dementia, which were carried out by GPs or practice nurses. From medical records were saw, appropriate advanced decisions had been discussed and documented. There was evidence from all care plans we viewed that they were individualised and patient-centred. Patients were given a copy of their care plans.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 97.7% of the total number of points available, with 9.8% clinical exception reporting. The previous year, 2013/14 the practice had achieved 93.8% with 9.6% clinical exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets.

Data from 2014/15 showed:

- Performance for diabetes related indicators was above local and national averages. For example, 81% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the Clinical Commissioning Group (CCG) average of 73% and the national average of 78%. The number of patients who had received an annual review for diabetes was 95% which was above the CCG average of 89% and national average of 88%. The practice monitored patients against a higher target than the national QOF target, to ensure they were reviewing more patients with the potential for uncontrolled diabetes. The practice provided evidence that they undertook a review of some diabetic patients every 6 months and other patients who required more complex management were reviewed every two months by the practice nurses. Diabetic patients received a copy of their care plans, which were tailored specifically to diabetic patients, in line with guidance.

Good

Are services effective?

(for example, treatment is effective)

- The percentage of patients over 75 with a fragility fracture who were on the appropriate bone sparing medication was 100%, which was above national average of 92%.
- The percentage of patients with atrial fibrillation treated with anticoagulation or antiplatelet therapy was 100%, which was above the national average of 98%.
- Performance for mental health related indicators was above the CCG and national averages; 96% of patients had received an annual review in compared with CCG average of 92% and national average of 88%.
- The number of patients with dementia who had received annual reviews was 76% which was lower than the CCG and national average of 84%. The practice had worked to improve this via close links with the local dementia hub and reviews with practice nurses.
- The number of patients with Chronic Obstructive Pulmonary Disease (COPD) who had received annual reviews was 93% compared with CCG average of 93% and national average of 90%.

The practice had also monitored patients on other practice registers and completed annual reviews, health checks and care plans for these patients.

For example:

- The practice had care plans for the most at risk patients on the avoiding unplanned admissions register. The practice provided next day telephone consultations when any of these patients had been discharged from hospital, where appropriate. Each patient was allocated a care co-ordinator as well as a named GP.
- The practice had taken part in a CCG initiative to identify patients with two or more long term conditions, who were included on a register in the practice and patients were able to receive a care plan.
- The practice completed over 75s checks including cognitive screening. The practice had undertaken an audit of patients on the over 75 register, the avoiding unplanned admissions (AUA) register and those on the two or more long-term conditions (LTC) register to identify those most at risk who had not yet received an over 75s health check. An action plan was completed to invite these patients for a health check as a priority.
- The practice took part in advanced care planning for patients and utilised a care register for those at the end of life. All patients with advanced care plans were included on this national palliative care register and the practice had identified 15 patients, including eight with dementia.
- The practice provided an anticoagulation clinic in-house, and additionally monitored their known patients on the housebound register by providing anticoagulation home visits with the practice nurses.

Clinical audits demonstrated quality improvement:

- There had been two clinical audits undertaken in the last two years; both of these were completed audits where the improvements made were implemented and monitored.
- For example, an audit was undertaken of two week cancer referrals to check the efficiency of the two week cancer referral pathway. From the first cycle only 74% of referrals were made on the same day resulting in 68% of patients being seen in secondary care within the two week target. In the second audit, 96% of referrals were made on the same day and 90% of patients were seen within two weeks.
- Another comprehensive clinical audit that was undertaken was an audit of the combined use of cholesterol and blood pressure medicinesin line with prescribing guidance. The practice identified 28 patients requiring a medicine review so they were invited to the practice and switched to more appropriate medicines and guidance was given to clinicians. The re-audit in 2015 showed that four patients required a medicines review, which demonstrated an improvement in patient outcomes.
- The practice had acted on a patient safety alert and National Institute for Health and Care Excellence (NICE) guidance for the safe use of anticoagulation therapy. They had audited their current anticoagulation procedures annually, using a national patient safety alert audit template and checklist, which included a review of clinical incidents in relation to anticoagulation and a review of at risk patients, from reviewing blood test results. We were shown the 2015 audit.

The practice participated in benchmarking with the CCG to monitor performance and improve outcomes for patients and the practice nurses actively took part in a number of research projects in relation to primary care research.

Good

Are services effective?

(for example, treatment is effective)

Effective staffing

- The practice had an induction policy and folder and induction checklists were present in most newly recruited staff files. Non-clinical staff reported they had experienced a thorough induction programme that covered such topics as basic life support, safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Induction arrangements included training to use the practice computer systems effectively.
- Clinical and non-clinical staff received training that included: safeguarding children and adults, fire procedures, basic life support and information governance awareness. Clinical staff had training in the Mental Capacity Act 2005. Staff had access to and made use of e-learning training modules and in-house training. We were shown that all staff were in the process of completing information governance e-learning modules.
- Role-specific update training for clinicians included training for anticoagulation, diabetes, COPD, smoking cessation, cervical screening and immunisations. The practice had wide skill mix to ensure effective staffing amongst clinical staff. The practice supported staff with training such as the Care Certificate for the health care assistant.
- Staff personnel and training records were logged, to enable the practice to monitor staff training effectively and the practice were in the process of developing a training plan.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. All staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on-going support during sessions, appraisals, clinical supervision and facilitation and support for the revalidation of doctors. The practice nurses and GPs frequently supported each other day to day to discuss clinical issues and peer support was available during clinical meetings and practice nurse meetings. The practice nurses also attended the local practice nurse forum. All staff had received appraisals annually.
- The practice was a teaching practice for medical students. The practice had taught 35 students within the last year.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.

The practice shared relevant information with other services in a timely way, for example when referring people to other services.

The practice had started to use the national Co-ordinate My Care (CMC) register so that patients with advanced decisions with dementia as well as those who were on the palliative care register were on this. This ensured that advanced decisions information would be accessible to out of hours services, ambulance services and accident and emergency (A&E) departments.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. The practice had good systems in place to ensure that test results were dealt with quickly.

We saw evidence that multi-disciplinary team meetings with practice nurses and doctors, practice manager, district nurses, social services and the palliative care team took place on a monthly basis and that care plans were routinely reviewed and updated. At the monthly meeting, the practice reviewed patients on the practice's palliative register, patients on the gold standards framework sub-register, recent accident and emergency (A&E) attendees on the practice's avoiding unplanned admissions register, adults and children at risk and other at risk patients known to community nursing and social services teams. The practice kept comprehensive minutes of discussions and actions due. The practice had weekly clinical meeting discussions and the practice nurses met every two months to discuss patients. The practice also met with the community learning disabilities lead nurse and met monthly with the local mental health team.

Consent to care and treatment

Good

Are services effective?

(for example, treatment is effective)

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, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.
- There was evidence of consent recorded on joint care plans with patients.

Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation, those over 75 and those with a learning disability. Patients were then signposted to the relevant service.
- A healthy lifestyle advisory service was available on the premises once weekly, which included obesity management, alcohol advice and smoking cessation advice. Clinicians also provided lifestyle advice opportunistically. The practice had performed above the local CCG average of 45% for their smoking cessation success rate, achieving 55% of their target.
- The practice hosted a psychological therapy service once weekly.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme and recalled patients where they had not attended or where the results were inadequate. The practice's uptake for the cervical screening programme was 83% for 2014/15, which was comparable to the CCG average of 83% and the national average of 82%. There was a policy to offer telephone and letter reminders for patients who did not attend for their cervical screening test. To promote uptake, the practice had offered a Women's drop in clinic once weekly and had gathered patient feedback to ensure this service was valued by patients. The practice also promoted chlamydia screening during the Women's drop in service.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice had achieved 56% in April 2015, which was the second highest in the CCG area.

Childhood immunisation rates for the vaccinations given were mixed. Some rates were above, below or in line with CCG averages for 2014/15. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 81% to 96% and five year olds from 41% to 87%. Benchmarking data for 2014/15 showed that the practice were in line with CCG average for the five in one vaccine for those under 12 months, achieving 95%.The practice were the lowest performing in the CCG for the pre-school booster, achieving 40% compared with CCG average of 63%. The practice had identified this issue and reported it was due to coding issues on the patient record system. The practice promoted all childhood immunisations by sending out appointment times for immunisations and monitoring those who missed appointments. In 2013 the practice trialled a system of sending pre-booked appointments to those aged 1yr and 3yrs 4 months to increase attendance. A questionnaire was provided to gain feedback about the baby clinic. The practice found that 84% of preferred the pre-booked appointment option out of 49 responses. The practice also promoted uptake by sending a congratulations letter after a new birth.

Flu vaccination rates for the over 65s were 78% which was above national average, and flu immunisation rates for at risk groups was 54% for 2013/14 which was in line with the national average. Patients with diabetes who had received the flu vaccination was at 97% for 2014/15 which was above the CCG average of 90% and the national average of 94%. The practice had worked to promote the uptake of flu immunisations by providing Saturday flu clinics and these had been promoted in the practice newsletter and on the website.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

Good

Are services effective?

(for example, treatment is effective)

NHS health checks for people aged 40–74. The practice had completed 88% of annual health checks for their 25 patients with a learning disability in 2014/15. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a confidential room to discuss their needs. During our inspection we saw that a patient was taken into a confidential room to address their needs.

All CQC comment cards we received were positive about the service experienced. Many patients made comments about individual doctors and nurses which were all positive. We spoke to 11 patients who felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We spoke with two members of the Patient Participation Group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with doctors and nurses. Data showed:

- 89% said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 86% and national average of 89%.
- 85% said the GP gave them enough time compared to the CCG average of 82% and national average of 87%.
- 98% said they had confidence and trust in the last GP they saw compared to the CCG average 95% and the national average 95%.
- 90% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% and the national average of 85%.
- 99% said they had confidence and trust in the last nurse they saw compared with the CCG average of 96% and the national average of 97%.
- 87% said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 87% and the national average of 90%.
- 91% said they found the receptionists at the practice helpful compared with the CCG average of 87% and the national average of 84%.

Care planning and involvement in decisions about care and treatment

Patients told us that 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 on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 87% said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 83% and national average of 86%.
- 85% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and national average of 81%.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

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.

Good

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 12% of patients on the practice list as carers which the practice felt was under-represented, however they were promoting this via the use of leaflets in the waiting area and also via the most recent practice Newsletter. The practice manager was the carers lead for the practice who engaged with local carer support services where required. Written information was available to direct carers to the various avenues of support available to them locally. The practice also had close links with a local dementia hub and had invited carers to speak to a support worker from the hub during Alzheimer's awareness week.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs or by giving them advice on how to find a support service. All staff in the practice were informed where there was a bereavement. The practice provided information for a local bereavement service who provided information, guidance and support. A patient we spoke with told us that the practice had provided excellent support to them and their family after suffering a bereavement.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

One of the partners attended the local Clinical Commissioning Group (CCG) meetings and CCG lead meetings on a regular basis. The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, practice patients had access to the local healthy living advisory service that took place once a week in the surgery. The practice had taken part in a local CCG pilot initiative for Winter 2014/15 to provide improved emergency access to appointments for children, to reduce Accident and Emergency (A&E) attendances. The practice also provided an anticoagulation clinic in-house for practice patients on a weekly basis and were signed up to a CCG enhanced service to initiate warfarin for patients with atrial fibrillation. This was part of the 'near patient testing' pilot to reduce attendances in hospitals and A&E. The practice were also signed up to the local enhanced service to provide a health check for the over 75s, where patients were able to have a review with a GP and practice nurse.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. There was evidence that people's needs and preferences were integral to how services were planned. For example:

- The practice offered extended hours on a Monday, Tuesday and Wednesday evening from 6.30pm until 8pm and Saturday from 9.30am to 12.30pm which suited working patients who could not attend during normal opening hours.
- Urgent access appointments were available daily with each GP for all children, older patients, those at risk of admission to hospital and those with serious medical conditions.
- There were longer appointments available for patients who needed extra support such as people requiring translation, people with dementia and those with a learning disability.
- Home visits were available for older patients and housebound patients who would benefit from these. The practice had a system to ensure that home visits were shared between all GPs, so that the duty GP would have more availability for emergencies.
- The practice was able to register homeless patients and temporary patients.
- All staff were aware of the most vulnerable and at-risk patients registered with the practice. The practice held a register of those on child protection plans, a sub-register of other vulnerable children, vulnerable adults, housebound patients and those at risk of unplanned admissions to hospital.
- As well as providing the anticoagulation clinic in-house, the practice nurses undertook home visits to provide this service to their known housebound patients, allowing for continuity of care. The practice had offered this home visiting anticoagulation service for the last five years. The practice had gathered patient satisfaction information for the anticoagulation service annually to ensure it was continuing to meet patients' needs. We were shown evidence of surveys for the last two years. For 2015, 23 out of 24 patients found this service either convenient or very convenient and 100% of patients reported that they wished the service to continue at the GP surgery.
- The majority of the practice population were of working-age. Twenty eight per cent of the practice population were women between the ages of 20 and 50 years. The practice had implemented a well women's drop in service once weekly for cervical screening, chlamydia screening and family planning advice and this had been running for four years. Following feedback gathered from patients using the drop in service, the practice offered more extended hours sessions for those of working-age with the practice nursing team, to improve access to these services. Patients were very positive about this service that was offered by the practice. From 70 responses received, 99% found the time of the clinic either very good or good; 100% found ease of booking good or very good and 100% found the waiting time acceptable.
- To support the high pregnancy rate, the practice offered shared care pre-natal services and hosted a midwifery service every week. The practice supported pregnant mothers by sending them a pregnancy information leaflet which included details of their pregnancy pathway and information about recommended immunisations and dietary advice.
- The practice were able to provide a full range of family planning services with the GPs.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

- The practice promoted a local dementia hub and had close links with this service. In conjunction with the Patient Participation Group (PPG), the practice arranged a trip to the local dementia hub for dementia sufferers and carers. The PPG also assisted with arrangements for a Saturday flu drop in clinic in September 2015, where local dementia services and older people's support services were also invited to provide information and support to patients and carers.
- The practice nursing team organised the dementia open day in May 2015 during Alzheimer's awareness week, specifically for dementia sufferers and carers. Dementia information packs were given out to appropriate patients prior to the day, which included advanced decision making information. On the day, a support worker from a local dementia hub were available to provide advice to carers and improve awareness of the hub and nursing staff provided a consultation to discuss advanced care planning with patients and carers. Seven patients and their carers attended and each were provided with a 40 minute appointment with the practice nurses. Two carers specifically attended to seek advice from the dementia hub support worker. Feedback forms were obtained from 6 patients and carers and all patients felt that the appointment for advanced care planning was beneficial.
- The practice promoted a range of external services via information leaflets and posters such as a stroke exercise class, a social support group for those with hearing impairments, mental health support and local hospital clinics for HIV and sexual health. There was a blood pressure testing machine in the waiting area and the results could be put in a box on the reception desk.
- There were baby changing facilities and disabled facilities. The practice had a lift installed to enable access to both floors. The practice had access to a hearing loop, telephone translation services and a text-phone translation service for those with hearing or speaking impairments and they advertised these in the waiting area.
- The practice proactively engaged with research to improve patients' outcomes. They took part in the 'Pace Up' trial to increase walking in 45-74 year olds in line with recommended guidance for physical activity. Patients were seen by the practice nurses and provided with a pedometer, diary, guidelines and tailored practice nurse support and they were one of two practices in the CCG taking part in this trial. For Francis Grove Surgery, 66 patients returned an experience questionnaire 83% reported they felt listened to and understood by the practice nurses.

Access to the service

The practice reception and telephone lines were open from 8am to 6.30pm Monday to Friday. Appointments were available between 8am and 1pm every morning and 3.30pm and 6pm every afternoon. Extended hours surgeries were offered with both the GPs and practice nurses from 6.30pm to 7.30pm on Monday and Wednesday and 7.15am to 8am on Tuesday and Thursday. In addition to pre-bookable appointments that could be booked up to two months in advance, same day and emergency appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages:

- 66% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 70% and national average of 75%.
- 69% patients said they could get through easily to the surgery by phone compared to the CCG average of 60% and national average of 73%.
- 71% describe their experience of making an appointment as good compared with a CCG average of 66% and a national average of 73%.
- 91% say the last appointment they got was convenient compared with a CCG average of 88% and a national average of 92%.
- 58% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 55% and a national average of 65%.
- 53% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 50% and a national average of 60%.

Most people told us on the day that they were able to get appointments when they needed them, however some patients we spoke with reported that there was a long wait for pre-bookable appointments as they had to book two to three weeks ahead. Some patients also reported appointments could be delayed for more than 30 minutes.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

However, patients were very positive about being able to access emergency appointments, especially for children. We were told by patients that children were booked with their named GP where possible for continuity of care. A number of patients were also positive about the Women's drop in clinic, which was being held on the day of our inspection. Feedback from comment cards was aligned with all these views.

Listening and learning from concerns and complaints

The practice had an effective 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 such as posters in the waiting area and information on the website including the practice's complaints information leaflet.
- The practice recorded a log of all verbal and written complaints to enable them to identify themes and to make improvements. Complaints were reviewed annually by the practice manager and the partners.

We looked at 8 written complaints received in the last 12 months and that these were satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, following a complaint about not being able to obtain an electronic prescription urgently from a chemist, the practice agreed that all patients requiring urgent medicines would be given a physical prescription to prevent any future delays in treatment. This change in practice procedure was shared with all staff. The practice also used verbal complaints to improve services, for example, following a verbal complaint about an invitation letter for a review with a practice nurse, the patient had been given the wrong information prior to the appointment. The practice manager discussed this with the practice nurse and altered the patient invitation letter to present the information in a clearer manner. The practice also reviewed comments on NHS choices and had contacted a patient directly after a comments was made about a missed diagnoses. The practice investigated this and logged it as a complaint.

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 had a mission statement, however not all staff knew and understood this.
- The practice had a practice report with an outline of objectives for this coming year and a discussion of the vision for the practice including becoming a training practice and being part of the local GP federation.

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 in place:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff in folders or on the shared drive.
- The practice had robust information governance policies and procedures in place.
- There was comprehensive understanding of the performance of the practice and one of the GPs was the Clinical Commissioning Group lead. There was evidence that benchmarking information was used routinely when monitoring practice performance.
- Governance meetings took place monthly during the partnership meeting between the practice manager, partners and the lead nurse. All clinicians were invited to attend these meetings so staff were integrated into the business and this took place after the practice was closed to enable all staff to attend.
- There was a programme of continuous clinical and internal audit used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions including reviews of complaints and significant events. Infection control audits took place monthly and annually.

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. There was a clear leadership structure in place and staff felt supported by management.

- Staff told us that the practice held regular team meetings and comprehensive minutes were kept. Reception and administration meetings took place monthly with the practice manager and lead nurse, however staff felt there was not always enough time to provide suggestions and feedback during these meetings.
- There was evidence that changes in systems and processes were shared with staff, but they were not always made aware that the changes had been implemented as a result of complaints and significant events.
- Most staff said they felt respected, valued and supported, particularly by the partners in the practice and the practice encouraged all members of staff to identify opportunities to improve the service delivered during appraisals.
- The practice produced a monthly newsletter for staff, with details of meetings, annual leave and other events.

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

When there were unexpected or unintended safety incidents:

- The practice gives affected people reasonable support, truthful information and a verbal and written apology;
- They kept written records of verbal interactions as well as written correspondence.

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

Are services well-led?

Good

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

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

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG of 16 members, which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. The chair of PPG had arranged numerous speakers from health organisations and NHS trusts, for example to discuss referral pathways. The practice had implemented improvements from PPG surveys, for example, from the latest survey in 2015 about improving communication, the practice had improved the information available in the waiting areas. Past improvements included changes to the telephone system as the number of lines was increased, the publication of the practice newsletter, and the provision of an online comments facility and comments box in the waiting area.
- The PPG had also been actively involved with arranging a trip to the dementia hub for patients and carers, and in the running of the dementia open day and Saturday flu clinic where they also raised money for a cancer charity.
- The practice had also gathered feedback from patients on specific services that the practice provided, including the anticoagulation clinic, the women's drop in service and the baby clinic. Following the Women's drop in clinic survey, the practice improved access to the practice nurses by providing more extended hours.
- The practice had also gathered feedback from staff through appraisals and generally through staff meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- The practice had gathered NHS Friends and Family Test (FFT) data and the majority of patients recommended or highly recommended the practice.

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 part of local pilot schemes to improve outcomes for patients in the area, for example near patient testing to reduce admissions to hospital and providing anticoagulation services to patients at the practice.

The practice nurses had worked innovatively, offering advanced care planning for dementia patients during the dementia open day and the practice nurses actively took part in research trials, recruiting patients from the practice. The practice promoted these via the patient newsletter and on the website.

The nurses recruited patients to take part in research studies and the nursing team actively participated in reseach in the practice. One of the nurses had shared the practice's experience of research and the benefits to their patients of taking part, at a research network talk for patients in the South London region.