Sandy Lane Surgery

Quality Report

Sandy Lane
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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?	Good
Are services well-led?	Outstanding

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Sandy Lane Surgery on 1 November 2016. 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. The practice carried out a thorough analysis of the significant events and scheduled all actions taken as a result of events for further review.
- Learning points from significant events were shared both internally and externally to improve patient safety.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The practice followed comprehensive protocols that defined how changes to NICE guidelines and patient safety alerts should be managed.
- 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. Improvements were made to the quality of care as a result of complaints and concerns.
- 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.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw several areas of outstanding practice:

Summary of findings

- The practice had run patient health awareness days. As a result of a recent dementia awareness event, the practice had improved communication with patients suffering from dementia and their carers. They had undertaken a care review for every patient on the practice register.
- The practice had introduced home visiting for patients with learning disabilities to conduct health reviews when necessary. Staff had trained in accessible information standards and each patient's preferred methods of communication were recorded on these patients' records.
- The practice had introduced Sunday opening for patients who could not attend during normal opening hours as well as Saturday opening.

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.
- The practice carried out a thorough analysis of the significant events and scheduled all actions taken as a result of events for further review. Significant events were recorded on the practice shared computer system for all staff and learning points from significant events were shared both internally and externally to improve patient safety.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were 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 patients 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.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance. The practice had comprehensive protocols that defined how changes to NICE guidelines and patient safety alerts should be managed, which it followed.
- Clinical audits demonstrated quality improvement. We saw that audits were comprehensive, relevant and subject to re-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?

Good

The practice is rated as good for providing caring services.

Summary of findings

- Data from the national GP patient survey showed patients rated the practice in line with others for most aspects of care. For example, 85% of patients said that the GP was good at treating them with care and concern, the same as the national average.
- 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. Staff had trained in accessible information standards and used this training to speak to patients and record how they wished information to be communicated to them.
- We saw staff treated patients with kindness and respect and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good 

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice had extended its opening hours to improve access for working age patients.
- 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. From the national patient survey, 93% of patients said that they could get an appointment compared to 85% nationally.
- The practice had good facilities and was well equipped to treat patients and meet their needs. They had invested in a major refurbishment of the patient areas of the practice.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Outstanding 

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.

Summary of findings

- The practice had a sound business strategy and supporting business plans which reflected the vision and values and were regularly monitored. The practice had produced a summary of its goals and objectives up to the year 2018 with a supporting action plan.
- 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.
- 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. There were sound systems in place to review all actions implemented following significant events, audits, complaints and changes in clinical practice. Audits were re-audited in a timely manner following changes.The practice also carried out regular audits of data quality.
- The practice liaised with other practices and agencies in the neighbourhood to shape services and improve communication. They shared education meetings with neighbouring practices and were about to start a forum for local practices to share learning from significant events, changes in clinical practice, complaints and audits.
- The practice was a teaching practice for GPs in training. They also provided training for those GPs who needed extension training to help them to achieve qualification. They had successfully provided this extension training to five GPs.
- 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken. They were open in their discussions with the patient participation group (PPG).
- The practice had initiated patient health awareness events outside of normal practice opening hours.
- The practice proactively sought feedback from staff and patients, which it acted on. The PPG was active and assisted in the running of health awareness days. There was evidence that staff suggestions were discussed and implemented and evidence of improvements following this.
- There was a strong focus on continuous learning and improvement at all levels. The practice nurses and GPs participated in research and used findings and education to inform clinical practice.

Summary of findings

- The practice was planning to start a local forum to share learning from audit, significant events, complaints and changes in clinical practice with other local practices.
- There was a proactive approach to developing new ways of providing care and treatment. They had developed the skill mix at the practice and delegated roles and responsibilities to staff, supported by mentoring and training where appropriate. This had made better use of resources and increased staff job satisfaction.
- The practice had acknowledged that patients with learning disabilities sometimes found it difficult to attend the practice and had introduced a new home visiting service.
- The practice continually strove to improve services. In order to increase patient access to the practice they had introduced Sunday opening for patients who could not attend during normal opening hours as well as Saturday opening.

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 was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice carried out home visits for the annual review of all housebound and nursing home patients who had not been seen for review.
- Patients at risk of unplanned admission to hospital had an agreed recorded care plan in place to support them and their carers to take appropriate action when the patient's health needs deteriorated.Care plans were reviewed regularly by the care co-ordinator.
- The practice contacted those vulnerable elderly patients when they were discharged from hospital after an unplanned admission and arranged for any necessary support.

People with long term conditions

Good

The practice is rated as good 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.
- Performance for diabetes related indicators was higher than the national average. For example, blood measurements for diabetic patients showed that 87% of patients had well controlled blood sugar levels compared with the CCG average of 82% and national average of 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had identified that some patients who had more than one long term condition were attending the practice for

multiple health assessments. They streamlined appointments so that patients only needed to attend one appointment to address all of the health needs at once. This saved the patient time and was a more efficient use of staff time.
- A podiatrist visited the practice twice a month to provide foot checks for diabetic patients.
- The practice provided a blood monitoring service for patients who were taking blood-thinning medications for heart conditions.

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. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 81%, which was comparable to the local average of 84% and the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses. The practice sent congratulations letters to new mothers and invited them to make the appropriate post-natal appointments with the practice. They followed up patients who did not respond.

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.

Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. They offered online access that included access to patient records and a comprehensive text messaging service.
- The practice offered a 'Commuter's Clinic' on a Saturday morning and three Sundays in the month for working patients who could not attend during normal opening hours.

People whose circumstances may make them vulnerable

Outstanding

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability. The practice had increased the list of identified patients from 17 in 2014/15 to 41 in 2015/16. They also offered home visits to these patients so that every patient could be offered a face-to-face annual health review. There was one member of staff with responsibility for communication with patients with learning difficulties and every patient's preferred method of communication was recorded on their record. At the time of our inspection, there were 57 patients on the register.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access 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.
- The GPs provided weekly "ward rounds" to the local rehabilitation unit. This helped to prevent patient acute episodes of illness and enabled better communication with the unit .
- A clinic for patients who had a history of drug or alcohol misuse was offered by the practice on the premises, run by a GP and a member of the community team
- A national charitable organisation provided camouflage clinics at the practice as needed. This enabled patients with scars or other disfiguring skin conditions to cover them and increase self-confidence.
- The local hospice visited the practice monthly to provide palliative care support services to patients.

Summary of findings

- The practice had appointed two members of staff as cancer champions. These staff attended local ink meetings and provided the practice with ideas to encourage patients to attend cancer screening programmes and to provide signposting for patients to other services.
- The practice gave the surgery ex-directory number to vulnerable patients to give them more direct access.

People experiencing poor mental health (including people with dementia)

Outstanding 

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

- 100% of patients diagnosed with dementia had their care reviewed in a face-to-face review compared to the CCG average of 91% and national average of 84%. Exception reporting for patients with dementia was zero.
- Practice staff had undertaken training in dementia awareness and had become dementia friends. The practice held a dementia awareness event and invited patients and a number of support organisations. Staff attended to carry out mental health assessments if needed and GPs were available for patient consultation.
- The practice allocated a dedicated staff member as the first point of contact for these patients and offered face-to-face annual reviews.
- Performance for mental health related indicators was higher than the local and national averages. For example, 94% of people experiencing poor mental health had a comprehensive, agreed care plan documented in the record compared to the CCG average of 92% and national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice 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.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing generally in line with local and national averages. A total of 257 survey forms were distributed and 112 were returned (44%). This represented nearly 1% of the practice's patient list.

- 65% of patients found it easy to get through to this practice by phone compared to the local average of 71% and the national average of 73%.
- 93% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 88% and the national average of 85%.
- 81% of patients described the overall experience of this GP practice as good compared to the local average of 89% and the national average of 85%.
- 79% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 81% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 21 comment cards which were all positive about the standard of care received although one card criticised the attitude of some of the staff. Patients wrote that staff were caring, supportive and proactive in giving the correct care and treatment. They indicated that it was an excellent service that was always helpful and efficient.

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Based on 449 responses to the Friends and Family Test (FFT) for the practice, we saw that 391 patients (87%) were either extremely likely or likely to recommend the practice to others.

Outstanding practice

We saw several areas of outstanding practice:

- The practice had run patient health awareness days. As a result of a recent dementia awareness event, the practice had improved communication with patients suffering from dementia and their carers. They had undertaken a care review for every patient on the practice register.
- The practice had introduced home visiting for patients with learning disabilities to conduct health reviews when necessary. Staff had trained in accessible information standards and each patient's preferred methods of communication were recorded on these patients' records.
- The practice had introduced Sunday opening for patients who could not attend during normal opening hours as well as Saturday opening.

Sandy Lane Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Sandy Lane Surgery

Sandy Lane Surgery is situated on Sandy Lane in the Leyland area of Preston at PR25 2EB serving a mainly urban population. The building is a purpose-built health centre which has been extended over the years. It consists of two floors and all patient facilities are located on the ground floor. The practice provides level access for patients to the building with disabled facilities available and part of the reception desk has been lowered to facilitate wheelchair access.

There is limited parking provided for patients in the practice car park and the practice is close to public transport.

The practice is part of the Chorley with South Ribble Clinical Commissioning Group (CCG) and services are provided under a Personal Medical Services Contract (PMS) with NHS England.

There are two male and three female GP partners and three female salaried GPs assisted by four practice nurses and two healthcare assistants. A practice manager, deputy practice manager, office manager and 17 additional administrative and reception staff also support the practice along with two medicines co-ordinators who are employed by the practice and funded by the CCG. The practice is a teaching practice for GPs in training and also conducts research.

The practice is open from Monday to Friday from 8am to 6pm and extended hours are offered on Saturday from 8.45am to 11.45am for pre-booked appointments and on every second, third and fourth Sunday of the month from 9am to 3pm for pre-booked and urgent appointments. Appointments are offered from 8am to 11am and from 1.30pm to 5.40pm on weekdays and from 8.50am to 11am on Saturdays and from 9am to 11.20am and 12noon to 2.10pm on Sundays. When the practice is closed, patients are able to access out of hours services offered locally by the provider Chorley Medics by telephoning 111.

The practice provides services to 11,517 patients. There are higher numbers of patients aged over 55 years of age (32%) than the national average (28%) and fewer numbers of patients aged between 10 and 30 years of age (22%) than the national average (25%).

Information published by Public Health England rates the level of deprivation within the practice population group as seven on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Both male and female life expectancy is the same as the national average, 83 years for females and 79 years for males.

The practice has a lower proportion of patients experiencing a long-standing health condition than average practices (53% compared to the national average of 54%). The proportion of patients who are in paid work or full time education is higher (64%) than the local and national average of 62% and the proportion of patients with an employment status of unemployed is 1% which is lower than the local average of 3% and the national average of 5%.

Detailed findings

Why we carried out this inspection

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

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 1 November 2016. During our visit we:

- Spoke with a range of staff including four GPs, one GP in training, one practice nurse, one healthcare assistant and six members of the practice administration team.
- Spoke with six patients who used the service including two members of the practice patient participation group.
- Observed how staff interacted with patients and talked with family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people 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 managers of any incidents and there was a recording form available on the practice's computer system which the staff members completed themselves. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice had a low threshold for recording events and had recorded 27 significant events in the year before the inspection.
- 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 apology and were told about any actions to improve processes to prevent the same thing happening again. We saw evidence of an incident where the practice had contacted a patient to offer an apology when the patient had already considered the incident closed.
- The practice carried out a thorough analysis of the significant events. All events were scheduled for general discussion at practice meetings and actions taken as a result of events were scheduled for further review. Significant events were recorded on the practice shared computer system for all staff and learning points from significant events were shared internally. The practice shared learning from incidents externally with other local providers at shared education events. In addition, they used a national reporting system to record significant events more widely. The practice was about to start a forum for local practices to share all learning from significant events, changes in clinical practice, complaints, audits and other areas of quality improvement.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. The practice had a policy for dealing with patient safety alerts and all actions taken as a result of these were shared, discussed and documented. Patient safety alerts were kept on the practice shared computer system for a minimum of six months. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, as a result of a needle-stick injury sustained by a staff member, the practice made smaller desk-top bins available for the disposal of used needles.

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, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. The practice had initiated a regular monthly meeting between the health visitor and the practice safeguarding lead following a significant event and also held quarterly safeguarding meetings with relevant community healthcare professionals to discuss safeguarding issues and complex patients.
- The practice had undertaken a self-assessment exercise to monitor that their safeguarding arrangements in the practice were sound.
- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and practice nurses were trained to child protection or child safeguarding level three.
- Notices in all clinical rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Staff trained using online training which was followed up by face-to-face training with a GP.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses 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 protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

- 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). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. 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. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the practice nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the GPs for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed five 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 checks through the Disclosure and Barring Service.

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 which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment 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).
- The practice carried out regular spot checks to assess staff knowledge of information governance and confidentiality issues to ensure that patient information was kept safely and to identify any potential areas of staff training.
- 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 enough staff were on duty.

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.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice kept a "red flag" protocol on the practice shared computer system to help staff identify when a patient needed urgent medical attention.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

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. The practice had a protocol that defined how changes to NICE guidelines should be managed. It allowed for changes to be circulated to all clinicians and allocated to one specific clinician to summarise them and present the summary at a practice meeting for discussion. We saw evidence of this process in relation to changes in the management of patients with atrial fibrillation (a heart condition).
- Staff had access to NICE guidelines and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. All changes in practice relating to guideline changes were audited after an appropriate period of time had elapsed to ensure compliance.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available. Exception reporting was 14.8% which was higher than the local clinical commissioning group (CCG) level of 10.7% and national average of 9.8%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). We saw that the practice system for exception reporting patients was clinically sound and based on good evidence. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was higher than the national average. For example, blood measurements for diabetic patients showed that 87% of patients had well controlled blood sugar levels compared with the CCG average of 82% and national average of 78%. Also, the percentage of patients with blood pressure readings within recommended levels (140/80 mmHG or less) was 83% compared to the CCG average of 79% and national average of 78%.
- Performance for mental health related indicators was higher than the local and national averages. For example, 94% of people experiencing poor mental health had a comprehensive, agreed care plan documented in the record compared to the CCG average of 92% and national average of 89%. Also, 100% of patients diagnosed with dementia had their care reviewed in a face-to-face review compared to the CCG average of 91% and national average of 84%. Exception reporting for patients with dementia was zero.

The practice had identified that some patients who had more than one long term condition were attending the practice for multiple health assessments. They worked on streamlining appointments so that patients only needed to attend one appointment to address all of the health needs at once. This saved the patient time and was a more efficient use of staff time.

There was evidence of quality improvement including clinical audit.

- There had been a number of clinical audits completed in the last two years and the majority of these were completed audits where the improvements made were implemented and monitored. A file of audits was kept on the practice shared computer system. Audit priority topics were identified from NICE guideline changes such as changes in the management of patients with type two diabetes, those women experiencing the menopause, those patients with suspected cancer and other current topics. The practice also carried out regular audits of data quality.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. Knowledge gained from the use of research was used to inform patient care and treatment. Clinical staff

Good

Are services effective?

(for example, treatment is effective)

participated in regional audit, for example we saw evidence of practice nurse participation in the North West area audit to assess the prescribing of the contraceptive pill for women over 35 years of age.
- Findings were used by the practice to improve services. For example, recent action taken resulted in the better identification of patients in need of palliative care.

Information about patients' outcomes was used to make improvements such as the effective prescribing of anticoagulant (blood thinning) medication for patients with atrial fibrillation (a heart condition).

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. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. All clinical staff had trained in the Mental Capacity Act and the Deprivation of Liberty Standards in order to care appropriately for vulnerable patients. Most of the practice staff had undertaken training in dementia awareness and how to be dementia patient friendly.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings. Practice nurses attended monthly CCG practice nurse meetings and local practice nurse forums.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules, external and in-house training.

Coordinating patient care and information sharing

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

- This included care and 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 and with other health and social care professionals 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, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a quarterly basis when care plans were routinely reviewed and updated for patients with complex needs. The practice contacted all vulnerable patients who had an unplanned admission to hospital when they were discharged and arranged for further care if necessary. Care plans for these patients were regularly reviewed by the practice care-co-ordinator.

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.

Good

Are services effective?

(for example, treatment is effective)

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and patients experiencing drug abuse. Patients were signposted to the relevant service.
- A clinic for patients who had a history of drug or alcohol misuse was offered by the practice on the premises, run by a GP and a member of the community team.
- Smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 84% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems 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.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. They displayed posters in the patient waiting area and in the patient toilets. Figures for attendance at these programmes showed that 72% of patients invited to attend breast screening had attended, compared to the CCG average of 71% and the national average of 72% and for those attending for bowel screening, figures indicated that 61% had attended compared to 59% for the CCG and 58% nationally.

Childhood immunisation rates for the vaccinations given were generally higher than the CCG average. For example, childhood immunisation rates for the vaccinations given to one year olds ranged from 98% to 99% compared to the CCG averages of 97% to 98% and for five year olds from 95% to 99% compared to the CCG averages of 90% to 99%.

The practice ran annual "awareness days" on a Saturday afternoon when the practice was usually not open. In order to support patients with dementia and their carers, the practice held a dementia day event in October 2015 and invited patients and a number of support organisations. Staff attended to carry out mental health assessments if needed and GPs were available for patient consultation if requested. The practice allocated a dedicated staff member as the first point of contact for these patients and offered face-to-face annual reviews. Staff had trained in dementia awareness and became dementia friends. As a result of this, the practice provided reviews for 100% of patients with dementia with no exceptions. (At the time of our inspection, there were 84 patients diagnosed with dementia.) The practice then ran a men's health day in July 2016 that had been very well attended.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Moveable screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. The practice played music in the waiting area to help to make conversations at the reception desk more discreet.

All of the 21 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect although one card did mention the poor attitude of some staff members.

We spoke with two members of the patient participation group (PPG). 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 generally comparable for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 85% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 85%.
- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 97% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 97% and the national average of 97%.
- 78% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

The practice reviewed the results of the GP patient survey and noted the poor response to the helpfulness of receptionists. They arranged for the office manager to audit calls made to reception on a weekly basis. She listened to telephone conversations to check that customer care was appropriate and reviewed logs of telephone calls to ensure that patients were not waiting too long for their call to be answered. Administration staff were also trained in customer care.

Care planning and involvement in decisions about care and treatment

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

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 generally in line with local and national averages. For example:

- 78% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 82%.

Good

Are services caring?

- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 85%.

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

- The practice had very few patients who did not have English as a first language but staff told us that translation services were available for these patients.
- Information leaflets were available in easy read format.
- The practice had access to a signing service for any patients with hearing difficulties.
- Staff had trained in accessible information standards and ensured that patient preferred methods of communication were recorded on patients' notes where appropriate.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 110 patients as carers (1% of the practice list). New patients who identified themselves as carers were given carers' support information. The practice was aware that this figure was comparatively low and planned to run a Carers' Day at the practice in the new year to encourage patients to identify themselves as carers to the practice and to raise awareness. Written information was available to direct carers to the various avenues of support available to them and all carers were invited to have a 'flu vaccination.

Staff told us that if families had suffered bereavement, their usual GP sent them a letter offering support. This could then be followed by a patient consultation at a flexible time and location to meet the family's needs. The practice also notified the hospital, the out of hours service and the pharmacy and also sent an internal email to staff to prevent further communication going to the deceased patient.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice had been one of the first in the area to set up a clinic for diabetic patients before the CCG had provided funding for this.

- The practice offered a 'Commuter's Clinic' on a Saturday morning and three Sundays in the month for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability. The practice had worked to ensure that all patients with learning difficulties were appropriately identified and had increased the list of patients from 17 in 2014/15 to 41 in 2015/16. They also offered home visits to these patients so that every patient could be offered a face-to-face annual health review. There was one member of staff with responsibility for communication with patients with learning difficulties and every patient's preferred method of communication was recorded on their record. At the time of our inspection, there were 57 patients on the register.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. This included annual reviews for all housebound and nursing home patients.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- A midwife team was based at the practice and provided clinics every week and clinics for baby vaccinations and immunisations were held weekly. The practice sent congratulations letters to new mothers and invited them to make the appropriate post-natal appointments with the practice. The practice followed up patients who did not respond.
- A podiatrist visited the practice twice a month to provide foot checks for diabetic patients.
- The practice provided a blood monitoring service for patients who were taking blood-thinning medications for heart conditions.
- A national charitable organisation provided camouflage clinics at the practice as needed. This enabled patients with scars or other disfiguring skin conditions to cover them and increase self-confidence.
- The local hospice visited the practice monthly to provide palliative care services.
- A phlebotomist provided clinics to take patient bloods three times a week.
- A physiotherapist attended four times a week to provide physiotherapy services for patients.
- The retinopathy screening service visited five days each month to provide eye screening for diabetic patients.
- The practice had appointed two members of staff as cancer champions. These staff attended local link meetings and provided the practice with ideas to encourage patients to attend cancer screening programmes and to provide signposting for patients to other services.
- The practice offered a minor surgery clinic to patients on the premises.
- The GPs provided weekly "ward rounds" to the local rehabilitation unit where there were 20 patient beds. This helped to prevent patient acute episodes of illness and enabled better communication with the unit.

Access to the service

The practice was open from Monday to Friday from 8am to 6pm and extended hours were offered on Saturday from 8.45am to 11.45am for pre-booked appointments and on every second, third and fourth Sunday of the month from 9am to 3pm for pre-booked and urgent appointments. Appointments were from 8am to 11am and from 1.30pm to 5.40pm on weekdays and from 8.50am to 11am on Saturdays and from 9am to 11.20am and 12noon to 2.10pm on Sundays. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them. The practice also offered telephone appointments and online access to appointment booking. There were two levels of patient online access to the service, level one for booking appointments, requesting repeat prescriptions, access to vaccination, immunisation and allergy information and receiving and sending messages and level

Good

Are services responsive to people's needs?

(for example, to feedback?)

two for additional access including test results, problems, letters and consultations. At the time of the inspection, there were 2,210 patients with level one access and 398 patients with level two access. Patients could apply for level two access after being registered for level one access for six months.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was lower than local and national averages.

- 68% of patients were satisfied with the practice's opening hours compared to the national average of 76%.
- 65% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

The practice told us that they had considered these results and said that the Sunday opening had only started towards the end of the survey period so they hoped that this would improve patient satisfaction with practice opening hours. The practice telephone system was also relatively new. The practice office manager reviewed all telephone logs on a daily basis to ensure that no patient was waiting any considerable length of time for their call to be answered. We were shown logs that indicated that the majority of calls were answered quickly and the maximum wait at a very busy period was seven minutes. At the suggestion of a staff member, receptionists not answering telephones could look at any calls waiting on an ongoing basis and answer calls if needed. The office manager also assessed appointment availability daily and adjusted appointments as needed to give better access to patients. People told us on the day of the inspection that they were able to get appointments when they needed them. We saw that the next available routine appointment with a GP was in two days' time.

The practice used a text messaging system to remind patients about their appointments, to communicate any need to contact the practice, to inform patients of any health campaigns, to give normal test results, to collect patient information such as their smoking status and to ask them for feedback using the Friends and Family Test (FFT).

The practice gave the surgery ex-directory number to vulnerable patients, nursing homes, the ambulance service, social services, and community health visiting and district nursing teams to give more direct access.

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.

Patient requests for home visits were listed on the practice computer system and before 11.30am the duty doctor assessed the urgency of need, contacting the patient first before a visit was arranged for another GP. After 11.30am, requests for visits were listed and assessed as before and the duty doctor visited the patient. 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.

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 and there was a complaints leaflet available in reception.

We looked at 13 complaints received in the last 12 months and found they had been dealt with in a timely way and with openness and honesty. Both written and verbal complaints were recorded. Lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care. For example, the practice introduced complex case discussions into their meetings in response to a complaint that concerned the way that the practice had handled a patient diagnosis of cancer. They also agreed to designate complex case care to the same two GPs whenever possible to co-ordinate continuity of care. Another example of changes made as a result of patient complaints was the introduction of a monitoring system by the office manager who used recordings of conversations with patients to assess whether staff had given good customer care or whether further training was indicated.

The practice contacted all patients who left a compliment to thank them.

Are services well-led?

Outstanding ☆

(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 and staff knew and understood the values. This statement was "to achieve high quality care with compassion and dignity".
- The practice had a sound business strategy and supporting business plans which reflected the vision and values and were regularly monitored. The practice had produced a summary of its goals and objectives up to the year 2018. This summary detailed the tasks, responsible staff, methods of measurement and completion dates for the identified objectives. The practice then produced an action plan for each year that gave further detail of its goals and how they could be achieved.

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 and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. There were very sound roles and responsibilities defined and we saw pride in ownership of these responsibilities when we interviewed staff. Staff were supported in these roles with training and mentorship.
- Practice specific policies were implemented and were available to all staff. There was regular review of these to ensure that they were current.
- A comprehensive understanding of the performance of the practice was maintained. The practice used benchmarking software to make comparisons with other local practices. There was a comprehensive schedule of meetings with ongoing discussion of practice performance. Information from these meetings was documented and shared throughout the practice on the practice shared computer system.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. The programme was identified by attention to NICE guideline changes such as changes in the management of patients with type two diabetes, those women experiencing the menopause, those patients with suspected cancer and also other clinically relevant topics. The practice also carried out regular audits of data quality.
- Actions taken that were identified by outcomes of significant events, patient complaints, audits, changes to clinical practice and other learning points were scheduled for discussion and then further review in a timely manner.
- The managers in the practice met daily to discuss any issues relevant to that day and to agree any actions needed.
- The practice liaised with other practices and agencies in the neighbourhood to shape services and improve communication. They shared education meetings with neighbouring practices and planned to start a forum for local practices to share learning from significant events, changes in clinical practice, complaints, audits and other areas of quality improvement .
- There were comprehensive arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

The practice was a teaching practice for GPs in training. They also provided training for those GPs who needed extension training to help them to achieve qualification. They had successfully provided this extension training to five GPs who were subsequently able to practice as GPs in the local area. We saw evidence of positive feedback from GPs who had trained in the practice.

The practice had encouraged progression of staff through the practice and a GP trainee had become a salaried GP at the practice and a salaried GP had become a partner. There was a very low turnover of staff and some had worked at the practice for over 20 years.

The practice had arranged for remote working for GPs so that they could update the patient clinical record system

Are services well-led?

Outstanding ☆

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

wherever they were working. This meant that, for example, GPs could record details of patient home visits and any medications issued on the computer patient record system in a timely way without the need to return to the practice.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support and training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings. We saw a comprehensive meeting structure that included all staff in the practice. Minutes of meetings were shared with all staff on the practice computer system.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. The practice used clinical commissioning group (CCG)-backed education sessions to conduct team building exercises with staff.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. We saw evidence that many suggested improvements had been adopted, for example:
  - The streamlining of health checks for patients with long term conditions.
  - Using two practice nurses in baby clinics instead of one .
  - Using CDs to return patient records when patients left the practice.
  - The monitoring of patient calls waiting by reception staff.
- The staff member responsible for information management and technology (IMT) in the practice had suggested many software systems that the practice had adopted. GPs were able to work away from the practice by having remote access to the practice clinical system.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG was a virtual group of more than 80 members. They were invited to comment on suggested patient surveys and submitted proposals for improvements to the practice management team. For example, as a result of a recent survey, the practice increased the use of patient online access to the practice and to patient records and increased the use of the patient text messaging service. Members of the PPG also helped on the practice awareness days. The members of the PPG who we spoke to told us that these days had been very successful and that they had had many positive comments from patients who attended.
- The practice encouraged patients to complete the Friends and Family Test (FFT) on their website, in the practice and using the patient text messaging system. They published the results of this on the practice website and shared it internally with all staff.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. We saw many examples of where staff suggestions had been adopted by the practice. A staff member had initiated the practice text messaging system. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice

Are services well-led?

Outstanding ☆

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

team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice was currently discussing the formation of a federation of practices in the local area. They had also invested in a major refurbishment of the patient areas of the practice.

The practice had been the first in the area to initiate patient awareness days to improve communication and care for patients. They organised these for times when the practice was not usually open. Patient attendance at these events was excellent and this had been recognised by other local services who also attended. They had run a men's health event and a dementia awareness event and were planning a carers' event in the new year.

The GPs and practice nurses participated in research and used findings and education to inform practice.

The practice was planning to start a local forum to share learning from audit, significant events, complaints, clinical practice changes and other quality improvements with other local practices.

There was a proactive approach to developing new ways of providing care and treatment. This was clearly evident in the practice business plan to develop the skill mix at the practice and to delegate roles and responsibilities to staff, supported by protocols, mentoring and training where appropriate. We saw high levels of staff job satisfaction as a result of this and staff told us that they were proud of their work and felt constructively engaged in service improvement and delivery. Management told us that in implementing this, they had seen a better use of resources; efficiency was improved and senior staff had more time to devote to managerial issues.

The practice had acknowledged that patients with learning disabilities sometimes found it difficult to attend the practice and had introduced a new home visiting service.

The practice continually strove to improve services. In order to increase patient access to the practice they had introduced Sunday opening for patients who could not attend during normal opening hours as well as Saturday opening.