# Glenroyd Medical

## Quality Report

Moor Park Health and Leisure Centre
Blackpool
Lancashire
FY2 0JG
Tel: 01253 957623
Website: www.glenroydmedical.co.uk

Date of inspection visit: 14 June 2016
Date of publication: 19/07/2016

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 | Outstanding ☆ |
| Are services safe? | Good ● |
| Are services effective? | Good ● |
| Are services caring? | Good ● |
| Are services responsive to people's needs? | Outstanding ☆ |
| 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 Glenroyd Medical on 14 June 2016. Overall the practice is rated as outstanding.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- Feedback from patients about their care was consistently positive.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, they had initiated, piloted and developed a project to give same day access to community matron assessment services.
- Opportunities for service development were identified and positively supported, for example in the provision of a pulmonary rehabilitation service.
- 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 (PPG).
- The practice had worked on identifying patients with possible underlying chronic disease who had not previously been given a diagnosis and had identified a total of 999 patients across all chronic disease areas. The practice reviewed these patients, calling them into the practice where necessary and identified those patients needing diagnosis and treatment for their long term condition.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The practice had identified that there was a need to improve access for patients with hearing difficulties and two of the practice staff had trained in basic sign language.
- The practice actively reviewed complaints and how they are managed and responded to, and made improvements as a result. They shared and discussed complaints in an open manner with the PPG.

# Summary of findings

- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- The practice had strong and visible clinical and managerial leadership and governance arrangements. Staff were proud of the practice and were constantly involved in developing and supporting new ways of providing treatment.

We saw several areas of outstanding practice including:

- The practice was proactive in developing a practice team that offered an optimum skill mix to support the GPs. The numbers of clinical staff and the wide range of nursing skills improved patient access to appointments.
- The practice had recognised that patients referred for community assessment using a Doppler machine were having a lengthy wait to be seen. (Doppler assessments look at blood flow in the major arteries and veins in the limbs). The practice had arranged training in the use of the Doppler machine for one of its nurses with the vascular nurse practitioners at the hospital. This shortened waiting times for those patients needing assessment.
- One of the practice nurses and the practice fitness instructor provided a pulmonary rehabilitation service for all patients in the clinical commissioning group (CCG).
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example, one of the practice pharmacists had identified a common theme in incidents reported to the clinical commissioning group (CCG) and highlighted this to them. The CCG then asked the other 22 practices in the area to address this issue.

**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.
- 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.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example, one of the practice pharmacists had identified a common theme in incidents reported to the clinical commissioning group (CCG) and had engaged with the CCG. The CCG then asked the other 22 GP practices in the area to address this issue.

**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 the practice used these guidelines to positively influence and improve practice and outcomes for patients.
- Data from the Quality and Outcomes Framework (QOF) showed that the practice was performing highly when compared to practices nationally. The practice achieved 100% of the number of points available. Data showed 89% of diabetic patients had well controlled blood sugar levels compared with the CCG average of 83% and national average of 78%. Also 92% of people experiencing poor mental health had a comprehensive, agreed care plan documented in the record compared to the national average of 88%.

# Summary of findings

- The practice used innovative and proactive methods to improve patient outcomes and worked with other local providers to share best practice. They had initiated, piloted and developed a project to give same day access to community matron assessment services. This provided increased, timely support for patients with complex needs and contributed to reduced accident and emergency service attendances and emergency admissions to hospital for patients. We saw figures that showed that the practice had significantly lower rates of hospital unplanned patient admissions and attendances at accident and emergency services when compared to other practices in the clinical commissioning group (CCG) for 2015-2016.
- The practice had worked on identifying patients with possible underlying chronic disease who had not been previously given a diagnosis and had identified a total of 999 patients across all areas of chronic disease. They reviewed these patients, calling them in to the practice where necessary and recorded them appropriately on the practice registers. This enabled these patients to receive the appropriate treatment for their health conditions.
- The practice had identified that the software tool that was freely available locally to identify patients at risk of hospital admission relied on patient data that was out of date. The practice had therefore invested in another piece of software that provided up to date, more accurate identification of patients. This enabled the practice to better identify patients at risk in a timely manner.

**Are services caring?**

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed 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 saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

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

Outstanding

The practice is rated as outstanding for providing responsive services.

# Summary of findings

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. The practice had recognised that the community nursing service was under pressure and that patients referred for assessments using a Doppler machine were having a lengthy wait to be seen. (Doppler assessments look at blood flow in the major arteries and veins in the limbs). In order to address this problem, the practice had arranged training in the use of the Doppler machine for one of its nurses with the vascular nurse practitioners at the hospital. This reduced the waiting time for patients needing this service.
- There were innovative approaches to providing integrated patient-centred care. In response to patient demand and in order to provide more appointments for patients the practice had developed a new way of delivering patient care. The practice had developed a new practice staffing structure to offer more appointments to patients. The practice had reviewed and developed existing staff skills and employed new staff to provide a nursing team that could provide best patient care. Staff were trained to a high level and with specialisms that covered all non-medical areas of general practice to support the existing GPs.
- In response to patient difficulties in accessing community services for the management of patients' leg ulcers, the practice offered the services of one of the nurses at the practice who had previously been trained in the management of leg ulcers to treat patients in an emergency.
- Responding to low figures for diabetic patient foot screening, the practice trained a health care assistant to carry out foot checks for housebound diabetic patients for their annual diabetic review. We saw evidence that in 2014-2015 there were 672 patients screened in this way and in 2015-2016 there were 790 patients screened.
- 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 (PPG). For example, higher chairs with arms were made available in the waiting areas and better signage used in the practice.
- Patients could access appointments and services in a way and at a time that suited them. The practice continually monitored patient access to appointments and changed the appointment system to give better access to GP appointments. They used a dedicated appointment booking team to ensure that patient appointments were booked with the appropriate clinician.

# Summary of findings

- 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, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff, the PPG 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. The practice had good business plans which reflected the vision and values and were regularly monitored.
- The practice had an innovative approach to the development of staff and aligned training and staff provision with the practice new model of care for patients.
- The practice had a succession plan for all staff roles which was regularly reviewed.
- Staff were proud of the practice and were constantly involved in developing and supporting new ways of providing treatment.
- 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.
- 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
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.
- The practice participated in many pilot projects and supported innovative ways of working. They told us that this improved relationships with other service providers and commissioners and led to improvements in patient services.

# 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**

Outstanding ☆

The practice was rated as outstanding for responsive and well-led and good for safe, effective and caring. The issues identified as outstanding overall affected all patients including this population group.

- 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.
- One of the nurses at the practice was trained in the management of leg ulcers and could treat patients in an emergency.
- A podiatry service was available on the premises as well as a hearing assessment service.
- The practice encouraged patients to attend national screening programmes. The percentage of patients attending screening for breast cancer was 72% compared to the CCG average of 66% and the percentage of patients screened for bowel cancer was 56% compared to the CCG average of 53%.
- Members of a national charitable organisation visited the practice to provide clinics giving social care advice.
- The practice had produced notices with yellow backgrounds for those patients with impaired vision and had changed the background colour on the patient television screen to yellow.
- The practice held its own database on the computer system showing a summary of all of the patients who were resident in care and nursing homes. This contained numbers of home visits provided as well as information about care planning, resuscitation status and whether there were any deprivation of liberty arrangements in place. The database was reviewed and updated by the practice advanced nurse practitioner and was used by staff in conjunction with the practice clinical records system as a summary for each patient to aid care and treatment.
- The practice had initiated, piloted and developed a project to give same day access to community matron assessment services. This provided increased, timely support for patients

with complex needs and contributed to reduced accident and emergency service attendances and emergency admissions to hospital for patients. We saw evidence that the practice was classified as “significantly low” in the CCG for these two areas.

**People with long term conditions**

Outstanding ☆

The practice was rated as outstanding for responsive and well-led and good for safe, effective and caring. The issues identified as outstanding overall affected all patients including this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice had supported a health care assistant to become an assistant practitioner trained in the management of some long-term conditions.
- As a result of an audit of the practice electronic clinical system, 25 patients were identified who had been undiagnosed with atrial fibrillation (a heart condition). A total of 73 patients with the condition were also identified and treated with an appropriate, recommended medication to reduce their risk of stroke.
- Three of the practice nurses were trained to initiate insulin which meant that only the most complex patients needed to be referred to the hospital services for diabetic patients.
- Blood measurements for diabetic patients showed that 87% of patients had well controlled cholesterol levels compared with the national average of 81%.
- Longer appointments and home visits were available when needed.
- Responding to low figures for diabetic patient foot screening, the practice trained a health care assistant to carry out foot checks for housebound diabetic patients for their annual diabetic review. We saw evidence that in 2014-2015 there were 672 patients screened in this way and in 2015-2016 there were 790 patients screened.
- One of the practice nurses and the practice fitness instructor provided a pulmonary rehabilitation service for all patients in the clinical commissioning group (CCG).
- The practice had recognised that the community nursing service was under pressure and that patients referred for assessments using a Doppler machine were having a lengthy wait to be seen. (Doppler assessments look at blood flow in the major arteries and veins in the limbs). In order to address this

# Summary of findings

problem, the practice had arranged training in the use of the Doppler machine for one of its nurses with the vascular nurse practitioners at the hospital. This enabled patients to be assessed in the practice and patient waiting times were reduced.

- 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.

**Families, children and young people**

**Outstanding** ☆

The practice was rated as outstanding for responsive and well-led and good for safe, effective and caring. The issues identified as outstanding overall affected all patients including this population group.

- 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 higher than local and national averages for all standard childhood immunisations. The practice arranged clinics for times when patients could attend and increased clinics in school holidays.
- 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 87% which was higher than the CCG average of 81% and the national average of 82%.
- 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. New mothers experiencing problems with low mood were referred to a special health visiting service.

**Working age people (including those recently retired and students)**

**Outstanding** ☆

The practice was rated as outstanding for responsive and well-led and good for safe, effective and caring. The issues identified as outstanding overall affected all patients including this population group.

# Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- When the practice was giving influenza vaccinations they arranged clinics on Saturdays and after 6.30pm to enable working people to attend.
- The practice was open every day from Monday to Friday from 8am to 7pm.

**People whose circumstances may make them vulnerable**

Outstanding 

The practice was rated as outstanding for responsive and well-led and good for safe, effective and caring. The issues identified as outstanding overall affected all patients including this population group.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- 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 practice received electronic notifications of vulnerable adults from other outside agencies.
- The practice had identified that there was a need to improve access for patients with hearing difficulties and two of the practice staff had trained in basic sign language.
- The practice had recently been awarded the new quality mark award by the Lancashire society for lesbian, gay, bisexual and transgender (LGBT) people in recognition of its LGBT-friendly policies and procedures.
- There was designated member of staff who communicated with patients with learning difficulties to offer health assessments each year. This aided patient communication and encouraged attendance at the reviews.

# Summary of findings

**People experiencing poor mental health (including people with dementia)**

Outstanding 

The practice was rated as outstanding for responsive and well-led and good for safe, effective and caring. The issues identified as outstanding overall affected all patients including this population group.

- 92% of people experiencing poor mental health had a comprehensive, agreed care plan documented in the record which was comparable to the local average of 93% and higher than the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. The practice promoted patient screening for memory loss and held regular screening clinics at the practice. The practice open day which was attended by more than 200 patients also offered memory screening for patients.
- 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing generally in line with local and national averages. 309 survey forms were distributed and 112 were returned. This represented 0.7% of the practice's patient list.

- 84% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 77% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 80% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 81% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards which were all positive about the standard of care received. Patients praised the high level of service at the practice and the professionalism and friendliness of the staff. Patients also commented that they felt listened to by staff and that they felt valued.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

## Outstanding practice

We saw several areas of outstanding practice including:

- The practice was proactive in developing a practice team that offered an optimum skill mix to support the GPs. The numbers of clinical staff and the wide range of nursing skills improved patient access to appointments.
- The practice had recognised that patients referred for community assessment using a Doppler machine were having a lengthy wait to be seen. (Doppler assessments look at blood flow in the major arteries and veins in the limbs). The practice had arranged training in the use of the Doppler machine for one of its nurses with the vascular nurse practitioners at the hospital. This shortened waiting times for those patients needing assessment.
- One of the practice nurses and the practice fitness instructor provided a pulmonary rehabilitation service for all patients in the clinical commissioning group (CCG).
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example, one of the practice pharmacists had identified a common theme in incidents reported to the clinical commissioning group (CCG) and highlighted this to them. The CCG then asked the other 22 practices in the area to address this issue.

# Glenroyd Medical

**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 adviser and a practice nurse specialist adviser.

## Background to Glenroyd Medical

Glenroyd Medical main surgery is housed on the first floor of the Moor Park health and leisure centre in the Bispham area of Blackpool. There is also a branch surgery nearer to central Blackpool which is situated in a large purpose built health centre. We did not visit the practice branch site during this inspection.

There is onsite parking available at both sites and the practice is close to public transport. Patient services at the main surgery are all located on one floor with administration rooms on the second floor. The practice provides services to 15577 patients.

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

There are three male and two female GP partners. The practice also employs a clinical nurse manager, an advanced nurse practitioner, two nurse practitioners, a specialist nurse, four practice nurses, an assistant practitioner, two health care assistants, two phlebotomists and two clinical pharmacists. Non-clinical staff consists of a practice manager and 24 administrative and reception staff who support the practice, as well as a fitness instructor. The practice is a training practice for medical students and GP trainees at different stages of their learning.

The practice is open between 8am and 7pm Monday to Friday. When the practice is closed, patients are able to access out of hours services offered locally by the provider Fylde Coast Medical Services by telephoning 111.

The practice has a larger proportion of patients aged over 45 years of age compared to the national average and fewer patients aged less than 45 years of age.

Information published by Public Health England rates the level of deprivation within the practice population group as three on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The practice caters for a larger proportion of patients experiencing a long-standing health condition (69% compared to the local average of 63% and national average of 54%). The proportion of patients who are in paid work or full time education is higher (58%) than the CCG average of 52% and lower than the national average of 62% and unemployment figures are lower, 5% compared to the CCG average of 7% and the same as the national average.

The practice provides level access for patients to the building with automated entry doors and is adapted to assist people with mobility problems. The building has three floors, and the practice reception, consulting and treatment rooms are all on the first floor. Patients can access the practice by using the stairs and there are two lifts for those patients who need it.

# 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 14 June 2016. During our visit we:

- Spoke with a range of staff including three GPs, one GP trainee, the clinical nurse manager, a nurse practitioner, two practice nurses, two clinical pharmacists, the assistant practitioner, the practice manager, three members of the practice administration team and spoke with patients who used the service and one member of the practice patient participation group (PPG).
- Observed how patients were being cared for 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 manager of any incidents and there was a recording form available on the practice's computer system and in paper form in the reception office. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- 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.
- The practice carried out a thorough analysis of the significant events. Incidents were reported to the clinical commissioning group (CCG) through an online incident reporting system. One of the practice pharmacists had observed a common theme in these reports regarding pharmacies over-ordering patient prescriptions. This was raised separately with the CCG and we saw evidence that this triggered an investigation by the CCG with all of the other 22 practices in the area.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we saw that a patient who had been taking a particular medication had not had the recommended blood tests done to monitor the effects of the medication. The practice called the patient in for an appointment and gave a full apology. The incident was discussed at a practice meeting, all clinicians were reminded of the monitoring arrangements for patients taking this medication and a search was conducted to ensure that there were no other patients affected. The practice added this search to the audit plan to be repeated every six months.

**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 were lead members of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurse practitioners were trained to child protection or child safeguarding level three and nurses to either level two or three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice identified both clinical and non-clinical infection prevention and control (IPC) clinical leads. The clinical nurse manager was the practice clinical lead and liaised with the local IPC teams to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. Recent action included the replacement of a patient examination couch.
- 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, liaising with 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. Three of the nurses had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The Assistant Practitioner and Health Care Assistants were trained to administer vaccines following patient specific directions from a prescriber.

- We reviewed nine 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 funded a health and safety advisor from an independent company to visit every six months to collect any new risk assessments completed by the practice, to risk assess the premises, offer advice and update policies and procedures.
- 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. The practice had identified that further staffing was needed to meet patient demand for appointments and had employed a third, new nurse practitioner who was to start work shortly after the inspection.

**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 clean utility room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident recording form 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 in small boxes that were easy to transport.
- 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. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. The practice had developed and maintained their own clinical protocols for use in the practice.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

**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 figures for the practice were generally lower than the clinical commissioning group (CCG) and national averages (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). For patients with osteoporosis this was 0% compared to the CCG figure of 19% and the national figure of 13%,

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed:

- Performance for diabetes related indicators was better than the CCG and national averages. For example, blood measurements for diabetic patients showed that 89% of patients had well controlled blood sugar levels compared with the CCG average of 83% and national average of 78%. The percentage of diabetic patients who had received an influenza immunisation was 99% compared to the CCG average of 96% and national average of 94%.
- Performance for mental health related indicators was better than the national average.

92% of people experiencing poor mental health had a comprehensive, agreed care plan documented in the record compared to the national average of 88%.

The practice had undertaken a large piece of work to identify patients who had not previously been diagnosed with possible long-term conditions. They audited the electronic patient record system, reviewed the way that patients had been coded with health conditions on the system, looked at the treatment these patients were having and called in patients for review. We saw evidence that following this work, the practice had identified a further 999 patients with undiagnosed health conditions in all chronic disease areas. This enabled these patients to be added to the practice registers of patients with long-term health conditions and to be targeted for appropriate treatment.

The practice had a large number of older patients and had initiated, piloted and developed a project to give same day access to community matron assessment services. This provided increased, timely support for patients with complex needs and contributed to reduced accident and emergency service attendances and emergency admissions to hospital for patients. We saw figures that showed that the practice had one of the lowest rates of hospital unplanned patient admissions and attendances at accident and emergency services in the CCG. Data rated the practice as "significantly low" for both these areas.

There was evidence of quality improvement including clinical audit.

- There had been more than nine clinical audits completed in the last year, four of these were completed audits where the improvements made were implemented and monitored. One of these audits was in response to a significant event in the practice.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- The practice had commissioned an independent company to conduct an audit of patients with atrial fibrillation (a heart condition) to assist the practice to manage those patients at risk of stroke and to improve stroke outcomes. As a result the practice identified 25 patients who had been undiagnosed with atrial

fibrillation and added them to the practice register. A total of 73 patients were also identified and treated with an appropriate, recommended medication to reduce their risk of stroke.

- Findings were used by the practice to improve services. For example, recent action taken as a result included the introduction of a new clinical protocol for the management of patients with a vitamin D deficiency.
- The practice had identified that the software tool that was freely available locally to identify patients at risk of hospital admission relied on patient data that was out of date. The practice had therefore invested in another piece of software that provided up to date, more accurate identification of patients. This enabled the practice to better identify patients at risk in a timely manner.

Information about patients' outcomes was used to make improvements. The practice peer reviewed patient referrals to other services at practice meetings and suggested alternative ways to manage the patient when appropriate such as the use of in-house specialist knowledge and treatment.

**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, information governance, 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. The practice had reviewed and developed staff skills to provide a nursing team that could provide best patient care. Staff were trained to a high level and with specialisms that covered all non-medical areas of general practice. Staff had experience of membership of professional bodies that helped inform their practice. The practice had supported a health care assistant to become an assistant practitioner.
- 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. Three of the practice nurses were trained to initiate insulin which meant that only the most complex patients needed to be referred to the hospital services for diabetic patients.
- 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, in-house training and external 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 and with out of hours 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 monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

**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.

Good

# Are services effective?

## (for example, treatment is effective)

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

**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, alcohol cessation and memory loss. Patients were signposted to the relevant service.
- A podiatry service was available on the premises as well as a hearing assessment service. Patients could access social care advice clinics in the practice premises and smoking cessation advice was available within the practice and from a local support group. The practice shared data with the inspection team which showed that high numbers of patients had stopped smoking. This demonstrated the effectiveness of local smoking cessation services. The percentage of patients aged 15 or over who were recorded as current smokers who had a record of an offer of support and treatment within the preceding 24 months was 93% which was 2% more than the local average and 6% above the national average although these figures had not been validated nationally at the time of our visit.

The practice's uptake for the cervical screening programme was 87% which was higher than the CCG average of 81% and the national average of 82%. There was a policy to offer reminders for patients who did not attend for their cervical screening test and there was a dedicated responsible member of staff. The practice demonstrated how they encouraged uptake of the screening programme by writing to patients who had failed to attend for their test and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Figures for attendance at these programmes were higher than local CCG averages. The percentage of patients attending screening for breast cancer was 72% compared to the CCG average of 66% and the percentage of patients screened for bowel cancer was 56% compared to the CCG average of 53%. 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.

Childhood immunisation rates for the vaccinations given were higher than CCG averages. For example, childhood immunisation rates for the vaccinations given to one year olds were all 99% compared to CCG averages of 94% to 96% and for five year olds from 93% to 99% compared to CCG averages of 87% to 97%.

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.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. There were notices in the waiting area advising patients of this.

All of the 20 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the patient participation group (PPG) and with four patients attending appointments at the practice. 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. Several of the patients indicated that they always felt valued and listened to by the staff.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was similar to local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 87% 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 95% and the national average of 95%.
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern, the same as the national average.
- 76% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

We were shown a letter from an anxious mother who had attended with her child for immunisation. The letter praised the staff for the way that they had put her fears to rest and treated the child.

**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 generally responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with or lower than local and national averages. For example:

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG and national averages of 86%.
- 65% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national averages of 82%.
- 78% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

We noted that survey results indicated lower satisfaction with being involved in decisions about care and treatment and specifically asked patients on the day of the inspection about this. All the patients we spoke to said that they had always felt involved in decisions about their care. When we

Good

# Are services caring?

spoke to staff about this issue, they indicated that they always gave patients a choice wherever possible and we saw evidence of this when patients were referred to other services.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format. There was a notice in the patient waiting area to say that patients could ask for any information in larger print.
- The practice had produced notices with yellow backgrounds for those patients with impaired vision and had changed the background colour on the patient television screen to yellow.

**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 672 patients as carers (4.3% of the practice list). The practice used the register to invite carers for influenza vaccinations. Written information was available to direct carers to the various avenues of support available to them. The practice had been awarded a carers' certificate from a national charitable organisation in recognition of their understanding of the needs of carers.

Staff told us that if families had suffered bereavement they were offered a consultation with a GP at a flexible time and location to meet the family's needs and the practice gave them advice on how to find a support service.

Outstanding ☆

# 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 manager was the lead for the local neighbourhood group of practices and attended meetings to develop new services for patients.

- The practice was open every day during the working week until 7pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and those patients with complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice had found that GP recruitment had been problematical and was aware of the need to provide additional appointments in response to patient demand. A new practice staffing structure had been developed by the practice to offer more appointments to patients. The practice had reviewed and developed existing staff skills and employed new staff to provide a nursing team that could provide best patient care. Staff were trained to a high level and with specialisms that covered all non-medical areas of general practice to support the existing GPs. This increased the availability of appointments for patients with all clinicians.
- 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. One of the practice staff was a Polish interpreter.
- The practice had identified that there was a need to improve access for patients with hearing difficulties and two of the practice staff had trained in basic sign language.
- The practice had recently been awarded the new quality mark award by the Lancashire society for lesbian, gay, bisexual and transgender (LGBT) people in recognition of its LGBT-friendly policies and procedures.
- Access to the practice was by using the stairs or with the use of one of two lifts.
- The practice had realised that patient access to child immunisation clinics was sometimes difficult when these were held in the afternoon because of collecting children from school and had changed all of the clinics to mornings. They also increased the number of clinics for giving pre-school vaccinations during the school summer holidays.
- When the practice was giving influenza vaccinations, they arranged clinics on Saturdays and after 6.30pm to enable working people to attend.
- Members of a national charitable organisation visited the practice to provide clinics giving social care advice.
- The practice offered dementia screening to all patients and referred to the memory screening service when necessary. This service was advertised on the practice website and in the practice waiting area. The practice, with the support of its patient participation group (PPG) and local memory screening service offered screening at its annual open day when over 200 patients attended. This open day also offered other health screening to patients at the same time.
- A midwife clinic was available in the practice every week and patients had access at the same time to GPs for related help and advice if needed.
- New mothers experiencing problems with low mood were referred to a special health visiting service.
- The practice had recognised that the community nursing service was under pressure and that patients referred for assessments using a Doppler machine were having a lengthy wait to be seen. (Doppler assessments look at blood flow in the major arteries and veins in the limbs). In order to address this problem, the practice had arranged training in the use of the Doppler machine for one of its nurses with the vascular nurse practitioners at the hospital. This enabled patients to be seen in the practice for assessment and reduced patient waiting times.
- Part of the practice advanced nurse practitioner role was to review the needs of all patients who had complex needs or were housebound, including those patients who were resident in care and nursing homes. The nurse practitioner produced care plans for those patients and

reviewed them whenever necessary. All patients who had recently been discharged from hospital were contacted to assess whether their needs were being met. The nurse practitioner also liaised closely with the community matrons and other local services.

- In response to patient difficulties in accessing community services for the management of patients' leg ulcers, the practice offered the services of one of the nurses at the practice who had previously been trained in the management of leg ulcers to treat patients in an emergency.
- The practice was a pilot practice for the multi-agency safeguarding hub (MASH) whereby the practice received notifications of vulnerable adults. They used this information to alert staff that the patient could be vulnerable every time a member of staff opened the patient computerised medical record.
- The practice pharmacists offered telephone medication review appointments with patients who were unable to attend the practice as well as seeing patients face to face in the surgery.
- There was designated member of staff who communicated with patients with learning difficulties to offer health assessments each year. This aided patient communication and encouraged attendance at the reviews.
- One of the practice nurses and the practice fitness instructor provided a pulmonary rehabilitation service for all patients in the CCG. This was funded by the CCG.
- The practice held its own database on the computer system showing all of the patients who were resident in care and nursing homes. This database contained summary information for patients such as home visits as well as information about care planning, patient resuscitation status and whether there were any deprivation of liberty arrangements in place. The database was reviewed and updated by the practice advanced nurse practitioner and was used by staff in conjunction with the practice clinical records system as a summary for each patient to aid care and treatment.

**Access to the service**

The practice was open between 8am and 7pm Monday to Friday. GP appointments were from 9am to 6pm daily. In addition to pre-bookable appointments that could be booked up to four weeks in advance for GPs and up to three months in advance with nurses, urgent appointments were available for people that needed them.

The practice continually monitored appointment demand and access. They had offered appointments in the evenings for patients but these had not proved popular and had been under used. The practice had then trialled open surgeries where patients could walk into the practice without an appointment. This again had proved unpopular with patients because of long waiting times. The practice then developed its current appointment system which reflected the new model of care that the practice was providing. There was a dedicated team of practice staff who took all telephone calls into the practice as well as staff on the reception desk. All these staff had a table that indicated which staff member was most appropriate for the patient need. The patient was then given an appointment with that staff member. The practice planned that there was always support from qualified staff and GPs should there be a need. This new appointment system was advertised to patients generally in practice information and also at the practice annual open day.

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.

- 75% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 84% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them. Patients also said on the comment cards that the new appointment system was better than the old ones. We saw that the next available appointment with a GP was that day for an urgent appointment and in two working days for a routine appointment.

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.

All patient requests for home visits were communicated to GPs on the practice computer system and the GPs telephoned the patient by 10am wherever possible. Requests made later in the day were also passed directly to GPs so that a telephone call could be made. In cases where the urgency of need was so great that it would be

Outstanding ☆

# Are services responsive to people's needs?

## (for example, to feedback?)

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.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. There was a notice in the waiting room advising patients how to make a complaint and patients we spoke to at the time of the inspection were aware of this process.

We looked at 15 complaints received in the last 12 months and found that they were handled appropriately in a timely way and with openness and transparency. Apologies were given to patients and lessons were learnt from individual concerns and complaints. The practice carried out an analysis of trends at least annually and action was taken to as a result to improve the quality of care. For example, following a patient complaint that there was nowhere to leave bags or rest a walking stick when checking in on the patient automated check-in system, the practice erected a shelf next to the check-in screen. There were other examples that showed that staff training had been delivered following patient complaints.

# 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 staff demonstrated a common goal to deliver a quality service. They were proud of the practice and were constantly involved in developing and supporting new ways of providing care and treatment.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. They had an innovative approach to the development of staff and aligned training and staff provision with the practice new model of care for patients.
- The practice had a very supportive approach to staff development and offered protected time for learning. They were proactive in encouraging and supporting staff training at all levels. They strove to deliver and motivate staff to succeed.
- Opportunities for service development were identified and positively supported for example in the provision of the pulmonary rehabilitation service. A systematic approach was taken to working with other organisations to improve care and outcomes, tackle health inequalities and obtain best value for money.
- The practice had a succession plan for all staff roles which was regularly reviewed.

**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.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust 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 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.
- 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. We noted there was an annual team social event every year and six-monthly business away days for partners and managers. There was a low staff turnover.
- 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.
- Staff were further supported by the practice with telephone counselling services purchased from an independent company. This gave staff access to independent, qualified personal advice and assistance in dealing with practical and emotional situations.

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

# Are services well-led?

Outstanding ☆

## (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. There were patient suggestion boxes in the practice waiting areas.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met every month, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice purchased four higher chairs with arms for use in the practice waiting areas at the suggestion of patients. The practice purchased these with funds raised by the PPG though the sale of books donated by patients and through raffles. The practice also improved signage as a result of patients' requests. The PPG had produced a draft newsletter which was shortly to be circulated to patients and planned on issuing this on a regular basis.
- The practice demonstrated openness and transparency and shared anonymised complaints and suggestions with the PPG at every meeting for discussion.
- All clinical staff conducted surveys with patients to gain feedback for appraisal and revalidation.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

**Continuous improvement**

There was a 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. The practice had piloted the multi-agency safeguarding hub (MASH) scheme to receive electronic alerts regarding vulnerable patients and they had also piloted the electronic system for requesting and receiving laboratory tests such as blood tests. At the time of the inspection, the practice had just received confirmation that they had been accepted as the pilot practice for the new electronic transfer of patient outpatient appointment letters from the hospital.

They had also had written confirmation that they had been accepted for the pilot audit of the quality of health checks for patients with a learning disability. The practice had piloted the local project for same day community matron patient assessment and had just started to pilot a community nursing project in two larger nursing homes. They had been the pilot practice for the area for the new nationally funded project that was designed to manage patients who were at risk of hospital admission and were still very high patient referrers to this service.

We were told that the practice supported innovative ways of working and that involvement in pilot projects produced good relationships with other service providers and commissioners and led to improvements in patient services.