

# The Abingdon Surgery





## Quality Report

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

## Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Abingdon Surgery on 16 June 2016. Overall the practice is rated as good. Specifically it is rated as outstanding for the provision of responsive services and good for provision of safe, effective, caring and well led services.

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. Staff demonstrated a commitment to reporting any incidents and near misses and described the practice as having a no blame culture.
- Risks to patients were assessed and were generally 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 registered patients with mental health problems who resided at a local hostel. This facility provided five places for people who required short term following discharge from hospital. Staff supported these patients for all their physical and social needs to assist them in settling into the community.
- Feedback from patients was consistently positive in regard to being treated with compassion, dignity and respect. Patients told us they benefitted from continuity of care arising from the GPs operating a personal list system. Patients commented that their care often exceeded their expectations.
- Feedback from patients was strong in regard to their involvement in their care and decisions about their treatment.

# Summary of findings

- 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 their named GP and there was continuity of care. Routine appointments were available within two days and urgent appointments available the same day. Patient feedback was consistently positive in regard to accessing the practice and obtaining appointments with GPs and nurses on days and times that suited their needs.
- 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.
- The practice worked closely with the local clinical commissioning group (CCG) (A CCG is a group of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services). For example they had obtained funding to appoint a clinical pharmacist to expand the range of services offered at the practice.
- The practice used innovative and proactive methods to improve responsive patient outcomes. It worked with other local providers to reduce the number of visits patients made to hospital clinics. For example, using e-mails and photographs to communicate and consult with specialists at the local hospital.

- The practice also used e-mail for some consultations with patients. We saw examples of this service benefitting patients.

We saw areas of outstanding responsive practice:

- The practice employed their own care navigator to assist patients with complex needs in accessing appropriate services and support organisations.
- The practice appointment system, coupled with a firm commitment to patients seeing their named GP, enabled patients to obtain routine appointments within two working days.
- A variety of extended hours clinics were available to assist patients who were unable to attend during normal surgery opening hours. Clinics ran until 8.30pm on two evenings each week and every Saturday morning from 8am to 11.30am.

The areas where the provider should make improvement are:

- Review the role of the PPG to ensure it meets the needs of the registered patients and the practice.
- Review the annual health checks for patients with a learning disability to increase the uptake and increase the number of care plans for this group of patients.
- Maintain records of the discussions at the practice nurse team meetings.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

Good



- Risks to patients were assessed and well managed.
- 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.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- 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.
- Clinical audits demonstrated quality improvement.
- 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.

However,

- The practice had achieved 47% of the annual health checks for the 60 patients with a learning disability and 30% of these patients had a care plan.

### Are services caring?

The practice is rated as good for providing caring services. Data from the national GP patient survey showed patients rated the practice

Good



# Summary of findings

higher than others for almost all aspects of care. For example, 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 91%.

Feedback from patients about their care and treatment was consistently positive.

- We observed a strong patient-centred culture and a firm commitment to continuity of care by the operation of a personal list system. Patients were very positive about receiving consistent care and treatment from their named GP.
- Six of the eight patients we spoke with and 25 of the 32 patients who completed comment cards emphasised that they were treated with respect and compassion.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. For example, when a patient had difficulty accessing benefits advice a member of staff contacted the Citizens Advice Bureau for them and went with the patient to support them with their interview and pass on information to assist the advisor.
- We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on. For example, patients who commuted and needed referral to a hospital outpatient department or clinic were able to choose a service close to their place of work.
- Views of external stakeholders were very positive and aligned with our findings.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality. Patient feedback was strong in this regard with the majority of patients stating that staff were always kind and friendly.
- Patient feedback from all sources was strong in regard to their being involved in decisions about their care. For example, 89% of the 119 patients who took part in the national patient survey said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 82%.

## Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services. Services were tailored to meet the needs of individual patients and were delivered in a way to ensure flexibility, choice and continuity of care.

**Outstanding**



# 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
- There are innovative approaches to providing integrated patient-centred care. For example, using e-mail consultations and e-mail contact with hospital clinics to reduce the need for patients to travel to appointments.
- 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. For example the most recent practice patient survey published in March 2016 identified that patients wanted more information about practice developments. The practice introduced a quarterly newsletter.
- Patients were able to access appointments and services in a way and at a time that suits them. Extended hours surgeries were held on two evenings and on Saturday mornings. The appointment system had been designed to ensure routine appointments were available within two days. There were appointments options including telephone and e-mail consultations.
- 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 and other stakeholders.
- 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. For example, the practice had appointed a care navigator to assist patients' access other services. This had initially been funded from project funds available from the CCG following a bid from the practice. The practice recognised the benefits of the care navigator and continued with the role when the project funding expired.
- Feedback from patients was consistently positive in regards to accessing the practice by phone and obtaining appointments at a date and time of choice whilst maintaining continuity of care with their named GP. However, if a patient wished to see one of the other GPs they were able to do so.
- The practice had completed care plans for 86% of patients diagnosed with a severe and enduring mental health problem.

# Summary of findings

This was better than the CCG average of 78% and national average of 77%. This was achieved with a low 6% exception rate compared to the CCG average exception rate of 12% and national average of 13%.

- The practice also used e-mail for some consultations with patients. We saw examples of this service benefitting patients. For example in the diagnosis of an infectious disease common in childhood from an e-mailed photograph. The patient's parent was reassured that they had made the correct diagnosis and the child did not have to attend the practice with the associated risk of spreading the disease.
- The practice worked closely with the local clinical commissioning group (CCG). For example they had obtained funding to appoint a clinical pharmacist to expand the range of services offered at the practice.

## Are services well-led?

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

**Good**



- 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.
- 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 used innovative approaches to delivering care. For example, they had a care navigator in post and had appointed a clinical pharmacist to enhance the range of services offered.

# 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 patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Older patients who required support in accessing benefits and resources were supported by the practice's care navigator.
- Continuity of care was provided to older patients who moved into any one of four local care homes.
- 100% of patients aged over 75 with a fragility fracture had been treated with the appropriate medicine. Compared to 82% CCG average and 80% national average. The practice achieved this without exempting any patients from the target.

### 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.
- The practice achieved 100% of the indicators for care of patients diagnosed with diabetes compared to the CCG average of 93% and national average of 89%.
- 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.



# Summary of findings

- The reviews of patients with more than one long term condition was co-ordinated to reduce the number of visits they made to the practice.

## 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 patients 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 patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's performance for the cervical screening programme was 82%, which was comparable to the CCG average of 83% 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 and health visitors.

## 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.
- 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.
- The practice offered extended hours clinics until 8.30pm on two weekdays and a Saturday morning clinic every week between 8am and 11.30am.
- E-mail consultations were available for patients who found it difficult to attend the practice during opening hours.

# Summary of findings

- The practice employed e-mail and telemedicine consultations with hospital clinics to assist patients in avoiding time consuming trips to hospital clinics.

## People whose circumstances may make them vulnerable

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

- There were 60 patients on the practice register with a learning disability. Of these 28 had received an annual physical health check (47%). Thirty of these patients had a care plan in place.

However, there were examples of good practice:

- 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 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.

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

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

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

**Requires improvement**



**Good**



# Summary of findings

- 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.
- The practice had completed care plans for 86% of patients diagnosed with a severe and enduring mental health problem. This was better than the CCG average of 78% and national average of 77%. This was achieved with a low 6% exception rate compared to the CCG average exception rate of 12% and national average of 13%.
- The practice supported patients with a mental health problem who were residing temporarily in a local rehabilitation home after discharge from hospital.

However,

- 70% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the year April 2014 to March 2015, which was below the CCG average of 79% and national average of 77%.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016 and covered responses from the period January to September 2015. The results showed the practice was performing in line with local and national averages. Two hundred and seventy-three survey forms were distributed and 119 were returned. This represented 0.9% of the practice's patient list.

- 82% of patients found it easy to get through to this practice by phone compared to the CCG average of 84% and national average of 73%.
- 90% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 89% national average of 85%.
- 90% of patients described the overall experience of this GP practice as good compared to the CCG average of 88% and national average of 85%.
- 92% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 82%

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 32 comment cards. All contained positive comments about the practice. Twenty nine were wholly positive with patients describing the care and access they had to the service as excellent. There were three issues raised in the comment cards that we passed on to the practice. These comments were also varied with no common theme. Many of the patients told us how much they appreciated having a named GP which meant they received continuity of care.

We spoke with eight patients during the inspection, four of whom were members of the PPG. All eight patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

The practice encouraged patients to take part in the national friends and family recommendation test. Data showed 122 patients had completed the survey and 94% would recommend the practice to others.

## Areas for improvement

### Action the service **SHOULD** take to improve

- Review the role of the PPG to ensure it meets the needs of the registered patients and the practice.
- Review the annual health checks for patients with a learning disability to increase the uptake and increase the number of care plans for this group of patients.
- Maintain records of the discussions at the practice nurse team meetings.

## Outstanding practice

- The practice employed their own care navigator to assist patients with complex needs in accessing appropriate services and support organisations.
- The practice appointment system, coupled with a firm commitment to patients seeing their named GP, enabled patients to obtain routine appointments within two working days.
- The practice used innovative and proactive methods to improve responsive patient outcomes, working with other local providers to share best practice. For example, using e-mails and photographs to communicate with specialists at the local hospital to reduce the need for patients to travel to outpatient clinics.

## Summary of findings

- The practice also used e-mail for some consultations with patients. We saw examples of this service benefitting patients. For example in the diagnosis of an infectious disease common in childhood from an e-mailed photograph. The patient's parent was reassured that they had made the correct diagnosis and the child did not have to attend the practice with the associated risk of spreading the disease.
- The practice worked closely with the local clinical commissioning group (CCG) (A CCG is a group of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services). For example they had obtained funding to appoint a clinical pharmacist to expand the range of services offered at the practice.

# The Abingdon Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to The Abingdon Surgery

The Abingdon Surgery is located in the centre of Abingdon in two converted buildings. The first practice on the site had opened in 1902 since when many different practices had delivered services from the site.

The current practice delivers services to patients from ground floor consulting and treatment rooms with level access from the practice car park. There are bus services running close by the practice and a car park for patients is available to the rear of the practice.

Seven GPs currently work at the practice and an eighth has been appointed to start in August 2016. Six of the GPs are partners. One is a salaried GP working towards partnership. The new GP due to start in August will commence in a salaried role and will work towards joining the partnership. Three of the GPs are male and four are female. There are three practice nurses and two health care assistants in the practice nursing team. All are female. The practice manager is supported in the day to day management of the practice by a team of 15 administration and reception staff. The practice employs a full time care navigator. A clinical pharmacist has been appointed and will join the practice in July 2016.

The practice is accredited to provide training to qualified doctors who are seeking to become GPs. Placements are also offered to medical students.

The practice is open between 8am and 6.30pm every weekday. Appointments are from 8.30am to 12pm every morning and 2.30pm to 5.30pm daily. Patients requiring urgent appointments are seen or receive a telephone consultation after 5.30pm. Extended hours appointments are offered on Monday and Thursday evenings between 6.30pm and 8.30pm and every Saturday between 8am and 11.30am.

There are approximately 13,700 patients registered at the practice and the practice population has grown by around 3000 since 2010. The age profile of the registered patients shows a slightly higher than average number of patients aged under 5 and between the ages of 25 and 39. Sixteen per cent of the registered patients are over the age of 65. Nationally reported data shows that income deprivation was low amongst the practice population. The income deprivation score was nine on a scale of 10 (lower scores indicate a higher level of deprivation). The majority of the registered patients are white British with English as a first language.

All services are provided from:

The Abingdon Surgery, 65 Stert Street, Abingdon, Oxfordshire, OX14 3LB

The practice has opted out of providing out of hours services to their patients. The out of hours service is provided by Oxford Health NHS Foundation Trust and is accessed by calling NHS 111. Advice on how to access the out of hours service is contained in the practice leaflet, on the patient website and on a recorded message when the practice was closed.

This is the first inspection of The Abingdon Surgery using the CQC comprehensive inspection methodology under

# Detailed findings

regulations that came into force after April 2014. The practice was inspected in March 2014 using a previous inspection process. At that time the practice was found to be compliant with the regulations that were in force.

## 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 16 June 2016. During our visit we:

- Spoke with four GPs, three nurses, two HCA's and five members of the administration and reception team.
- Also spoke with eight patients who used the service.
- Observed how patients were being cared for and talked with carers and/or 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.

# 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. 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). Staff we spoke with were clear on their responsibilities to report any adverse events and near misses. They were also able to tell us about incidents they had reported and we saw that the practice had a summary event of note form that staff completed to commence the incident reporting process.
- 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. The practice had a system to follow up on actions that were identified to reduce the risk of a recurrence of significant event. They held an open significant event register which was reviewed within three months of the event occurrence. This enabled them to check if the action had been completed.
- The practice ensured that medicine and equipment alerts were followed up by making one member of staff responsible for concluding and recording action. We saw the records of action being taken to address safety alerts.

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, the practice identified that the death of a patient had not been certified in a timely manner and had caused distress to the family of the deceased patient. This had occurred because the request for a GP to certify death had not been clearly passed on. The practice instituted a

revised system to ensure that clear messages were passed to GPs when certification of death was required. Staff we spoke with were aware of the learning from incidents and team meeting minutes showed us the learning was cascaded to staff.

### 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. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Nursing staff were trained to level two and administration staff to level one. The training records held showed that all staff were required to update their safeguarding training every three years and that this was achieved.
- A notice in the waiting room advised patients that chaperones were available if required. Two patients we spoke with told us they had been offered the services of a chaperone. Practice nurses and health care assistants (HCA's) acted as chaperones and 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). We noted that a recently appointed HCA required additional training to ensure they were familiar with all the procedures they might observe when carrying out chaperone duties. The training had been arranged and until such time as it had been completed this member of staff was restricted to acting as a chaperone for a limited range of consultations.
- The practice maintained high standards of cleanliness and hygiene. We observed the premises to be clean and



## Are services safe?

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. We reviewed a report that showed the practice to be high performers for meeting prescribing targets set by local medicines management team. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed seven 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 generally 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 held liquid nitrogen on site. This was used for minor surgical procedures which involved freezing. There was a risk assessment for this potentially dangerous substance. However, the risk assessment had not been followed because the liquid nitrogen was stored in a room without adequate ventilation. We discussed this with the practice and they recognised the need to move the liquid nitrogen. Following the inspection the practice sent us evidence of placing an order to have the liquid nitrogen relocated to a purpose built ventilated store.
- The practice held records of the immunisation status of all staff. In particular they had documented the status of staff's vaccination against contracting hepatitis B. We noted that the practice held a risk assessment for the staff for whom vaccination had not been effective. These staff were aware of their vaccination status and what to do if they suffered a needlestick injury.
- 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. We noted that most of the administration staff had been trained to cover a wide range of duties. This enabled them to cover colleagues in their absence and built resilience into the staffing structure of the practice.

### 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.

## Are services safe?

- All staff received annual basic life support training and there were emergency medicines available. Whilst staff were aware of the location of emergency medicines we found that they were not all kept in one place for easy access.
- 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.
- 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.

# 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 monitored that these guidelines were followed through risk assessments, audits and through discussion at clinical meetings.

### 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, from 2014/15, were 99% of the total number of points available. We also reviewed the results from 2015/16 which the practice made available for us. We did this because the exception rates from some of the indicators in 2014/15 were above average. For, example, the practice had an exception rate from some of the indicators relating to care of patients diagnosed with diabetes of 20% which was higher than the local average of 12%. We saw that the exception rates in 2015/16 had reduced from 20% to 14%. (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 noted that the practice followed the national QOF protocol for inviting patients three times for the review of their long term conditions and that the administration officer responsible for processing the invitations then instigated the removal of the patient from the recall programme. We discussed this with the senior GP because we were concerned that a clinician did not authorise the exception. There was a risk that a patient whose condition

was not being controlled could be missed. The practice put arrangements in place immediately to ensure all potential exceptions were reviewed, and authorised, by a GP or nurse.

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

- Performance for diabetes related indicators was better than both local and national averages. The practice achieved 100% compared to the CCG average of 93% and national average of 89%.
- The practice had completed care plans for 86% of patients diagnosed with a severe and enduring mental health problem. This was better than the CCG average of 78% and national average of 77%. This was achieved with a low 6% exception rate compared to the CCG average exception rate of 12% and national average of 13%.

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits completed in the last year, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, the practice had completed two cycles of an audit of patients who were prescribed disease modifying medicines. The audit targeted ensuring that instructions on the prescriptions were absolutely clear on the monitoring processes patients should follow. The first audit identified 94 patients prescribed these medicines. It found that in 12 cases the instructions for monitoring were not completed in full. The GPs were reminded to enter full monitoring instructions on all prescriptions. The second audit conducted within six months from the first audit this again found 94 patients with these prescriptions. The number of prescriptions without definitive monitoring instructions had reduced to six. The GPs received results of the audit and a further reminder on entering full instructions and a third cycle of the audit was due to be undertaken.

# Are services effective?

## (for example, treatment is effective)

Information about patients' outcomes was used to make improvements such as recognition of the numbers of patients diagnosed with diabetes excepted from QOF indicators. The GPs took action to ensure more rigorous follow up of these patients and reduced the number of exceptions from monitoring by 6%.

### 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. For example updates in the care of patients with lung disease.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and 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 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 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.
- When providing care and treatment for children and young patients, 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.
- The process for seeking consent was monitored through patient records audits.
- We saw that written consent was always obtained for minor surgical procedures.

### 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. Patients were signposted to the relevant service.
- A counselling service was available on the premises and smoking cessation advice was available at the practice.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 83% and the national average of 82%. There was a policy to

# Are services effective?

(for example, treatment is effective)

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 by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Of the women eligible for breast screening in the last three years 75% had attended for screening compared to the CCG average of 75% and national average of 72%. Bowel screening had been attended by 61% of patients eligible in the last 30 months compared to the CCG average of 60% and national average of 58%. 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.

There were 60 patients on the practice register with a learning disability. Of these 28 had received an annual

physical health check (47%). Thirty of these patients had a care plan in place. An annual health check is recognised as beneficial for this group of patients who can suffer from a range of health problems in addition to their disability.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 91% to 97% compared to the local average range of 90% to 97%. For five year olds the range was 92% to 97% compared to the local CCG range of 92% to 98%.

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.

# 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.

All of the 32 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. Twenty five of the comments received stressed the respect patients were given by staff. Most patients commented upon receiving continuity of care. We also received five comment cards from patients who described the service they received from the GPs and nurses as incredibly kind and friendly. Four patients commented that their care and treatment exceeded their expectations.

We spoke with four 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.

All staff demonstrated a patient centred culture. This was supported by the operation of the personal list system which ensured continuity of care to patients and their families. Patients we spoke with and comment cards received focussed on GPs and nurses supporting whole families in their care and treatment.

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

- 94% 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%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 92% 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%.
- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 91%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and the national average of 97%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

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

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 89% 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 national average of 82%.

## Are services caring?

- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.

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.
- When appropriate GPs and nurses provided patients with written information to support the verbal advice and treatment options given.

### **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 190 patients as carers (1.4% of the practice list). The practice demonstrated a commitment to supporting carers and to increasing the number of carers registered. For example, they had taken an active part in national carers week, which had been held in the week before our visit. By promoting the benefits of registering as carer they had increased the numbers on their carers register by eight since the end of May. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. The GPs supported patients receiving end of life care over the weekends. Wherever possible the GP gave the patient and their family their contact details. This helped to maintain continuity of care and avoided transferring responsibility to the out of hours service.





# 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. For example, the practice had obtained funding to appoint both a care navigator and a clinical pharmacist to enhance service provision. The practice had obtained funding in 2015 to appoint a care navigator. This member of staff held responsibility for assisting patients with complex needs to access support networks and benefits. We were given an example of the care navigator helping a patient to obtain support and benefits by contacting the local citizens advice bureau (CAB) on the patient's behalf. When they found that the CAB could assist the patient they went with the patient to the CAB office to support them and hand over information to help the CAB staff to give the patient the support and advice they required. We noted that the funding the practice obtained to appoint the care navigator had ceased in March 2016. However, the practice recognised the benefits to patients arising from the appointment and had retained the member of staff. The care navigator assisted the GPs and nurses in ensuring patient's emotional and social care needs were met to support the physical care and treatment they received.

- The practice offered evening clinics on two days a week until 8.30pm and a Saturday morning clinic every week for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- 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 required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were accessible facilities, a hearing loop and translation services available.
- The practice delivered all clinical services from treatment and consultation rooms on the ground floor.

- The practice used innovative and proactive methods to improve responsive patient outcomes, working with other local providers to share best practice. For example, using e-mails and photographs to communicate with specialists at the local hospital to reduce the need for patients to travel to outpatient clinics.
- The practice also used e-mail for some consultations with patients. We saw examples of this service benefitting patients. For example in the diagnosis of an infectious disease common in childhood from an e-mailed photograph. The patient's parent was reassured that they had made the correct diagnosis and the child did not have to attend the practice with the associated risk of spreading the disease.
- If a patient who was registered at the practice moved into a care or nursing home in the locality they were able to remain registered and continued to receive care and treatment from their usual GP.
- The practice registered patients with mental health problems who resided at a local hostel. This facility provided five places for people who required short term following discharge from hospital. Staff supported these patients for all their physical and social needs to assist them in settling into the community.
- Patients who required assistance and support to access other health and social care services, as well as benefits and voluntary organisations received this support from the care navigator. For example, if a patient required assistance to book transport for a clinic appointment the care navigator gave them this support.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 12pm every morning and 2.30pm to 5.20pm daily. Extended hours appointments were offered at between 6.30pm and 8.30pm on a Monday and Thursday and every Saturday morning between 8am and 11.30am. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

Appointments could be booked in person, by telephone and online.

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.





# Are services responsive to people's needs?

## (for example, to feedback?)

- 92% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 82% of patients said they could get through easily to the practice by phone compared to the CCG average of 84% and national average of 73%.

We reviewed the appointment availability on the practice system and found that routine pre-bookable appointments were available within two days for all GPs. This was in addition to the urgent appointments that were released every morning for patients who needed to be seen on the day they contacted the practice.

Feedback on access to services was consistently strong from both the national survey and from patients who posted comments on NHS choices. In addition patients told us on the day of the inspection that they were able to get appointments when they needed them. Over 70% of the patient comments, from 32 comment cards and eight patients we spoke with, were positive in regard to accessing the surgery to book appointments and in obtaining both urgent and routine appointments in a timely manner.

On the day of inspection we saw how the nursing team supported patients to avoid delays in patients being seen. For example when one nurse was on schedule and a colleague was running a little late. The nurse who had completed their consultations offered the patients who were waiting to see a colleague the opportunity to see them rather than wait for the nurse who was running behind schedule.

### 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. The complaints procedure was displayed on posters and contained in both the patient leaflet and practice website.

We looked at nine complaints received in the last 12 months and found all had been thoroughly investigated in a timely manner. Patients received an open and honest reply and an apology when things went wrong. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, we reviewed one complaint where a patient was unhappy that their appointment with their GP was running late. The practice reviewed the complaint and the senior partner held a meeting with the GP in question to assist them in concluding consultations and giving them advice on how to keep to appointment times. The patient received a prompt and full response to their concerns. The practice also kept a record of the compliments they received. We looked at 21 letters and cards received from patients expressing their thanks for either prompt and efficient access to appointments or the high standards of care and support they had received from the GPs and nurses.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plan which reflected the vision and values and were regularly monitored.

### 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.
- Staff we spoke with were also clear on the lead roles of senior staff and GPs.
- Practice specific policies were implemented and were available to all staff. We reviewed a sample of 12 policies and procedures and found all were up-to-date with regular policy reviews undertaken and recorded.
- 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 arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, at the time of inspection the practice had not followed their own risk assessment in regard to storage of liquid nitrogen. This was rectified following inspection when suitable storage arrangements were identified and arrangements were made to move the liquid nitrogen.

### 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 that was responsive to patient's needs. 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 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 patients 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. There was a structured approach to team meetings. However, the meetings of the practice nursing team were not recorded. We discussed this with the recently appointed senior nurse and they told us they planned to keep minutes of meetings they held in the future.
- The practice business meetings were attended regularly by all partners, senior nursing staff and senior management and administration staff. We noted that all members of staff were able to attend if they had any matters they wished to discuss or obtain more detailed knowledge of.
- 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.

# Are services well-led?

Good 

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

## 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 had chosen not to meet formally and operated as a 'virtual group' communicating by electronic means. This was confirmed by the four members of the group we met. They told us that because they had no issues or concerns about the practice or received any concerns from other patients. The practice demonstrated how they sought and acted upon patient feedback. For example regular e-mail contact was made with the 65 members of the PPG when any changes or developments in service were proposed and the views of these members were sought on the proposals. Patient surveys were also carried out twice a year. The last survey had been undertaken in March 2016. Feedback from patients who took part asked for more information about practice services. As a result a quarterly newsletter was introduced and the practice website was updated to hold more information about changes and developments in practice services.

- 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. For example, staff had in the past expressed concern that they needed additional support to maintain appropriate response times for patients calling for appointments. The practice responded by retraining to ensure more staff could cover a range of duties and by increasing staffing levels.

## 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 taken advantage of bidding for additional resources to appoint a care navigator and a clinical pharmacist. When the funding ceased for the care navigator post the practice took on responsibility to fund the post. It recognised the benefits to patients receiving the extra support in accessing services and advice from other agencies that the care navigator gave. The practice had received an exemplary report from its last inspection to assess their ability to train qualified doctors as GPs. We reviewed the report and saw that the GP trainer had been complimented for the high level of support GP trainees received.