Budbrooke Medical Centre

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?	Good
Are services well-led?	Outstanding

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Budbrooke Medical Centre on 25 April 2017. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events which all staff were aware of.
- The practice had clearly defined and embedded systems to minimise risks to patient safety. Staff were aware of current evidence based guidance and took measures to ensure that changes in guidance were discussed and shared with staff. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had achieved consistently high levels of satisfaction from the national GP patient survey and their own survey and showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment. Patients we spoke with and CQC comments cards were also unanimously positive and patients expressed how the actions and additional support of the GPs and other staff had had a positive impact on how they dealt with, and adjusted to life when coping with particularly difficult diagnoses and specific long term conditions. Patients told us how the GPs provided their own telephone number to patients during the end of life and provided additional home visits to support them. All staff we spoke with demonstrated that the caring practice ethos was embedded in their work.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day as well as telephone consultations. One hundred percent of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had made significant changes in the last two years and strengthened and developed their management team which had improved efficiency in the practice.
- The practice had an active patient participation group as well as a virtual group who worked well with the practice and provided feedback, which was well received and acted upon.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

We saw areas of outstanding practice:

- The practice had a lead GP for mental health and dementia who had undertaken additional training in these areas. Their proactive approach to dementia had led them to explore their patient population and review patients who may have been at high risk of dementia. This had increased the number of patients identified as living with dementia. The practice had engaged in a local pilot project to identify and investigate patients with the potential for a diagnosis of non-complex dementia. The GPs gave several examples of how in depth consultations had resulted in significant benefits to both patients and their carers.
- The practice had engaged in two leadership programmes where key staff had developed their skills in change management, succession planning and leadership. They had introduced new systems and ways of working which enabled the practice to function more efficiently allowing more time for patients and clinical reflection. They had involved all levels of staff seeking ideas and views to ensure effectiveness, engagement and ownership.

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.

- The practice demonstrated the use of appropriate documentation and an effective system for reporting and recording significant events. Staff were all aware of the process and we saw examples which showed that lessons had been learnt, shared and actions taken to improve safety in the practice. We saw examples of how when things went wrong patients were informed as soon as practicable, received support, information, and a written apology where necessary. 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 to minimise risks to patient safety and we saw evidence of a range of risk assessments and actions taken in response to these.
- The dispensary had been modernised and was well equipped with up to date systems to facilitate efficient dispensing. Staff were appropriately trained and managed and there were standard operating procedures in place to support staff in their work.
- Staff demonstrated that they understood their responsibilities and all had received training in safeguarding children and vulnerable adults relevant to their role as well as training in areas such as infection control, cardio pulmonary resuscitation, fire and health and safety.
- The practice had arrangements in place to respond to emergencies and major incidents.

Are services effective?

Good

The practice is rated as good for providing effective services.

Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above average compared to the Clinical Commissioning Group (CCG) and national averages. They had achieved 99.6% of the total points available in 2015/16 QOF and exception reporting was 4% which was below the CCG and national averages of 8% and 10% respectively.

- Rates for uptake of immunisation and cervical, breast and bowel screening were all above the CCG and national average. Discussions with staff indicated they attributed this to the adoption of an holistic approach to care and a commitment to

Summary of findings

'making every contact count' taking every opportunity to promote and encourage uptake of health promotion and screening programmes. A significant amount of literature and advertising materials for these services were visible in the practice.

- Staff were aware of current evidence based guidance and changes in national and local guidance in best practice were reviewed by the GP and shared and discussed at clinical meetings.
- Clinical audits demonstrated quality improvement and the practice undertook regular audit in response to changes in best practice and to identify if improvements in their practise could be made.
- Staff had the skills and knowledge to deliver effective care and treatment and regular update training was provided.
- There was evidence of appraisals and personal development plans for all staff. The practice manager had been proactive in introducing one to one monthly meetings with staff to provide additional opportunities to discuss training needs and any issues or ideas for improvement.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice engaged with other members of the primary care team such as the MacMillan nurses, and district nurses to ensure that end of life care was coordinated.

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 all aspects of care.
- There were high levels of satisfaction expressed by all patients we spoke with and comments received via CQC comment cards supported these views. Patients consistently told us they received excellent treatment from the GPs and that they were always listened to and treated with compassion, dignity and respect. For example:
- 95% of patients said GPs treated them with care and concern compared to the CCG average of 89% and national average of 85%.
- 94% of patients said the GPs involved them in decisions about their care and treatment compared to the CCG average of 87%and national average of 82%.

Summary of findings

- 96% of patients said GPs explained tests and treatments to them compared to the CCG average of 91% and national average of 86%.
- Patients at the end of life were provided with the GPs' own mobile telephone number and they provided contact, support and visits when necessary during out of hours to these patients. Patients reported how this had made a significant beneficial impact on the patients and carers when dealing with these difficult times. Patients also reported how following difficult diagnosis the GPs had carried out ad hoc home visits to check on patients and how they were coping.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality. The practice acknowledged the benefit of all staff being aware of patients and their circumstances in order that they could act sympathetically and have an understanding of patients specific difficulties.
- The practice had introduced a delivery service from the dispensary for housebound patients and those who could not get to the surgery. The reception and dispensary staff demonstrated knowledge of patients' needs and how they tailored the service to meet these. For example, the dispensary staff observed patients in their own homes when delivering medicines and reported any issues to the GP. They provided several examples of how their actions had alerted the GPs to carry out home visits to ensure their health had not deteriorated. They also gave examples of where staff had facilitated patients' domestic arrangements to allow them to attend hospital for emergency treatment.
- All carers and families were encouraged to attend monthly drop in sessions from Guideposts, the support organisation for carers. From attendance at these sessions the practice have been able to identify five carers who had no support. All patients and carers of patients living with dementia were offered the dementia navigator service and four of the newly diagnosed patients had taken up the service which included respite day care and drop in support sessions.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population.

Summary of findings

- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they always found it easy to make an appointment with a GP and there was continuity of care, telephone appointments and urgent appointments available the same day. Patients received text messages to confirm their appointments.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from three examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Outstanding 

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- The practice had taken significant steps to improve and develop. They had engaged in two quality improvement projects to help develop staff skills in areas such as business and succession planning, leadership and management of change. This had enabled the practice to introduced systems and ways of working which maximised efficiency and provided additional clinical time available for patients and reflection of clinical decisions. Staff had been involved and had ownership of all the changes implemented and were able to realise benefits to both patients and the team as a whole. They reported feeling involved in the practice and valued by the GPs.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities and the practice had introduced monthly one to one discussions with all staff to identify any training or development needs or highlight issues of concern.

Summary of findings

- The provider was aware of the requirements of the duty of candour and we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged well with the patient participation group.
- There was a focus on continuous learning and improvement at all levels and staff training was a priority.
- GPs who were skilled in specialist areas and used their expertise to offer additional services to patients such as dementia, mental health and family planning.

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.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- 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.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services. The practice were involved in a pilot scheme which was exploring this.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.
- The practice worked with AgeUK and had an allocated worker to receive referrals from the practice.

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 long-term disease management including hypertension, asthma, stroke, and diabetes and patients at risk of hospital admission were identified as a priority.
- Outcomes for patients with long term conditions were higher than the CCG and national averages. For example:
- 86% of patients with diabetes, on the register, had blood glucose levels within the recommended range or less in the preceding 12 months compared to the CCG average of 82% and national average of 78%.
- 85% of patients with diabetes, on the register, had a blood pressure reading within the recommended level compared to the CCG average of 80% and national average of 78%.

Summary of findings

- The practice followed up patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- The practice had comprehensive knowledge of their practice population and patients with long-term conditions who experienced a sudden deterioration in health could access the GP urgently if necessary.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice told us they used every contact with patients to ensure that all areas of their health were addressed and encouraged attendance for review. Patients confirmed they experienced this holistic approach to their health.

Families, children and young people

Good

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

The practice had comprehensive systems in place for dealing with safeguarding children. All staff in the practice were appropriately trained and demonstrated confidence in their knowledge of how to deal with safeguarding concerns.

- Immunisation rates were 100% for all standard childhood immunisations. The practice was one of three practices in the CCG that had achieved this and had also achieved influenza vaccination targets both in pregnant women and children.
- The practice provided support for all babies and their families following discharge from hospital and provided children's medical examinations at six to eight weeks of age prior to commencement of their immunisation programme.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives and health visitors to support this population group. For example, in the provision of ante-natal, post-natal and child health clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.
- The practice had GPs with additional training in contraception and offered hormonal contraceptive implants and insertion of intrauterine devices.

Summary of findings

- Cervical screening was offered to all women and the practice nurses had additional qualifications to perform this. The practice manager and lead nurse checked regularly for patients who had not attended for cervical screening. The lead nurse encouraged these patients to attend and explained the process to alleviate anxieties which may have affected uptake.
- 86% of women aged 25-64 years had received a cervical screening test in the preceding 5 years compared to the CCG and national averages of 83% and 81% respectively. Exception reporting was 3% compared to the CCG average of 6% and national average of 7% for this area of screening.

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 these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, the practice took every opportunity to promote vaccination and health screening programmes and as a result had achieved a higher than average uptake rate in all screening and vaccinations.

- The practice was one of three highest achieving practices in the CCG in flu vaccinations achieving 84% uptake for the over 65 age group and 69% for the under 65 year age group.
- There was information advertising bowel and breast screening in the waiting areas and it had been included in the practice television advertising screen. The practice had adopted a way of working which incorporated making every contact with patients count which included encouraging uptake of screening and following up patients who had not attended.
- 68% of patients aged 60-69 years, were screened for bowel cancer in last 30 months compared with the CCG and national averages of 63% and 58% respectively.
- 81% of females aged 50-70 years, were screened for breast cancer in last 36 months compared to the CCG and national averages of 75% and 72% respectively.
- 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 and there was a range of health promotion literature in the waiting area to support this. For example, NHS Health Checks and cancer awareness.

Summary of findings

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. They had reviewed their learning disability register to ensure records were accurate and that the appropriate care could be offered.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. Patients were flagged on the system and all patients at the end of their life were given their GP's mobile number to contact them if the patient or family were experiencing difficulty or their condition had deteriorated. The GPs visited these patients out of hours themselves when necessary to ensure continuity and support for the families which patients reported had been extremely beneficial and helped them during very difficult and traumatic times.
- 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 and discussed these patients at clinical meetings as well as quarterly multi-disciplinary meetings.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations, for example domestic violence.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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 had developed their own policy and we saw clear information for staff guidance in all clinical rooms. There was a complete 'Grab folder' in the reception area containing all information staff may need in the event of a safeguarding concern.

People experiencing poor mental health (including people with dementia)

Outstanding

The practice is rated as outstanding for the care of people experiencing poor mental health (including people with dementia). This is because the practice is rated outstanding in the area of well led as well as in providing outstanding effective care for those patients experiencing poor mental health (including people with dementia).

Summary of findings

- The practice had a lead GP for mental health and dementia who had undertaken additional training in these areas. They were also the CCG lead for mental health and engaged with other GPs and specialists regarding development of services for patients with mental health issues. The practice had a proactive approach to mental health and had considered the number of patients identified with dementia to be low. This led the practice to explore their patient population and review patients who may have been at high risk of dementia and as a result had increased the dementia register from 11 to 20 in the previous year. This had enabled them to ensure appropriate assessment, treatment and support was in place for these patients. They had subsequently engaged in a local pilot project for dementia involving identification of patients with the potential for a diagnosis of non-complex dementia, providing investigation, diagnosis and treatment in the community by the GP. The GPs gave several examples of how these in depth consultations had resulted in significant benefits to both patients and their carers, providing the opportunity to fully explore the difficulties they were both experiencing with diagnosis as well as everyday living. They were able to direct to the appropriate support organisations and provide support and reassurance to them. Patients we spoke with referred to how the GPs actions had helped them when dealing with their relative with dementia. The GP also had a nurse who was specifically allocated to support them in this role.
- 100% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was higher than the national and CCG average of 86% and 84% respectively and the practice had not excepted any patients.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia. For example, 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had an agreed care plan documented in the record, in the preceding 12 months which was higher than the CCG and national averages of 93% and 89%. The practice had acknowledged the benefits of physical exercise in coping with mental health issues and had worked with a local initiative 'Walking for Health' which organised structured walks in the area. The practice were encouraging patients to attend the sessions and we saw this was advertised in the practice. The walks had commenced in April and the initial session resulted in 11 attendees, two of whom were patients from the practice.

Summary of findings

- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs which ensured that blood tests and assessment of mental health took place before re-issuing prescriptions.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had access to the Improving Access to Psychological Therapies (IAPT) counsellors to support patients with mental health issues and patients could also access these directly.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed 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 July 2016. The results showed the practice was performing above the local and national averages. There were 213 survey forms were distributed and 117 were returned. This was a high return rate of 55% compared to the national average of 38% and represented approximately 3% of the practice's patient list. The practice had also carried out their own survey designed and facilitated by the patient participation group which showed similar levels of patient satisfaction.

- 98% of patients described the overall experience of this GP practice as good compared with the CCG average of 91% and the national average of 85%.
- 94% of patients described their experience of making an appointment as good compared with the CCG average of 81% and the national average of 73%.
- 91% 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 85% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 40 comment cards which were all positive about the standard of care received. Patients consistently referred to the caring and compassionate GPs and staff at the practice and how they were given additional support when experiencing difficult and distressing health problems.

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

Outstanding practice

- The practice had a lead GP for mental health and dementia who had undertaken additional training in these areas. Their proactive approach to dementia had led them to explore their patient population and review patients who may have been at high risk of dementia. This had increased the number of patients identified as living with dementia. The practice had engaged in a local pilot project to identify and investigate patients with the potential for a diagnosis of non-complex dementia. The GPs gave several examples of how in depth consultations had resulted in significant benefits to both patients and their carers.
- The practice had engaged in two leadership programmes where key staff had developed their skills in change management, succession planning and leadership. They had introduced new systems and ways of working which enabled the practice to function more efficiently allowing more time for patients and clinical reflection. They had involved all levels of staff seeking ideas and views to ensure effectiveness, engagement and ownership.

Budbrooke Medical Centre

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.

Background to Budbrooke Medical Centre

Budbrooke Medical Centre is a semi-rural dispensing GP practice which provides primary medical services under a General Medical Services (GMS) contract to a population of approximately 4,500 patients living in Budbrooke and surrounding areas of Warwick. A GMS contract is a standard nationally agreed contract used for general medical services providers.

The practice operates from a single storey building which has has parking facilities and disabled access with electronic doors to the entrance and a spacious reception area allowing easy access for patients with mobility aids to manoeuvre.

The practice population has a higher than average number of patients aged 10 to 15 years and those aged 40 to 70 years and a lower than average number of patients in the 20 to 35 year age group. National data indicates that the area is one that does not experience high levels of deprivation. The practice population is predominantly made up of patients of white British ethnic origin.

There is one male GP provider who employs three part time female GPs. The practice employs two practice nurses, a health care assistant, a practice manager and a dispensary manager, who are supported by a team of administration and reception staff. The practice is a dispensing practice dispensing to approximately 4,000 patients who live more than one mile from a pharmacy. This is staffed by a team of four trained dispensary staff.

The practice offers a range of services including minor surgery, long term condition monitoring, cervical cytology, family planning, child health services and phlebotomy (blood taking).

The practice premises and dispensary is open on Mondays, Wednesdays and Fridays from 8am until 6pm, and Tuesdays and Thursdays from 8am until 5pm. When the practice is closed during core hours from 5pm (on Tuesdays and Thursdays) and from 6pm (on Mondays, Wednesdays and Fridays) calls are taken by the GPs at the practice until 6.30pm. When the practice is closed from 6.30pm cover is provided by the out of hours service, who can be contacted via NHS 111.

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.

Detailed findings

How we carried out this inspection

Before inspecting 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 inspection on 25 April 2017. During our inspection we:

- Spoke with a range of staff including the GPs, practice manager, dispensary staff, reception and administrative staff as well as patients and patient participation group members who used the service.
- Observed how staff assisted patients when they attended the practice in the reception area and talked with carers and/or family members.
- Reviewed a 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.
- Looked at information the practice used to deliver care and treatment plans.

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 living 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 a system for reporting and recording significant events.

- All staff we spoke with were aware of the procedure for reporting incidents. Staff told us they would inform the practice manager of any incidents and there was a recording form available for staff to complete. 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).
- From the sample of three documented examples we reviewed, we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events and these were discussed with staff at practice meetings. We saw evidence of minutes of meetings to demonstrate this. We saw evidence that lessons were shared and action was taken to improve safety in the practice. We noted there had been a needle stick injury and all appropriate action and reporting had taken place.
- The practice also monitored trends in significant events and evaluated any action taken.
- We saw the practice had a systematic approach to dealing with safety alerts and the Medicines and Healthcare products Regulatory Agency (MHRA) alerts. We viewed the summary log and saw that these were clearly documented and that appropriate actions had been taken where necessary and by whom.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies had been developed and personalised by the practice and were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare and there was a 'grab folder' available for staff in the event of a safeguarding concern so that staff could access all information urgently if necessary. There was a lead GP for safeguarding. GPs attended safeguarding meetings when necessary or provided reports for other agencies.
- All staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three and nurses to level two.
- There were notices in the waiting room and clinical rooms advising 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. We saw cleaning schedules and that monitoring systems were in place to ensure quality standards in the practice.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol 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.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. We saw that all patients taking medicines requiring close monitoring had received appropriate blood tests prior

to re-issue of prescriptions. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group 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 to monitor their use. The practice described the system in place to deal with uncollected prescriptions which was appropriate. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. We reviewed these and noted they had been signed appropriately and nurses referred to them regularly.

- The practice had signed up to the Dispensing Services Quality Scheme (DSQS), which rewards practices for providing high quality services to patients of their dispensary. There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training. One member of staff was towards the end of their supervised practice and we saw they had been supported during this time.
- Records showed that all members of staff involved in the dispensing process were appropriately qualified and their competence was checked regularly by the lead GP for the dispensary.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures to manage them safely. There were also arrangements for the destruction of controlled drugs. Staff had completed dispensary audits including one to examine entries of controlled drugs into the register. This resulted in changes in the process and a subsequent re-audit demonstrated improvement.
- Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). We saw evidence of regular review of these procedures in response to incidents or changes to guidance in addition to annual review.
- Records showed fridge temperature checks were carried out which ensured medicines were stored at the appropriate temperature and staff were aware of the procedure to follow in the event of a fridge failure.
- We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Incidents were logged efficiently and then reviewed promptly. This helped make sure appropriate actions were taken to minimise the chance of similar errors occurring again.

We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available and staff received health and safety training during their induction and subsequent updates via online training.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice.
- Arrangement were in place to ensure all electrical and clinical equipment was checked and calibrated annually to ensure it was safe to use and was in good working order. We noted clinical equipment had been calibrated in March 2017 and electrical appliances in February 2017.
- The practice had a variety of other risk assessments 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).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients and the practice. The practice had also had identified that it would be beneficial for all reception and administrative staff to be able to carry out each other's roles if necessary and steps had been taken to facilitate this and train staff accordingly.

Arrangements to deal with emergencies and major incidents

Good

Are services safe?

The practice had adequate arrangements 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 accessible to staff in a secure place in the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage and key members of staff held a copy of this off site. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines and local guidelines. The practice had systems 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 also had its own intranet and summarised guidance for GPs and nurses to access and use more effectively. For example, one of the GPs had summarised the latest diabetes guidelines. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. We saw that new guidance was discussed at practice meetings amongst clinical staff. We noted that the practice had carried out action regarding specific heart conditions and blood thinning treatment as a result of changes in NICE guidance which had resulted in improvements in patients' treatment.

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 published in October 2016 showed the practice had achieved 99.6% of the total number of points available compared with the clinical commissioning group (CCG) average of 98.9% and national average of 95%.

The overall exception reporting rate was 4% which was below the CCG and national average of 8% and 10% respectively. (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).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Overall performance for diabetes related indicators was 99% which was higher than the CCG and national averages of 97% and 89%.
- 85% of patients with diabetes, on the register, had a blood pressure within the recommended levels compared to the CCG average of 80% and national average of 78%.
- 86% of patients with diabetes, on the register, had a blood glucose test within the recommended level compared to the CCG and national averages of 82% and 78% respectively. Exception reporting was 2% compared to the CCG and national averages of 11% and 13%.
- 100% of patients diagnosed with dementia had receive a face-to-face review in the preceding 12 months compared to the CCG and national averages of 86% and 84% respectively. Exception reporting was zero compared to the CCG and national averages of 6% and 7%.
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record, in the preceding 12 months compared to the CCG average of 93% and 89%.
- The practice reviewed their practice population and prevalence and took action to address areas where they felt improvements could be made. For example, the practice had lead GP for mental health and dementia who had undertaken additional training in these areas. Their proactive approach to dementia had led the practice to explore their patient population and review patients who may have been at high risk of dementia and as a result had increased the dementia register from 11 to 20 in the previous two years which was an increase in the practice prevalence of 36%. This had enabled them to ensure appropriate assessment, treatment and support was in place for these patients. For example, they introduced a system which ensured that these patients were being seen in a timely manner and not missing appointments and followed up with blood tests, memory testing, scans and appointment. They introduced monthly practice dementia meetings which focused on recognising and recording identifiable issues with patients' memory and ensuring follow up to determine an outcome. They had subsequently engaged in a local pilot project for dementia involving identification of patients with the potential for a diagnosis of non-complex dementia, providing investigation, diagnosis and treatment in the community by the GP. The GPs gave several examples of

how these in depth consultations had resulted in significant benefits to both patients and their carers, providing the opportunity to fully explore the difficulties they were both experiencing with diagnosis as well as everyday living. They were able to direct to the appropriate support organisations and provide support and reassurance to them. Since engaging in the project the practice have evaluated 10 patients for suspected dementia, seven of which received a full dementia assessment and as a result five new patients were diagnosed and treated.

There was evidence of quality improvement including clinical audit:

- We reviewed three clinical audits commenced in the last two years, two of these were completed audits where the improvements made were implemented and monitored and the third was scheduled for re-audit in April 2017.
- Findings were used by the practice to improve services. For example, the practice had identified the need for additional equipment and training to avoid unnecessary referral to secondary care.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as 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. Nurses had undertaken diplomas in asthma, diabetes and family planning and additional training courses in, hypertension and chronic obstructive pulmonary disease (COPD) and the health care assistant had undertaken training in performing electro cardio graphs (ECG) and phlebotomy (blood taking).
- 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, 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, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months. The practice manager had recently introduced monthly one to one meetings with staff to allow them to discuss any issues with their work and provide an opportunity to identify any unmet training needs or ideas for improvement.
- 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.
- We found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services. We also noted that the practice was participating in a pilot project to share information. This involved ensuring information regarding patients at the end of life or receiving palliative care was shared between the GP, out of hours, MacMillan team and secondary care.

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. Information was shared between services, with patients' consent, using a shared care record. All pathology results were received by the on call GP and delegated to the appropriate GP in the practice.

Meetings regarding patient at the end of their life and receiving palliative care took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex

needs. Multi-disciplinary meetings for all other vulnerable patients were held quarterly with the GP, district nurses MacMillan team, community matron and occupational health.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. We noted that the practice did not use a read code to record Gillick competence but documented it as free text. The practice acknowledged this and told us they would address the issue. (Gillick competence is a term used to decide whether a child under 16 years of age is able to consent to his or her own medical treatment, without the need for parental permission or knowledge).
- 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.
- The practice had consent forms for minor surgery and had a log for recording excisions which were sent for histology but did not include all minor surgery. The practice acknowledged this immediately and amended the log to record all minor surgery procedures and their outcomes.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those living with dementia, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.

The practice's uptake for the cervical screening programme was 86%, which was above with the CCG average of 83% and the national average of 81%. The practice uptake for national screening programmes was also above average, for example the number of eligible patients aged 60-69 years, screened for bowel cancer in last 30 months was 68% compared to the CCG and national averages of 63% and 59%

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above the CCG and national averages. For example, rates for the vaccines given to under two year olds ranged from 98% to 100% and five year olds from 97% to 100%.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by 'making every contact count', adopting an holistic approach and encouraging attendance for screening at every opportunity and they ensured a female sample taker was available. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer both during face to face contact and by using posters and advertising the services available in the waiting areas.

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 years. 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 how staff assisted patients when they attended the practice and noted they were friendly, courteous and very helpful to patients and treated them with dignity and respect. The practice manager told us that it was part of the practice ethos for all staff to understand patients situations and difficulties in order for them to assist them in the best way they could. Staff we spoke with confirmed this and patients we spoke with and comment cards we received described this approach by the practice. Staff demonstrated a professional and engaging attitude towards patients. We also listened to how staff dealt with patients' queries on the telephone and noted staff were helpful and readily provided information to help patients. Patients told us the GPs and nurses gave them plenty of time to discuss their condition and never felt rushed during their appointments.

- 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 and they could offer them a private room to discuss their needs.

All of the 40 patient Care Quality Commission comment cards we received were exceptionally positive about the service experienced and patients we spoke with provided equally positive comments giving examples of where the GPs had provided additional care and support during times when they were experiencing difficult health concerns and caring for seriously ill relatives. Patients told us this had had a significant positive impact on how they were able to maintain their own health whilst dealing with these conditions. Patients told us they felt the practice offered an excellent service and staff were helpful, caring, treated them with dignity and respect and went above and beyond what was required of a GP. Many patients reported feeling privileged to be a patient at the practice and considered the care exceptional from caring and compassionate GPs and nurses.

We spoke with members of the patient participation group (PPG). They also told us they were more than satisfied with the care provided by the practice and said their dignity and privacy was respected. They told us they felt it was embedded in the practice ethos as all staff dealt with patients compassionately and respectfully. Comment cards consistently reinforced these views and provided many examples of where the actions and support of practice staff had made a difference to how they felt. The GPs provided patients at the end of life with their own mobile telephone number and visited them out of hours when required to ensure the patients received continuity and optimum support during their last days.

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:

- 92% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 93% and the national average of 89%.
- 94% of patients said the GP gave them enough time compared to the CCG average of 91% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 98% and the national average of 95%.
- 95% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 85%.
- 96% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 93% and the national average of 91%.
- 99% of patients said the nurse gave them enough time compared with the CCG average of 94% and the national average of 92%.
- 99% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 97% of patients said they found the receptionists at the practice helpful compared with the CCG average of 89% and the national average of 87%.

Good

Are services caring?

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. Patients told us the GPs and nurses provided detailed information regarding their condition and treatment options.

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 above the local and national averages. For example:

- 96% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 86%.
- 94% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 82%.
- 95% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 90%.
- 96% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- There was a hearing loop to assist patients who had hearing difficulties
- There was a range of leaflets available for patients regarding a variety of conditions, for example, dementia, thyroid support, cancer and dementia.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area that told patients how to access a number of support groups and organisations such as the Marie Curie Support, Thyroid support group, and dementia. 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 and there was information in the reception area encouraging patients to inform the practice if they were a carer. The practice had identified 56 patients as carers which represented approximately 1.3 % of the practice list. All carers and families were encouraged to attend monthly drop in sessions from Guideposts, the support organisation for carers. From attendance at these sessions the practice have been able to identify a number of carers who had no support. All patients and carers of patients living with dementia were offered the dementia navigator service and many patients have taken up the service which has included respite day care and drop in support sessions. The practice had received anecdotal evidence that this had reduced patients concerns and improved their quality of life but they had planned a questionnaire for June 2017 to gain a better understanding of the impact of this service. The practice had planned a dementia friends training session for all staff later in the year.

All carers were flagged on the system, had care plans and were given priority appointments. They were routinely offered flu vaccines and health checks. Written information was available to direct carers to the various avenues of support available to them such as Guideposts Carers Association and AgeUK.

The practice had allocated a member of the dispensary staff to deliver medicines to housebound patients. The dispenser called to see patients and ensured they understood their medicines and gave examples of when they had observed that patients had not appeared well and reported this to the GP who had visited as a result. The practice considered this a beneficial role to allow monitoring and support of vulnerable and isolated patients. The practice provided examples of where the staff had facilitated domestic arrangements at patients' homes prior to urgent admission to hospital to alleviate stress to the patient.

Good

Are services caring?

Several patients commented on how the GPs had provided additional support and home visits to them when they had received a difficult and concerning diagnosis and spent time providing information and advice and directing them to appropriate support organisations.

Staff told us that if families had suffered bereavement, their usual GP contacted them and carried out a home visit if appropriate to meet the family's needs or by giving them advice on how to find a support service. Two comment cards we received specifically reported how GPs had provided support to patients when they had suffered a bereavement which they said they appreciated and found it to be very helpful.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered more appointments at 8am and 6pm on Wednesdays and Friday in response to patients' requests for working patients.
- The practice provided 15 minute appointments for the GP provider and 12 minute appointments for other GPs and were working towards 15 minutes appointments for all GPs. There were longer appointments available for patients with a learning disability and those with complex conditions and dementia reviews.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning. The GPs provided their mobile numbers to these patients to ensure continuity of care and support.
- Appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments.
- Patients were able to receive travel vaccines available on the NHS.
- There were accessible facilities, which included a hearing loop, and interpretation services and sign language available. There were disabled toilets and we noted a sign advising patients with babies that a room would be made available for baby changing if required.
- The practice had introduced a dispensary delivery service for patients who were housebound and unable to attend the practice. This service allowed an opportunity to identify any deterioration in patients or signs of isolation which may make patients more vulnerable. We heard of examples where dispensary staff had been able to alert GPs to changes in patients' health which were addressed by the GPs.

Access to the service

The practice was open between 8am and 6pm on Mondays, Wednesdays and Fridays and between 8am and 5pm on Tuesdays and Thursdays. Appointments were available during these times. If patients called the practice between 5pm and 6.30pm the call would be taken by one of the GPs in the practice. After 6.30pm care was provided by the out of hours provider via the NHS 111 service. In addition to pre-bookable appointments, telephone appointments were also available as well as urgent appointments for patients who needed to see a GP the same day.

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

- 88% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 76%.
- 100% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 94% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 91% and the national average of 85%.
- 99% of patients said their last appointment was convenient compared with the CCG average of 94% and the national average of 92%.
- 94% of patients described their experience of making an appointment as good compared with the CCG average of 81% and the national average of 73%.
- 73% of patients said they did not normally have to wait too long to be seen compared with the CCG average of 61% and the national average of 58%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them and never had any problems accessing appointments. Patients commented if they wished to see a specific GP they may wait slightly longer.

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Good

Are services responsive to people's needs?

(for example, to feedback?)

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system 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 for handling all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. There was also information in the waiting area and this was also on the practice website.

We looked at three complaints received in the last 12 months and found that these had been handled appropriately in a timely way with openness and transparency. Lessons were learned from individual concerns and complaints which were shared with staff at meetings. The practice manager reviewed complaints annually to determine if there were any trends that needed addressing. None had been identified at the time of our inspection. We noted that the practice also recorded and responded to non-formal verbal complaints from patients.

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 demonstrated a commitment to delivering high quality, personalised care and promote good outcomes for patients.

- The practice aims and objectives were clearly set out, which were to deliver the best service for patients, by innovation, education of patients and staff, embracing change, learning and sharing and striving to improve and meet national standards. All staff we spoke with knew and understood the values and were enthusiastic regarding their role in reaching the practice goals.
- There had been significant changes in the practice over the last two years which had resulted in a new practice manager and dispensary manager and extension of roles of staff already in the practice. The practice had a clear strategy and supporting business plans which reflected the vision and values and involved new projects, learning and ways of working. These had been actively managed with inclusion of all staff and had been well received by staff. Changes introduced were regularly monitored to demonstrate effectiveness.

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 and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example, there was GP lead for safeguarding who was also the dementia champion who was supported by an allocated member of staff.
- Practice specific policies were implemented and were available to all staff via the practice intranet and we saw that these were updated and reviewed regularly. Staff confirmed that they knew how to access all policies at any time.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice. The practice nurse monitored achievement against clinical indicators in QOF and reported if there were areas which required focus which had had a positive impact on patient outcomes.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. We saw comprehensive risk assessments and subsequent actions to mitigate risks such as fire, infection control, Legionella and health and safety.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

During our inspection the GP provider and management team demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care and adopted a collaborative approach to achieve this. The practice prioritised safe, high quality and compassionate care which was evident from the attitude, enthusiasm, commitment from both staff and management as well as plans that had been implemented to achieve this. The practice had had a management reorganisation and identified the need for a dispensary manager and new practice manager. Following these appointments the practice had allocated members of the team to undertake two leadership programmes to equip them with additional skills in management, leadership and managing change, this included the lead nurse. One programme focussed on exploring and developing ways of enhancing efficiency in the practice and streamlining roles and tasks to help the practice run to its optimum efficacy with improved allocation of resources. The practice manager had facilitated brain storming sessions with GPs to highlight what tasks took up unnecessary clinical time. These had been analysed and new systems introduced to address these areas and help the practice run more efficiently. For example, the practice introduced the role of 'patient co-ordinator' for reception, administration and secretarial staff to allow them to co-ordinate and action the administrative areas of patient care relieving the GPs of administrative tasks and allowing them more time for providing clinical care. GPs had commented how they had

Are services well-led?

Outstanding ☆

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

this change had proved successful in allowing more time to be spent with patients. They told us they now had allocated time for reflection and discussion with peers regarding clinical decisions, treatments and referrals.

We saw how work throughout these projects had improved organisation in the practice, introduced time saving practises and freed up clinical time which had previously been used for administration in order to allocate to patient care. They had introduced daily, weekly and monthly job requirement boards which clearly showed staff which jobs were outstanding, allowing these to be addressed more efficiently and promptly. Staff told us they had welcomed and enjoyed changes as they had ownership of the process and had been involved and kept informed at all steps of the process. They told us communication was good in the practice and the GPs were approachable and always took the time to listen to all members of staff.

The practice had also remodelled the dispensary, introducing new systems, storage, and lighting to facilitate easier dispensing and reduce the risk of error. Dispensary staff welcomed the changes and expressed that it had improved efficiency in their working environment. As a result the practice had been able to introduce additional services for patients, for example, dosette box dispensing, controlled drugs and the home delivery service.

The provider was aware of and had systems 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. From the documents we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, 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 and staff felt supported by management.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with relevant health professionals to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings and we saw evidence to demonstrate this.
- 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. Minutes were comprehensive and were available for practice staff to view.
- All staff we spoke with expressed genuine job satisfaction and said they felt proud to work in a practice which constantly strived 'to go the extra mile' for patients. They told us the GPs respected, valued and supported them and they received additional support from the practice manager. 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.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG consisted of eleven patients who met every six to eight weeks. They received feedback from a virtual PPG consisting of approximately 190 members who submitted their views and comments via email to the main group. The PPG had developed the practice's own patient survey questions. They submitted proposals for improvements to the practice management team which they told us were carefully considered by the practice and actioned when agreed. For example, the PPG had highlighted that patients were not informed when GPs were running late. As a result the practice introduced notifying patients via the electronic information board in reception if GPs were behind with their consultations. We spoke with six members of the PPG who told us the practice were very responsive to patients' suggestions. They told us the GPs and all staff worked well with them and provided an exceptional service and that they always responded to patients' difficulties. For example, patients expressed dissatisfaction that when the

Are services well-led?

Outstanding ☆

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

practice was closed they could not leave their prescription for re-issue. The practice placed a secure posting box on the surgery wall to accommodate this request.

- the NHS Friends and Family test, complaints and compliments received.
- staff through staff meetings, appraisals and one to one monthly discussions. 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 engaged in local pilot schemes to improve outcomes for patients in the area. The practice currently trained first year medical students but had plans to increase this level of support and support medical students in their third year of university.

The practice had plans to work more closely with other local practices and the federation to share knowledge to improve. They intended to form buddy groups with other practices to achieve this. To maintain and continue to improve on the recent changes the practice also had plans to allocate dedicated time for staff within the practice to discuss and consider improvements and changes.