

Dr Devanna Manivasagam

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?

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 Dr Devanna Manivasagam also known as Stone Cross Medical Centre on 21 April 2016. The overall rating for the practice was good; however, the practice was rated requires improvement for providing effective services. This was because clinical performance for some patient population groups such as long-term conditions and mental health were below local and national averages. The full comprehensive report on the April 2016 inspection can be found by selecting the 'all reports' link for Dr Devanna Manivasagam on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection carried out on 7 August 2017; this report also covers our findings in relation to areas in effective where additional improvements had been made since our last inspection. 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, which supported staff to report and record significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety. For example, the practice had arrangements for responding to non-medical major incidents. However, the practice did not consider an alternative medicine in the absence of a specific emergency medicine to manage pain and the practice had not carried out a risk assessment to mitigate risks.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Data from the Quality and Outcomes Framework showed patient outcomes were comparable to the local and national average. However, exception reporting for some clinical domains were above average. However, exception reporting (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

Summary of findings

because of side effects) for some clinical domains were above average. Staff we spoke with were aware of the practices high exception rates and saw that patient reviews were being managed appropriately.

- In some areas, the practice carried out various quality improvement activities such as clinical audits, which demonstrated areas where improvements had been achieved. However, the practice were not carrying out audits of their minor surgery service.
- Staff were aware of current evidence based guidance and staff had the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their 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. However, we saw that staff were not following the practice complaints policy and procedure to its entirety.
- Patients comments from completed Care Quality Commission comment cards we received during the

inspection showed that they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

The areas where the provider should make improvement are:

- Ensure that risk is effectively assessed and managed in the absence of specific emergency medicines
- Consider alternative methods to understand and improve exception reporting rates and assess the effectiveness of improvements as part of a continuous improvement cycle.
- Ensure effective oversight of governance arrangements to ensure practice policies and processes are well embedded.

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?

At our April 2016 comprehensive inspection, we rated the practice as good for providing safe services. The practice continues to be rated as good for providing safe services. For example:

- We found there was a system 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 were informed as soon as practicable, received reasonable support, truthful information, and an apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had some clearly defined and embedded systems, processes and practices to minimise risks to patient safety. However, we found that the practice did not consider an alternative medicine and risk was not formally assessed in the absence of a specific emergency medicine.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice maintained appropriate standards of cleanliness and hygiene. Schedules were in place to ensure regular cleaning of the practice and medical equipment.

Good



Are services effective?

At our April 2016 inspection, we rated the practice as requires improvement for providing effective services as some areas of clinical performance such as diabetes care and patients diagnosed with mental health conditions needed improving. During our follow up inspection, we rated the practice as good for providing effective services as clinical performance had improved. For example:

- Data from the Quality and Outcomes Framework showed patient outcomes were comparable to local and national average. However, exception reporting for some clinical areas were above local and national averages.
- Staff we spoke with were aware of their high exception reporting rates and we saw that patients reviews were being managed appropriately.

Good



Summary of findings

- Clinical audits demonstrated quality improvement. However, the practice was not carrying out audits of their minor surgery service. Clinicians explained that data from patient's notes were being collated with a view of carrying out an audit to monitor and improve the quality of service being provided.
- Staff were aware of current evidence based guidance and had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

At our April 2016 comprehensive inspection, we rated the practice as good for providing caring services. The practice continues to be rated as good for providing caring services. For example:

- We observed a strong patient-centred culture. Staff were motivated to offer kind and compassionate care.
- Data from the national GP patient survey showed patients rated the practice either above or comparable for several aspects of care compared to local and national averages. The practice was aware of survey results and made changes such more patient engagement during consultations to improve patient satisfaction.
- Completed Care Quality Commission comment cards we received showed that patients felt that they were treated with compassion, dignity and respect. Patients also felt they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible within the practice and via the practice website.
- There was a designated lead person responsible for identifying carers and keeping the carers list up to date. The practice engaged with local carer organisations and carers had access to priority appointments, which were available weekly.

Good



Are services responsive to people's needs?

At our April 2016 comprehensive inspection, we rated the practice as good for providing responsive services. The practice continues to be rated as good for providing responsive services. For example:

- The practice understood its population profile and used this understanding to meet the needs of its population. For example, a number of clinics such as diabetic care, dementia and mental health support were available within the practice.

Good



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 comments from the completed Care Quality Commission comment cards we received during the inspection showed that patients found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from five examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

At our April 2016 comprehensive inspection, we rated the practice as good for providing well-led services. The practice is still rated as good for providing well-led services.

- The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with staff involvement and was regularly reviewed and discussed with staff.
- 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.
- An overarching governance framework supported the delivery of the strategy and good quality care. In most areas, oversight of arrangements to monitor and improve quality and identify risk was effective.
- Staff had received inductions, annual performance reviews, attended staff meetings, and training opportunities.
- The management team 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 with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas. GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

Good



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

The practice is rated as good for the care of older people.

Good



- 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.
- The practice provided health promotion advice and literature which signposted patients to local community groups and charities such as Age UK.

People with long term conditions

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

Good



- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients diagnosed with diabetes who had a blood pressure reading within recommended range in the last 12 months was 74%, compared to CCG and national average of 78%.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- 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.

Summary of findings

- Staff engaged with other community services and held a diabetes consultant led clinic to support patients to better control their condition.

Families, children and young people

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

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were comparable to local and national averages for all standard childhood immunisations.
- Staff we spoke with were able to demonstrate how they would ensure children and young people were treated in an age-appropriate way and that they would recognise them as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, a dedicated antenatal, post-natal and child health surveillance clinic were available within the practice.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Good



Working age people (including those recently retired and students)

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. For example, online appointment booking as well as online repeat prescription requests.
- The practice encouraged the use of Electronic Transfer of Prescriptions.
- The practice offered appropriate vaccines for 18 year old and students going to university.

Good



Summary of findings

- Patients were signposted to external service for smoking cessation, mental health issues, alcohol advice/support and healthy eating.
- The practice's uptake for the cervical screening programme was comparable to local and national averages. For example, 77%, compared to CCG average of 80% and the national average of 81%.
- The practice provided new patient health checks and routine NHS health checks for patients aged 40-74 years.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- End of life care was delivered in a coordinated way, which took into account the needs of those whose circumstances may make them vulnerable.
- 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. End of life care was coordinated with other services involved.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff we spoke with 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 held a carers list. Carers had access to a range of services, for example annual health checks, flu vaccinations and a review of their stress levels. Data provided by the practice showed the practice identified 53 patients as carers (1% of the practice list).
- Carers had access to weekly priority appointments.

Summary of findings

People experiencing poor mental health (including people with dementia)

Good



The practice is rated as good in safe, responsive, caring and well-led; However, rated as requires improvement for providing effective services for the care of people experiencing poor mental health (including people with dementia).

- The practice carried out advance care planning for patients living with dementia.
- Unverified data provided by the practice showed that overall performance for patients diagnosed with dementia was 100%, which was above local and national average. Overall exception reporting rate was 26%.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia. Clear referral pathways to a community psychiatric nurse based at a neighbouring practice were in place.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- Patients had access to a weekly self-esteem and mental health wellbeing clinic. Unverified data provided by the practice showed that 89% of patients diagnosed with a mental health, related illness received a face-to-face review in the past 12 months and 73% had a medication review. Overall exception reporting for patients diagnosed with depression was above local and national averages, however we saw that patient recalls and reviews were appropriately managed.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- 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 a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff we spoke with 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 6 July 2017. The results showed the practice were performing in line with local averages; however were below national averages in some areas. A total of 302 survey forms were distributed and 133 were returned. This represented 44% completion rate.

- 75% of patients described the overall experience of this GP practice as good compared with the CCG average of 77% and the national average of 85%.
- 59% of patients described their experience of making an appointment as good compared with the CCG average of 63% and the national average of 73%.

- 57% 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 65% and national average of 77%.
- 91% find the receptionist at this surgery helpful, compared to CCG average of 82% and national average of 87%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 34 comment cards, which were all positive about the standard of care received. Patients were complimentary of the engagement with clinical and non-clinical staff, patients felt that staff were friendly, cheerful, good listeners and treated them with dignity and respect.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure that risk is effectively assessed and managed in the absence of specific emergency medicines
- Consider alternative methods to understand and improve exception reporting rates and assess the effectiveness of improvements as part of a continuous improvement cycle.
- Ensure effective oversight of governance arrangements to ensure practice policies and processes are well embedded.

Dr Devanna Manivasagam

Detailed findings

Our inspection team

Our inspection team was led by:

Led by a CQC Lead Inspector. The team included a GP specialist adviser.

Background to Dr Devanna Manivasagam

Dr Devanna Manivasagam also known as Stone Cross Medical Centre is a long established practice located in West Bromwich, West Midlands. The practice is situated in a converted house; providing NHS services to the local community.

Based on data available from Public Health England, the levels of deprivation in the area served by Dr Devanna Manivasagam are below the national average, ranked at two out of 10, with 10 being the least deprived. Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial. The practice is comparable to local and national average for their patient population group's age from birth to over 85s.

Based on available data from Public Health England, the practice Ethnicity estimate is 3% Mixed, 13% Asian, 5% Black and 1% other non-white ethnic groups.

There are approximately 5,432 of various ages registered and cared for at the practice. Services to patients are provided under a General Medical Services (GMS) contract with the Clinical Commissioning Group (CCG). GMS is a contract between general practices and the CCG for delivering primary care services to local communities.

The surgery has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

On-site parking is available with designated parking for cyclists and patients who display a disabled blue badge. The surgery does not have automatic entrance doors; however, systems are in place to alert staff when patients required assistance to access the practice. The practice is accessible to patients using a wheelchair and push chairs.

The practice staffing comprises of one lead GP, two salaried GPs and two sessional GPs, in total there are three male and two female GPs. One practice nurse, a practice manager and a team of administrators and receptionists.

The practice is open between 8am and 6.30pm Mondays to Fridays. Saturday opening times are between 9am and 12 noon.

GP consulting hours are from 8.30am to 6.30pm Mondays to Fridays. Saturday consulting hours are from 9am to 12 noon. The practice has opted out of providing cover to patients in their out of hours period. During this time, services are provided by Primecare.

The practice was previously inspected by CQC on 21 April 2016 where we rated the practice overall as good; however, we rated the practice as requires improvement for providing effective services. Although, the practice did not receive any requirement notices we identified areas where the practice should make improvements. This inspection was carried out to review the overall delivery of services as well as review in detail the actions taken by the practice to improve the quality of care in relation to the delivery of effective services.

Detailed findings

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 7 August 2017. During our visit we:

- Spoke with a range of staff including GPs, a practice nurse, receptionists and a practice manager.
- Observed how patients were being cared for in the reception area.
- 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.

- 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.

Are services safe?

Our findings

At our April 2016 comprehensive inspection, we rated the practice as good for providing safe services. The practice is still rated as good for providing safe services.

Safe track record and learning

There was a 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).
- The practice mainly reported incidents using Datix (a patient safety software used for the management of risk in healthcare). From the four 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, truthful information and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, some incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of significant events and we saw evidence that lessons were shared and action taken to improve safety in the practice. For example; tighter measures were implemented to reduce the risk of letters being incorrectly scanned onto patient records and the practice carried out a data cleansing exercise to ensure carers were correctly coded.

We reviewed the management of safety alerts, such as local alerts; medical device alerts and alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). Staff we spoke with were able to demonstrate a clear process, which allowed timely receipt, and dissemination of safety alerts throughout the practice. The practice proactively worked with the Clinical Commissioning Group (CCG) medicines management team to ensure compliance with relevant safety alerts. For example, we saw evidence of

actions taken to ensure patients in receipt of medicines used to reduce skin redness and cardiovascular risks were being managed in accordance with recommended guidelines. We also saw actions taken to identify and assess the treatment of patients of childbearing age. The practice demonstrated how they responded to a local alerts by reviewing their call and recall system which was driven by the nursing team. We saw appropriate actions taken to identify patient groups at risk of developing life-threatening infections.

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 were accessible to all staff. The policies clearly outlined whom to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.
- Staff we spoke with 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 safeguarding level three. Nurses had received child safeguarding level three and safeguarding adults level two training. Non-clinical staff were trained to level one child safeguarding.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.

Are services safe?

- 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. An external infection control specialist undertook annual IPC audit in May 2017 and we saw evidence that action was taken to address any improvements identified as a result.
- We checked vaccination fridges and saw that they were adequately stocked, there was good stock rotation; plugs were not accessible and the fridges were clean and tidy. Vaccination fridge temperatures were effectively monitored and documentation we viewed showed that temperatures were being recorded correctly, in line with national guidelines.
- Records demonstrated that appropriate staff were up to date with immunisations recommended for staff who are working in general practice.

The arrangements for managing medicines such as 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. Repeat prescriptions were signed before being issued 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 medicines management team to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The practice used electronic prescription service and we saw that prescription stationary used within the practice such as blank prescription forms and prescription pads were securely stored and there were systems to monitor their use.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.) PGDs we viewed had been signed by an appropriate person such as a GP or practice manager.

We reviewed five 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 Disclosure and Barring Service DBS.

Monitoring risks to patients

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

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan, which identified how staff could support patients with mobility problems to vacate the premises.
- We saw that all electrical and clinical equipment was checked and calibrated by a professional contractor to ensure it was safe to use and was in good working order.
- 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.

Arrangements to deal with emergencies and major incidents

The practice had some 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 available in the treatment room as well as GPs bag.

Are services safe?

- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. However, the practice did not stock an emergency medicine used for pain management and the practice had not formally assessed risk in the absence of this. Clinicians we spoke with explained that the decision not to stock this medicines was based on local guidance published in June 2013. Staff also explained that they received guidance from the local CCG, which supported the practice decision not to stock the medicine. However, during our inspection we found that the practice had not risk assessed how to manage a situation where this type of medicines would be needed.
- 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 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

At our 21 April 2016 inspection, we rated the practice as requires improvement for providing effective services as some areas of clinical performance such as diabetes care and patients diagnosed with mental health conditions needed improving. At our previous inspection, staff we spoke with explained that the low performance for mental health was due to a coding issue. For example, we were told that GPs were coding a diagnosis of depression instead of stress. At the time of our April 2016 inspection, staff explained that this had been discussed with clinicians and corrected.

Some of these arrangements had improved when we undertook a follow up inspection on 7 August 2017. For example:

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.

- 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 monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 92% of the total number of points available compared with the clinical commissioning group (CCG) and national average of 95%. Unverified data from the 2016/17 QOF year showed an achievement of 96% of the total number of points available.

The practice's overall exception rate was below local and national averages. (Exception reporting is the removal of patients from QOF calculations where, for example, the

patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). However, the exception rates for areas such as chronic obstructive pulmonary disease (COPD) and patients diagnosed with depression were higher than the CCG and national averages.

- Overall performance for patients diagnosed with diabetes was 63%, compared to CCG average of 88% and national average of 90%.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading which was within acceptable range was 74%, compared to CCG and national average of 78%.
- Unverified 2016/17 data provided by the practice showed the practice overall performance for diabetes had improved from 63% to 87%, compared to the CCG average of 85% and national average of 89%.
- Patients who had an agreed mental health care plan documented in their record, in the preceding 12 months had increased from 72% to 93%, compared to CCG average of 91% and national average of 89%. However overall exception reporting for the management of patients diagnosed with depression was 75%, compared to CCG average of 25% and national average of 22%. Clinicians we spoke with were aware of the high exception reporting data, we saw evidence which showed that staff were not actively exception reporting patients. Staff explained that they identified this as a recording issues which would be discussed with clinicians.
- Patients had access to a weekly self-esteem and mental health wellbeing clinic. Unverified data provided by the practice showed that 89% of patients diagnosed with a mental health, related illness received a face-to-face review in the past 12 months and 73% had a medication review.
- The percentage of patients with COPD who had a review undertaken using recognised methods was 81%, compared to CCG average of 89% and national average of 90%. Exception reporting rate was 20%, compared to CCG average of 13% and national average of 12%. Unverified data for 2016/2017 provided by the practice showed exception reporting rates had reduced to 11%.

Are services effective?

(for example, treatment is effective)

- Unverified data provided by the practice showed that 100% of patients diagnosed with dementia were seen by a GP in the past 12 months and 97% had a medication review.

Staff we spoke with were aware of the practice performance and were able to demonstrate actions taken to improve areas of poor performance in most areas. For example, staff followed established protocols for calling and recalling patients for their health care reviews and managing exception reporting such as sending up to three appointment reminder letters; this was followed up by phone calls to encourage patients to attend appointments and required reviews. To address issues where performance was below average staff opportunistically engaged with patients and applied notifications and reminders on patients files, which alerted staff to encourage the uptake of review appointments. Staff also explained that the practice were planning a diabetes awareness day scheduled to take place in September 2017.

There was evidence of quality improvement activities in most areas including clinical audit:

- There had been six clinical audits commenced in the last two years, four of these were completed audits where the improvements made were implemented and monitored.
- All relevant staff was involved in clinical audits and findings were used by the practice to improve services. For example, appropriate reviews were carried out and actions taken when required. As a result, we saw effective management of patients on long-term medicines in line with NICE guidance.
- The practice offered minor surgeries. We saw consent forms in place; however, the practice was not monitoring clinical outcomes or infection rates. Clinicians we spoke with explained that they were reviewing patient notes and collating this information in order to carry out an audit to monitor and improve the quality of service being provided.

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 safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and training updates for staff. For example, for those reviewing patients with long-term conditions. Furthermore, the nurses explained that they attended regular training and updating sessions, which were specifically related to reviewing patients with long-term conditions.
- 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 on-going support, one-to-one meetings and support for revalidating GPs and nurses. 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. Staff we spoke with also explained that they received training updates from diabetes and asthma UK; staff had online access to the British National Formulary online (a publication, which reflects current best practice as well as legal and professional guidelines relating to the uses of medicines).

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.

Are services effective?

(for example, treatment is effective)

- The practice operated an effective system for managing correspondence received from secondary care. From the documented anonymised examples we reviewed we found that 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 on-going 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. 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.

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and weight management services.
- There were dedicated leads for diabetes, sexual health, Chronic Obstructive Pulmonary Disease (COPD), Bowel Cancer and patients with learning disability.
- Access to a dietician was available through an established referral pathway and smoking cessation advice was available from a local support group.
- Patients had access to a monthly diabetes clinic, which was held by a diabetic specialist or a consultant.

The practice's uptake for the cervical screening programme was 77%, which was comparable with the CCG average of 80% and the national average of 81%. 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 using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also flagged non-attenders on the practice clinical record, which prompted further discussion during appointments. The practice carried out an audit to assess the effectiveness of their call and recall system; and rate of inadequate tests (the rate of patients who have been required to have a repeat test because the first one could not be read properly). Data provided by the practice showed that systems' and process were being operated effectively. 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. Data we viewed showed that performance was mainly above local and national averages. For example:

- Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) was 74%, compared to CCG average of 66% and national average of 73%.
- Females, 50-70, screened for breast cancer in last 6 months of invitation was 76%, compared to CCG average of 67% and national average of 74%.

Are services effective?

(for example, treatment is effective)

- Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) was 55%, compared to CCG average of 45% and national average of 58%.
- Persons, 60-69, screened for bowel cancer within 6 months of invitation (Uptake, %) was 56%, compared to CCG average of 42% and national average of 56%.

Staff we spoke with explained that they were opportunistically encouraging patients to engage in testing. Staff also explained that the practice was actively calling patients to discuss the benefits of screenings. We saw various informational leaflets in patient waiting areas.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given continued to be above CCG and

national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds were 98% which was above national expected coverage of 90%. Immunisation rates for Measles Mumps and Rubella (MMR) vaccinations given to five year olds was 95% for first dose and 84% for the second dose, compared to CCG averages of 94% for first dose and 86% for second dose; and national averages of 94% for first dose and 88% for second dose.

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

At our April 2016 comprehensive inspection, we rated the practice as good for providing caring services. The practice is still rated as good for providing caring services.

Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 34 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. Patients also felt that staff were understanding, sympathetic and would highly recommend the practice to friends and family.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Satisfaction scores on consultations with GPs and nurses showed areas where the practice was either performing above or comparable to local and national averages. For example:

- 81% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 84% and the national average of 89%.
- 81% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 86%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.

- 77% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and national average of 86%.
- 94% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 87% and the national average of 91%.
- 92% of patients said the nurse gave them enough time compared with the CCG average of 87% and the national average of 92%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 95% and the national average of 97%.
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared with the CCG average of 82% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patient feedback from the comment cards we received showed that patients felt involved in decision making about the care and treatment they received. Patients felt listened to, supported by staff, and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. From the anonymised care plans we viewed we saw that they were personalised.

Staff we spoke with was able to demonstrate how they ensured children and young people were treated in an age-appropriate way and recognised as individuals. For example, staff explained that when deciding whether a child is mature enough to make decisions they used 'Gillick competency' (guidelines used to help balance children's rights and wishes with responsibility to keep children safe from harm).

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, with the exception of GPs involving patients in decisions about their care. For example:

Are services caring?

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 82% and the national average of 86%.
- 68% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and national average of 82%.
- 93% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 86% and the national average of 90%.
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 85%.

Staff we spoke with explained that the practice was aware of the data and were taking action to improve patient satisfaction. For example, GPs increased their level of communication with patients during consultations by asking open questions to enable increased patient involvement in their care and treatment. At the time of the inspection, the practice was carrying out an internal survey. Seven surveys had been handed out and returned. From the sample of completed surveys we viewed, patients were positive about the care provided. Staff explained that they intended to close the survey towards the end of September 2017, in order to analyse the findings and develop an action plan to further improve patient satisfaction.

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

- Staff told us that interpretation 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.

- The E-Referral service was used with patients as appropriate. (E-Referral service is a national electronic referral service, which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).
- There was a comprehensive information board as well as an electronic monitor located in the reception area, which provided patients with a variety of information, such as self-help services.

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. Support for isolated or patients who were house bound included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 53 patients as carers (1% of the practice list). A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective. Staff explained that weekly priority appointments were available for carers. Written information was available which directed carers to the various avenues of support available to them. Older carers were offered timely and appropriate support.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our April 2016 comprehensive inspection, we rated the practice as good for providing responsive services. The practice is still rated as good for providing responsive services.

Responding to and meeting people's needs

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

- The practice offered extended hours on Saturdays from 9am to 12 noon for working patients and those who could not attend during normal opening hours. Staff explained that patients from two neighbouring practices were able to access the Saturday clinics and there were systems in place for sharing clinical notes.
- 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.
- 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.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments in an attempt to reduce the number of patients who did not attend (DNA) their appointments. Patients also receive a text message following their appointment if they DNA. We saw posters up in reception as well as information on the practice web site advising patients of the impact of DNA their appointments. Data provided by the practice showed that DNA rates were reducing. For example, there were 167 DNAs in July 2016 and 73 during June 2017.
- Patients were able to sign up to receive test results via text.
- Patients were able to receive travel vaccinations available on the NHS and patients were referred to other clinics for vaccines, which were only available privately.
- The premises was accessible for pushchairs and wheelchairs. Baby changing facilities were available and a notice displayed offered patient privacy for breast feeding.
- There was access to interpretation services and there was a hearing loop in reception.
- Patients with no fixed abode were able to register at the practice and we saw evidence of this.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services. For example, the practice did not have automatic entrance door, however, systems were in place, which enabled patients to alert staff if they required assistance to gain access to the practice.
- The practice considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate.
- The practice offered weekly dementia & carer clinics. Staff we spoke with explained that these clinics were used to carry out health checks, flu vaccinations and signposting to other community based support services. Unverified data also showed that 63% of carers had a flu vaccination, 17% had a health check and 27% received a review of their stress level.
- The practice offered weekly Diabetes in Community Care Extension (DiCE) clinic to improve the quality of care of patients diagnosed with diabetes as well as offer support for their carers. Staff explained that patients with poor blood sugar level control were seen by either a diabetes specialist nurse or consultant who provided advice and devised a management plan. We were told that the introduction of this clinic enabled the practice to improve performance and the quality of diabetes care provided within the practice.

Access to the service

The practice is open between 8am and 6.30pm Mondays to Fridays. Extended hours are offered on Saturdays between 9am and 12 noon. GP consulting hours are from 8.30am to 6.30pm Mondays to Fridays. Saturday consulting hours are from 9am to 12 noon. The practice has opted out of providing cover to patients in their out of hours period. During this time, services are provided by Primecare.

Are services responsive to people's needs?

(for example, to feedback?)

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.

- 76% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 75% and the national average of 76%.
- 60% of patients said they could get through easily to the practice by phone compared to the CCG average of 60% and national average of 71%.
- 80% 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 76% and the national average of 84%.
- 78% of patients said their last appointment was convenient compared with the CCG average of 72% and the national average of 81%.
- 59% of patients described their experience of making an appointment as good compared with the CCG average of 63% and the national average of 73%.
- 42% of patients said they do not normally have to wait too long to be seen compared with the CCG average of 46% and the national average of 58%.

Staff we spoke with were aware of the lower patient satisfaction relating regarding phone and appointment access. We also saw minutes of meetings held with the patient participation group (PPG) where concerns were discussed. Staff explained that since more proactive measures have been introduced to reduce the level of DNAs the practice have noticed an improvement in appointment access. We were told that staff were promoting on-line appointment access in an attempt to reduce the volume of calls received for appointment bookings.

The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. Staff we spoke with advised us that patients who requested a home visit would be placed on a daily action list, which GPs worked through collectively. Staff explained that GPs would call the patient or carer in advance to gather information to allow an informed decision to be made on prioritisation according to clinical need.

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, staff explained that alternative emergency care arrangements were made by the GP. Clinical and non-clinical staff we spoke with were aware of their responsibilities when managing requests for home visits. All receptionists received basic life support training as well as effective telephone communication and there were flow charts visible in reception, which guided receptionist when dealing with medical emergencies.

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.
- There was a designated responsible person who handled all complaints in the practice. We saw that patients who reported a complaint whether verbal or written were invited in for a formal discussion. These discussions were documented using a complaints log and discussed during practice meetings. Staff explained in each complaint they had dealt with the complainant was happy with being provided with a verbal explanation of the outcomes. Therefore, staff were unable to provide evidence of where they had compiled and provided a written report for the complainant in line with the practice policy.
- We saw that information was available to help patients understand the complaints system. For example, posters displayed in patient waiting areas, complaints summary leaflets as well as information on the practice website.

We looked at five out of 10 complaints received in the last 12 months and found they were dealt with in a timely way with openness and transparency. Lessons were learned from individual concerns and complaints and action was taken as a result to improve the quality of care. For example, clinical and non-clinical staff were advised of the importance of effective communication skills and advising patients when clinics were running late.

Are services well-led?

Good 

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

Our findings

At our April 2016 comprehensive inspection, we rated the practice as good for providing well-led services. The practice is still rated as good for providing well-led services.

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 clear strategy and supporting business plans 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 and ensured that:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas such as chronic disease monitoring and promoting the uptake of national screening programmes.
- 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.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. The practice were able to demonstrate targeted audits carried out in most areas to improve the quality of care. However, we saw that the practice had not established a system to monitor the quality of their minor surgery service.
- In most areas, there were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, in the absence of medicines used to manage pain the practice did not carry out a formal risk assessment to evidence that risks had been mitigated and alternative options established.

- Practice specific policies were available to all staff and these were updated and reviewed regularly. However, the complaints policy was not fully embedded.

Leadership and culture

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

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 lead GP and management team encouraged a culture of openness and honesty. From the sample of five documented examples 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, truthful information and a verbal apology.
- The practice kept written records of verbal interactions as well as some 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 health visitors to monitor vulnerable families and safeguarding concerns.
- 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. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff was

Are services well-led?

Good 

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

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:

- The practice gained patients feedback through the patient participation group (PPG), surveys and complaints received. The PPG met regularly, where they discussed proposals for improvements to the practice management team. For example, from the meeting minutes we viewed we saw active discussions to explain reasons for delays in receiving secondary care appointments and plans to install a new telephone system.
- The practice encouraged feedback from staff generally through staff meetings, appraisals and discussion. All staff was involved in discussions about how to run and develop the practice, and practice management encouraged all members of staff to identify opportunities to improve the service delivered by the practice. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

- Members of the management team assessed staff satisfaction by carrying out internal staff surveys. Data provided by the management team showed that seven non-clinical staff completed and returned the survey during July 2017. From the survey forms we viewed we saw that staff felt well supported by the clinical and management team, there was an open and transparent approach; staff also felt listened to and valued as a member of the team.

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. For example, the practice was in consultation with the CCG to become a HUB to enable the practice to offer 8am to 8pm access seven days per week to registered and non-registered patients.

Staff explained that in response to the high prevalence of teenage pregnancy within the area served by the practice they were in consultation with external health care providers in order to set up an in-house sexual health and contraception service.