The Village Medical Practice

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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Village Medical Practice on 7 January 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvement are:

- The provider should keep verification of the relevant qualifications for staff.
- Although we saw evidence of clinical staff being registered with the appropriate professional body a there should be a process to check the registration on an annual basis.

Summary of findings

- The provider should arrange a meeting of the existing patient participation group to keep them informed of changed within the practice.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice in line with others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Summary of findings

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they could access appointments in an emergency and pre-bookable appointments were also available.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Are services well-led?

Good

The practice is rated as good 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 this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- Although the patient participation group had not met for some time the GP was in the process of arranging a meeting so patients could be updated about all aspects of the practice.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Summary of findings

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Appointments were available until 7.30pm once a week.

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 offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

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

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 316 survey forms were distributed and 103 were returned. This was a 33% completion rate representing 3.47% of the practice's patient list.

- 88% found it easy to get through to this surgery by phone compared to a CCG average of 72% and a national average of 73%.
- 77% were able to get an appointment to see or speak to someone the last time they tried (CCG average 81%, national average 85%).
- 85% described the overall experience of their GP surgery as fairly good or very good (CCG average 83%, national average 85%).
- 80% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 75%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received six comment cards which were all positive about the standard of care received. However, two of these had been completed by staff members.

We spoke with six patients who said they were happy with the care they received and thought most staff were approachable, committed and caring. We also spoke with four members of the patient participation group. They told us the GP was very caring and committed, but they would appreciate a meeting being arranged to keep them up to date with changes within the practice.

Areas for improvement

Action the service SHOULD take to improve

- The provider should keep verification of the relevant qualifications for staff.
- Although we saw evidence of clinical staff being registered with the appropriate professional body a there should be a process to check the registration on an annual basis.
- The provider should arrange a meeting of the existing patient participation group to keep them informed of changed within the practice.

The Village Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to The Village Medical Practice

The Village Medical Practice is located in a single storey health centre in the centre of Shaw, near Oldham. There is another GP practice located in the same building. The practice is accessible to those with mobility difficulties. There is a small car park, and street parking close by.

There is a lead GP (female) and a part time GP (female) who was on maternity leave at the time of our inspection. A long term locum GP (male) was providing cover. There are two practice nurses, a nurse practitioner, a clinical pharmacist and a phlebotomist. A business manager is assisted by a part time practice manager and a quality manager, and there are also administrative and reception staff.

The practice is open from 8am until 7.30pm on a Monday and 8.30am until 6.30pm on Tuesday to Friday. Appointments are available between 8.30am and 7.30am on a Monday, 8.30am until 5.30pm on Tuesday to Thursday and 9am until 5.30pm on a Friday.

The practice has an Alternative Provider Medical Service (APMS) contract with NHS England. At the time of our inspection 2970 patients were registered.

The practice has opted out of providing out-of-hours services to their patients. This service is provided by a registered out of hours provider, Go to Doc.

The practice is a training practice where 4th year medical students from Manchester University attend.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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 January 2016. During our visit we:

- Spoke with a range of staff including a GP, practice nurse, business manager, practice manager and reception and administrative staff.
- We spoke with six patients, and also four members of the patient participation group who were also patients.
- We observed how patients were spoken to at the reception desk.

Detailed findings

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Good

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. Significant events were also discussed at GP cluster meetings with several GP practices so that learning was also shared within the CCG area.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3. The majority of staff had been trained to the required level and all new staff had a programme of training in place.
- A notice on all consulting room doors 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 check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The GP was the infection control lead, and this role was being transferred to a newly recruited practice nurse. There was an infection control protocol in place and staff had either received training or were scheduled to complete it before the end of March 2016. Infection control audits took place and the most recent infection control audit had been carried out in December 2015.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- We reviewed 12 personnel files and found appropriate recruitment checks had been undertaken prior to employment. This included proof of identity, references and usually qualifications. There was no evidence regarding the qualifications of the clinical pharmacist or phlebotomist. However, the GP confirmed confirmation of qualifications had been seen and they were waiting for the awarding body to issue the certificate for the newly qualified phlebotomist. The required checks were carried out prior to a locum GP working at the practice.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the corridor which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to

monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the reception area and all consulting rooms. All the medicines we checked were in date and fit for use.
- The practice had oxygen with adult and children's masks. A first aid kit and accident book were available. There was a defibrillator in the other GP practice in the building. This was kept in the reception area of the other practice, which shared a waiting room with The Village Medical Practice. It was therefore always available and we saw it was checked weekly.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.

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 99.1% of the total number of points available, with 7.5% exception reporting. (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 2014-15 showed:

- Performance for diabetes related indicators was 95.3%. This was better than the CCG average of 81.8% and the national average of 89.2%.
- The percentage of patients with hypertension having regular blood pressure tests was 93.1% This was better than the CCG average of 79.2% and the national average of 80.4%.
- Performance for mental health related indicators was 96.2%. This was better than the CCG average of 91.7% and the national average of 92.8%.

  Clinical audits demonstrated quality improvement.
- We saw evidence if clinical audits, including completed audits where the improvements made were implemented and monitored. Further audits were planned but the GP had concentrated recently on building a full practice staffing team.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. As well as information relating to the running of the practice a training place was put in place for new staff that included topics such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, clinical supervision and facilitation and support for revalidating GPs. All established staff had had an appraisal within the last 12 months.
- Staff received training that included safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. There had been changes to the staffing team during the previous four months and a plan was in place for all mandatory training to be up to date by the end of March 2016.

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.

Good

Are services effective?

(for example, treatment is effective)

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- 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 services 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

- < >taff 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.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the six 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. The staff who responded positively.

We spoke with four members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They said the GP in particular was caring and listened to them. They said they did not feel rushed during consultations. The six other patients we spoke with also expressed this opinion. The PPG told us they had experienced several changes of GPs during the last few years, but they were very happy with the current GPs.

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

- 84% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 87% said the GP gave them enough time (CCG average 85%, national average 87%).
- 94% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)
- 84% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).
- 93% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 91%).
- 82% said they found the receptionists at the practice helpful (CCG average 87%, national average 87%).

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 81% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 82% said the last GP they saw was good at involving them in decisions about their care (CCG average 80%, national average 82%)
- 93% said the last nurse they saw was good at involving them in decisions about their care (CCG average 86%, national average 85%)

Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

Information for carers was available on a notice board. This gave information about various services in the area for carers. Information about counselling services was also available. Three of the patients we spoke to had received counselling arranged by the practice; in two cases this was

Good

Are services caring?

following a bereavement. These patients told us counselling from outside agencies could be arranged but the GP was also very good at speaking with them when they needed emotional support.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice was open until 7.30pm every Monday night for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available.

Access to the service

The practice was open between 8am and 7.30pm on a Monday and from 8am until 6.30pm Tuesday to Friday. Appointments were available From 8.30am until 7.30pm on a Mondays, 8am until 5.30pm Tuesday to Thursday and from 9am until 5.30pm on a Friday. In addition to pre-bookable appointments that could be booked up to approximately three months in advance, urgent appointments were also available for people that needed them.

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.

- 73% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 88% patients said they could get through easily to the surgery by phone (CCG average 72%, national average 73%).

People told us on the day of the inspection that they could usually access an appointment in an emergency. However, they told us that it was very difficult to get through to the practice on the telephone if they tried when it opened, and that when they got through there were often no appointments left for that day.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. This included a complaint leaflet that included information about what action a patient could take if they were not satisfied with how their complaint was handled.
- The staff we spoke with knew how complains were to be handled and told us complaints were discussed in practice meetings.
- Patients told us they were not aware of the complaints procedure but would ask at reception if they had any concerns.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

- The practice had a mission statement and staff knew and understood the values.
- The practice had a robust 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 in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice was maintained
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership and culture

The GPs in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The GPs were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

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

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

- The practice was newly registered with the CQC in May 2015. The new company, run by the GP, had taken over an existing practice along with the patients and staff. There had been some staff changes since then but at the time of the inspection there was a full staff team and new management structure in place.
- Staff told us the practice held regular team meetings. We saw evidence of this in meeting minutes.
- 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 in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the GP and business manager.
- The business manager had started work in September 2015 following the practice manager suddenly leaving. There had been a lot of disruption caused by this staff change but the business manager had quickly put new processes in place to ensure the smooth running of the practice.
- There had been several new staff members since September 2015. We saw that the business manager had an induction programme in place for these staff and was monitoring their mandatory training to ensure it was completed by the end of March 2016. Staff told us they were very approachable and they felt well-supported by the business manager. We saw evidence they felt able to inform them of any concerns they had at work.
- A part time practice manager had been very recently appointment to manage staff. The business manager was supporting them while they got to know their new role.

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

The practice told us it encouraged and valued feedback from patients, the public and staff. A PPG existed when the practice was registered in May 2015. Due to staffing difficulties since then they had not been in a position to

Are services well-led?

Good

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

arrange a meeting. However, we saw that the PPG was being advertised on noticeboards and the GP told us now the staffing team had stabilised they would be shortly arranging a PPG meeting. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- We spoke with four members of the PPG. They told us that the group used to meet regularly but they had not met for almost a year. They said they felt they had not been kept up to date with recent changes within the practice and hoped a meeting would be arranged soon. We saw minutes from the most recent PPG meeting on 10 February 2015. This provided the group with updates on the practice and was an opportunity for the PPG to contribute their idea.
- The practice had gathered feedback from patients via the NHS Friends and Family Test. We saw that results were analysed on a monthly basis. The number of patients giving feedback had increased and the majority of patients were extremely likely to recommend the practice.

Continuous improvement

The practice was a training practice for 4th year medical students. Two students had had placements with the practice and others were planned. There was an introductory pack in place for students to refer to.

The practice had had a major change in staffing and management, and had only been registered since April 2015. The business manager who started work in September 2015 had put in place new policies and procedures and had a training programme for staff to follow with a view to making improvements.