

Hillsprings Health and Wellbeing Centre (known as Hillsprings Surgery)

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

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 Hillsprings Health and Wellbeing Centre (known as Hillsprings Surgery) on 22 March 2016. The overall rating for the practice was Requires Improvement. We found two breaches of legal requirements and as a result we issued a warning notice in relation to:

- Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 – Safe Care and Treatment

We also issued a requirement notice in relation to:

- Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 – Good Governance

We undertook an announced focused inspection on 31 August 2016 to follow up on the warning notices. We found that the provider met legal requirements in relation to Regulation 12.

Both the full comprehensive report on the March 2016 and the focused inspection on 31 August 2016 can be found by selecting the ‘all reports’ link for Hillsprings Health and Wellbeing Centre on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection on 6 April 2017. Overall the practice is now rated as good.

Our key findings were as follows:

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- 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.
- 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.

Summary of findings

- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they had been offered an appointment on the day they contacted the practice. Urgent appointments and pre-bookable appointments were also available.
- 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 the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

However, there were areas practice where the provider should make improvements:

- Ensure that patient records demonstrate that high risk medicines are being prescribed safely.
- Formalise and record clinical supervision which takes place between the nurse practitioner and GP.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- The practice had made improvements to the process for recording, investigating and learning from incidents that may affect patient safety.
- The practice had made improvements to the systems, processes and practices in place to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were comparable to the national average. The practice had improved the clinical exception rate for 2015/2016 to 16.3% (down from 17.1% for 2014/2015).
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of up to date 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.
- End of life care was coordinated with other services involved.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice similar to others for several aspects of care.
- Comment cards we reviewed showed that 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 accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Summary of findings

Are services responsive to people's needs?

Good



The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. The practice had been involved in projects to reduce hospital admission for patients with chronic lung conditions and care of patients with heart conditions that may lead to strokes.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they had been offered an appointment the same day as contacting the practice. Urgent appointments were available the same day as well as pre-bookable appointments.
- One comment card indicated that the availability of appointments had improved recently, although three others mentioned the challenges of getting through to the practice by phone.
- 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 15 examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

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 it.
- There was a clear leadership structure and staff felt supported by management. They told that communication had improved, especially through the meeting structure and minutes of meetings. Staff said they felt more involved and aware of what was happening within the practice.
- The practice had policies and procedures to govern activity.
- There have been improvements in the governance processes within the practice. The practice had a governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.

Summary of findings

- The provider was aware of the requirements of the duty of candour.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged 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.

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.

- 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 provided a service to patients in four care homes and carried out regularly weekly visits. The same GP visited to provide continuity of care.
- 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 on the hospital admission avoidance register when discharged from hospital and ensured that their care plans were updated to reflect any extra needs.

Good



People with long term conditions

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

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar to the CCG and national averages. For example, the percentage of patients on the diabetes register, in whom a specific blood test to get an overall picture of what a patients average blood sugar levels had been over a period of time was recorded as 87% compared with the CCG and national average of 77%.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- Patients were offered a structured annual review to check their health and medicines needs were being met. The practice had a structured system for inviting patients for their review or identifying patients who did not attend.

Good



Summary of findings

- 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

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

- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives and health visitors to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.

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 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.
- Patients could book appointments up to three weeks in advance.
- The practice offered all patients aged 40 to 75 years old a health check with the nursing team.
- The practice offered a range of health promotion and screening that reflected the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including and those with a learning disability.

Good



Summary of findings

- The practice provided as service to two local care homes for people with a learning disability. The nurse practitioner worked closely with the services and provided home visits and offered an annual review of their medication and physical health needs, with guidance from the designated GP clinical lead.
- The practice offered longer appointments for patients 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 regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- The practice carried out advance care planning for patients living with dementia.
- 78% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average.
- Performance for mental health related indicators was comparable to the local CCG and national averages. For example, the percentage of patients experiencing agreed care plan documented in the preceding 12 months was 96%
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- 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.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 267 survey forms were distributed and 113 were returned. This represented 1% of the practice's patient list:

- 77% of patients described the overall experience of this GP practice as good compared with the CCG average of 84% and the national average of 85%.
- 72% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

However the percentage of patients who described their experience of making an appointment as good as 60% which was lower than the CCG and national average of 73%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 27 comment cards which were all positive about the standard of care received. Patients commented that they were treated with dignity and respect. They also commented that the clinicians listened to their concerns and referred them to secondary care services as required.

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

Areas for improvement

Action the service SHOULD take to improve

Ensure that patient records demonstrate that high risk medicines are being prescribed safely.

Formalise and record clinical supervision which takes place between the nurse practitioner and GP.

Hillsprings Health and Wellbeing Centre (known as Hillsprings Surgery)

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector. The team included a second CQC inspector, a member of the CQC medicines management team, a GP specialist adviser and a practice manager.

Background to Hillsprings Health and Wellbeing Centre (known as Hillsprings Surgery)

Horsefair Practice is registered with the Care Quality Commission (CQC) as a partnership provider in Rugeley, Staffordshire. The practice holds an Alternative Provider Medical Services (APMS) contract with NHS England. An APMS contract is a contract between NHS England and general practices for delivering general medical services with a number of additional services. The contract is time limited.

The provider operates from three sites. The main site is Hillsprings Health and Wellbeing Centre, with branch sites in Rugeley and Armitage. The practice sites are located as follows:

- Hillsprings Health and Wellbeing Centre, Lovett Court, Rugeley, Staffordshire, WS15 2 FH.
- Horse Fair Practice Group, Sandy Lane Health Centre, Rugeley, Staffordshire, WS15 2LB.
- Armitage Surgery, Shropshire Brook Road, Armitage, Rugeley, Staffordshire, WS15 4UZ.

Since our last inspection in August 2016 the provider has submitted an application to remove three GP partners from their registration. This application is currently being processed. The staffing now consists of:

- Three male GP partners and one female salaried GP.
- Two female locum GPs.
- One nurse practitioner (female) and four practice nurses (female).
- One female healthcare assistant.
- One male pharmacist, one female lead dispenser and three female dispensing staff based at the Armitage Surgery site.
- Practice manager, management assistant, administration team including medical secretaries and data quality and reception supervisors and staff.

Hillsprings Health and Wellbeing Centre and Armitage Surgery sites are open between 8am and 6.30pm Monday to Friday, except Wednesdays when they close at 1pm. Horse Fair Practice Group is open between 8am and 6.30pm Monday to Friday. Pre-bookable appointments can be booked up to three weeks in advance, and urgent

Detailed findings

appointments are also available for people that need them. The dispensary opening hours at Armitage Surgery are 9am until 6.30pm Monday to Friday except for Wednesdays when it closes at 1pm.

The practice area is one of average deprivation when compared with the national and local Clinical Commissioning Group (CCG) area. At the time of our inspection the practice had 11,195 patients. The practice is a training and teaching practice for medical students and GP registrars to gain experience and higher qualifications in general practice and family medicine.

The practice has opted out of providing cover to patients in the out-of-hours period. During this time services are provided by Staffordshire Doctors Urgent Care and are accessed via NHS 111.

We carried out an announced comprehensive inspection at Hillsprings Health and Wellbeing Centre (known as Hillsprings Surgery) on 22 March 2016. The overall rating for the practice was requires improvement. We found two breaches of legal requirements and as a result we issued a warning notice in relation to:

- Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 – Safe Care and Treatment

We also issued a requirement notice in relation to:

- Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 – Good Governance

We undertook an announced focused inspection on 31 August 2016 to follow up on the warning notice.

The full comprehensive report on the March 2016 inspection and the report on the August 2016 focused inspection can be found by selecting the 'all reports' link for Hillsprings Health and Wellbeing Centre on our website at www.cqc.org.uk.

Why we carried out this inspection

We undertook a comprehensive inspection of Hillsprings Health and Wellbeing Centre (known as Hillsprings Surgery)

on 22 March 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement overall with a rating of inadequate for providing safe services.

We also issued a warning notice to the provider in respect of safe care and treatment and informed them that they must become compliant with the law by 17 June 2016. We undertook a follow up inspection on 31 August 2016 to check that action had been taken to comply with legal requirements. The full comprehensive report on the March 2016 inspection can be found by selecting the 'all reports' link for Hillsprings Health and Wellbeing Centre on our website at www.cqc.org.uk.

We undertook a further announced comprehensive inspection of Hillsprings Health and Wellbeing Centre on 6 April 2017.

How we carried out this inspection

Before visiting, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 6 April 2017. We also reviewed policies, procedures and other information the practice provided before the inspection day. During our visit we:

- Visited Hillsprings Health and Wellbeing Centre, Armitage Surgery and Horse Fair Practice.
- Spoke with a range of staff including the GPs, the nurse practitioner, a practice nurse, practice pharmacist and dispensing staff, management assistant and members of reception staff.
- Spoke with patients who used the service, including a representative from the patient participation group.
- Reviewed comments cards where patients and members of the public shared their views and experiences of the service, and looked at survey information.
- Observed how patients were being cared for in the reception area.
- Reviewed a sample of the personal care or treatment records of patients.

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

Detailed findings

- 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 are provided for specific groups of people and what good care looks 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)

Are services safe?

Our findings

At our previous inspection on 22 March 2016, we rated the practice as inadequate for providing safe services. This was because:

- The practice did not have formalised systems in place to act upon medicines and equipment alerts issued by external agencies.
- The practice did not have adequate systems in place to ensure that patients who were prescribed high risk medicines were receiving the recommended monitoring in line with the medicine.
- The practice could not demonstrate that vaccines were always stored in line with manufacturers' guidelines.
- The practice did not have infection prevention and control measures in place in line with current nationally recognised guidance as annual infection control audits had not been carried out at each site.
- Systems were not in place to monitor when equipment was due for testing / servicing.

We issued a warning notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 31 August 2016. However, the rating for providing safe services remained unchanged following the inspection.

Improvements were also required around reviewing the finding of significant events, storage of prescription stationary, staff recruitment records and health and safety checks carried out by the landlord.

We saw during the inspection undertaken on 6 April 2017 that improvements seen during the inspection in August 2016 had been sustained and further improvements made. The practice is now rated as good for providing safe services.

Safe track record and learning

We saw that improvements had been made to the system in place for managing and reviewing significant events for themes or trends. One of the GP partners had the designated lead role for significant events.

There was a system for reporting and recording significant events.

- We saw a positive culture for reporting and learning from significant events. A system was in place for staff to record their significant events, which included both positive and negative occurrences.
- 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).
- We were told that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. We looked at one significant event in detail and saw that the practice had carried out a thorough analysis and implemented changes.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, changing specific medicines to acute prescriptions only, so that the necessary checks were carried out before repeat prescriptions were issued.
- The practice also monitored trends in significant events and evaluated any action taken.

We saw that the improvements seen during the inspection in August 2016 to the management of medicines and equipment alerts issued by external agencies had been maintained. The practice pharmacist was responsible for sharing all alerts with clinicians, and carrying out searches for patients prescribed medicines included in the alerts. We looked at the action taken following three recent alerts. We found that the practice had taken appropriate action, for example updated policies and invited patients to attend reviews, and all clinicians had been alerted to any medicine interactions when the medicine was not currently being prescribed. The nurse practitioner showed us evidence of action taken in response to a recent equipment alert.

Overview of safety systems and process

The practice had improved the systems, processes and practices in place to keep patients safe and safeguarded from the risk of abuse, which included:

Are services safe?

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Contact details were clearly displayed in consulting and treatment rooms. There was a lead member of staff for safeguarding. We discussed updating the policies to include emerging concerns within safeguarding such as modern slavery and female genital mutilation with the nurse practitioner.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the nurse practitioner were trained to child safeguarding level three. The practice nurses were trained to child safeguarding level two.
- The practice used by computerised alerts on patient records to make staff aware of both children and vulnerable adults with safeguarding concerns.
- A notice in the waiting room and consulting rooms 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.
- We saw that the improvements seen during the inspection in August 2016 in relation to infection prevention and control (IPC) had been maintained. Infection control audits had been carried out at each site during May 2016 and were due to be repeated on 10 May 2017. There was evidence to support that the practice had taken appropriate action to address any identified issues. For example, the immunisation status of one of the GPs had been established following a blood, test and new wipeable chairs had been ordered.

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

Dispensary staff showed us written procedures that covered the dispensing process to ensure a safe system was in place. The GP signed the prescriptions before dispensing and there was a robust process in place to ensure that this happened.

The practice had employed a practice pharmacist to oversee medicines management processes, safety and support patients. We saw that the pharmacist had audited areas of practice across the surgery as well as overseeing all hospital discharge letters to ensure that the correct medicines were prescribed. The pharmacist was also involved in all medicines-related significant events and was able to show what action had been taken to ensure the risk of similar incidents reoccurring was reduced. They also discussed medicines as an ongoing agenda item every fortnight at a practice clinical meeting.

Robust systems were in place to check expiry dates of dispensary stock and all medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations. There was a process in place to ensure patients were advised of review dates and reauthorisation of repeat prescriptions was only actioned by clinicians.

The practice had put in a process for ensuring most high risk medicines were monitored and that patients had regular reviews and blood monitoring. However, the practice had overlooked one high risk medicine and was not able to demonstrate that patients were prescribed this medicine safely. We spoke to staff who told us that although they checked blood monitoring was done regularly, they did not keep a record of it on the patient notes. We saw evidence that this process was changed immediately to ensure the process was safer and the required information was available.

Staff told us safety alerts relating to medicines were received by dispensary staff and actioned. They were able to show that copies of alerts were kept including a record of any action taken.

Reception staff handled blank prescription forms in accordance with national guidance by keeping them

Are services safe?

securely. However, the practice did not have a robust procedure in place to track blank prescription forms through the different practice sites. We spoke with the practice pharmacist who told us that a secure system would be put in place immediately. The provider sent written evidence following the inspection confirming a secure system had been put in place.

Although there was no formal process for identifying and recording dispensary incidents and near misses, we did see a record of previous errors. Dispensary staff told us that they plan to improve the recording system so that the records contained enough information to identify trends.

There were suitable arrangements in place for the storage, recording and destruction of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse).

On the day of the inspection we saw that access to the dispensary and to the emergency medicine was not restricted. The GP lead for the dispensary told us that a lock would be put on the door immediately to ensure access was only available to people that needed it. The provider sent written evidence following the inspection confirming that a lock had been fitted.

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 DBS. The practice was obtaining DBS checks for a small number of existing staff without this check in place. A DBS risk assessment for specific roles, for example reception staff had been completed.

Monitoring risks to patients

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

- There was a health and safety policy available.
- Two of the practice sites were located within buildings own by a local NHS trust, who were responsible for

maintaining the building. The trust had procedures in place for monitoring and managing risk to patients and staff. The Armitage Surgery building was owned by the practice.

- Fire risk assessments were in place for all three sites and the practice 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.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order. Systems had been introduced to monitor when these tests were due to ensure that they were carried out on time.
- 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 at each practice site to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All clinical staff received annual basic life support training. The practice had reviewed the emergency medicines held at each site to include medicines to treat suspected meningitis or secondary medicines to treat an allergic reaction. Emergency medicines
- We saw there was a defibrillator available and oxygen with adult and children's masks at each practice site.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 22 March 2016, we rated the practice as requires improvement for providing effective services as the arrangements in respect of clinical audits and staff appraisals needed improvement.

These arrangements had improved when we undertook a follow up inspection on 6 April 2017. The practice is now rated as good for providing effective services.

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.
- Staff told us that changes to guidance was discussed at the practice educational meetings. One of the GP partners was also the clinical commissioning group (CCG) lead for NICE guidance and prescribing.
- Clinical staff had access to templates to assist with the assessment of long term conditions.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 95%. The practice clinical exception rate of 16.3% (down from 17.1% for 2014/2015) remained higher than the CCG average of 11.4% and national average of 9.8%. Clinical exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. We looked at the notes of a number of patients who had been exception reported and saw that in each case it was appropriate.

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

- Performance for diabetes related indicators was similar to the CCG and national averages. For example, the percentage of patients on the diabetes register, in whom a specific blood test to get an overall picture of what a patients average blood sugar levels had been over a period of time was recorded as 87% compared with the CCG and national average of 77%. The practice exception reporting rate of 21% was higher than the local average of 15% and England average of 12.5%.
- Performance for the percentage of patients with who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale (the degree of breathlessness related to five specific activities) in the preceding 12 months was 91%. This was comparable to the local CCG average of 92% and higher than the England average of 90%. COPD is the collection of lung diseases. The practice exception reporting rate of 12.4% was lower than the local average of 14.5% although above the national average of 11.5%.
- Performance for mental health related indicators was comparable to the local CCG and national averages. For example, the percentage of patients with an agreed care plan documented in the preceding 12 months was 96% compared to the local CCG average of 90% and England of 89%. The practice clinical exception rate of 28.8% for this clinical area which was higher than the local CCG average of 15% and the England average of 12.7%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was lower than the local CCG average and England averages (78% compared with the CCG average of 83% and England average of 84%). The practice clinical exception rate of 7.4% for this clinical area was comparable to the local CCG average and England average of 6.8%.

The practice shared provisional data for their exception reporting for 2016/2017. These figures showed a reduction in patients who had been removed from the calculations compared to the 2015/2016 data in all areas except patients with diabetes.

There was evidence of quality improvement including clinical audit:

- There had been 15 clinical audits commenced in the two years, five of these were completed audits where the improvements made were implemented and monitored.

Are services effective?

(for example, treatment is effective)

- Findings were used by the practice to improve services. For example, recent action taken as a result included ensuring that patients over the age of 60 who were prescribed a specific group of medicines did not receive repeat prescriptions due to the potential risks.
- Evidence seen supported that the practice had reduced the percentage of specific antibiotic items prescribed from 7.6% (01/07/2014 to 30/06/2015) to 5.3% (01/07/2015 to 30/06/2016).
- 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.
- The practice was in the process of increasing the number of clinical staffing hours. The recently retired part time practice had been replaced with a full time practice nurse, who was due to start the week after the inspection. The practice had recruited two locum GPs: one full time who started in January 2017 and one part time (four sessions a week) who started the week before the inspection. Since the inspection in March 2016 the practice had also recruited a full time practice pharmacist, who carried patient triage and medication reviews as part of their role. It was hoped that this increase in staffing would enable patients to be seen more quickly.

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 updating for relevant staff. For example, for those reviewing patients with long-term conditions. Several of the practice nurses had completed a recognised course in diabetes care (Warwick), and one of the nurses was due to start a six month training course on spirometry (a test to see how well a patient can breathe).
- 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 attending training provided at the local university, and through protected learning time 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 from colleagues and facilitation and support for revalidating GPs and nurses. The nurse practitioner attended the nurse prescriber meetings within the locality. Clinical staff attended protected learning time sessions organised by the local CCG and in house training was provided for other staff. Improvements had been made to the appraisal system and all staff had received an appraisal within the last 12 months.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- We found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice participated in the hospital admission avoidance scheme and had identified patients who were at high risk of hospital admission. The care of these patients was managed using care plans. The nurse practitioner was responsible for managing these patients and reviewed all information received from secondary care or the out of hours service and contacted patients if required. The nurse practitioner told us they met regularly with the community matron and community nursing team to discuss the care of these patients. They told they also identified and reviewed the top ten patients who attended the emergency department at these meetings, to see if any additional support was required.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were

Are services effective?

(for example, treatment is effective)

referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. The practice held a number of multidisciplinary team meetings. 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. The practice met every two months with the community nurses, palliative care nurse and co-ordinator to discuss patients identified with palliative care needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- The nurse practitioner told us that nursing staff followed a flow chart to assist them to assess capacity when reviewing patients prescribed contraception.
- 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.
- Written consent was obtained for joint injections and insertion of contraceptive implants. Completed examples of these were seen.
- 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.

The practice identified patients who were housebound to ensure they had access to the immunisation programmes, for example influenza and shingle vaccinations, through home visits. The nurse practitioner also worked closely with two local care homes looking after people living with a learning disability. The nurse practitioner provided home visits and offered an annual review of their medication and physical health needs, with guidance from the designated GP clinical lead.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given to under two year olds were all above the national expected coverage of 90%, ranging from 95.9% to 98.5%. The uptake rates for vaccines given to five year olds were above the national average and ranged from 94.6% to 97.7%.

The practice offered family planning and routine and emergency contraception services including implant and coil insertion / removal.

The practice's uptake for the cervical screening programme was 88%, which was above with the CCG average of 82% and the national average of 81%. (The practice exception reporting rate of 19.8%, down from 22% for 2014/2015, was higher than the local average of 5.5% and the national average of 6.5%).

The practice had recently updated their policy and started to send written reminders every six months to patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer.

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 previous inspection on 22 March 2016, we rated the practice as requires improvement for providing caring services as the number of carers identified was low, and patients' satisfaction in the GP Survey about how they were treated by the GPs and nurses, and whether they were involved in decision making were below the national average.

We found that the practice had increased the numbers on the carers' register when we undertook a follow up inspection on 6 April 2017. The practice is now 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.
- Patients could be treated by a clinician of the same sex.

We spoke with three patients including one member of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

All of the 27 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. Comments highlighted that staff responded compassionately when they needed help and provided support when required. One patient commented that the reception staff had been understanding when they had arrived at the surgery on the incorrect day for appointments. One member of staff in particular had arranged for them to be seen on the day they had turned up rather than having to rebook.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The survey invited 267 patients to submit their

views on the practice, a total 113 forms were returned. This gave a return rate of 42.3%. The practice was comparable with other practices for its satisfaction scores on consultations with GPs. For example:

- 85% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 81% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and the national average of 92%.
- 81% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% national average of 85%.

However, with the exception of confidence and trust, the practice was below average for its satisfaction scores on consultations with nurses. For example:

- 99% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 84% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 91%.
- 87% of patients said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 82% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.

The survey showed that 80% of patients said they found the receptionists at the practice helpful compared with the CCG average of 86% and the national average of 87%.

We spoke with representatives from three local care homes looking after older people and two local care homes looking after people with learning disabilities. They told us that the service provided by the practice was good. They told us the GPs were involved in end of life discussions, and would speak with relatives when requested. They also told us that annual reviews took place, either in the home or at the practice. They also told us where appropriate patients were invited to take part in national screening programmes.

Are services caring?

Care planning and involvement in decisions about care and treatment

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

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

- 83% 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%.
- 74% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 82%.
- 85% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 90% and the national average of 90%.
- 77% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and national averages of 86%

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 Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

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 house-bound patients 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 222 patients as carers (2% of the practice list). Carers were offered annual health checks and flu vaccinations. Written information was available to direct carers to the various avenues of support available to them, including how to access the carers hub.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 22 March 2016, we rated the practice as requires improvement for providing responsive services as improvements were required in respect of reviewing the finding of complaints and the patients' satisfaction in the GP survey to how they could access care and treatment were below the national averages.

These arrangements had improved when we undertook a follow up inspection on 6 April 2017. The practice is now rated as good for providing responsive services.

Responding to and meeting people's needs

The practice engaged with the local Clinical Commissioning Group (CCG) and was involved in shaping local services. One of the GP partners was the respiratory and long term condition commissioning lead for the CCG as was as Board Member. Clinical staff attended the protected learning time events organised by the CCG.

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

- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice, including those patients with a learning disability.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice provided a GP service to four local care homes and two homes for people with a learning disability. The care home for older people had a named GP who visited weekly to provide continuity of care.
- The practice offered a range of enhanced services including joint injections and spirometry (a test to see how well a patient can breathe).
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately. Patients were referred to other clinics if they required the Yellow Fever vaccine.
- The practice co-hosted an ultrasound service, reducing the need for patients to travel to the local hospitals.
- The practice was able to start diabetic patients on insulin therapy. Insulin is a medicine used to control blood sugars in diabetic patients.

- 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.

Access to the service

Hillsprings Health and Wellbeing Centre and Armitage Surgery were open between 8am and 6.30pm Monday to Friday, except Wednesdays when they closed at 1pm. Horse Fair Practice Group was open between 8am and 6.30pm Monday to Friday. Each clinician started at different times and the earliest appointment was 8am and the latest 5.30pm, allowing for emergency appointments after this. A GP was available at one of the sites until 6.30pm. In addition to pre-bookable appointments that could be booked up to three weeks in advance, on the day appointments, telephone triage and consultations were also available.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was below the local and national averages although an improvement was in seen in getting through to the practice by phone.

- 56% of patients said they could get through easily to the practice by phone compared to the CCG and national averages of 73%. This has improved from the results published in January 2016.
- 74% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) and national averages of 76%.
- 72% 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 73% and the national average of 76%.
- 86% of patients said their last appointment was convenient compared with the CCG and national averages of 92%.

However the percentage of patients who described their experience of making an appointment as good as 60% which was 13% lower than the CCG and national average of 73%. In addition, 46% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 62% and the national average of 58%.

Are services responsive to people's needs?

(for example, to feedback?)

The practice had carried out their own patient survey (127 patients responded) during March 2017 and were analysing the results and speaking with the patient participation group about developing an action plan. The practice was currently exploring the option of installing additional telephone lines into the main practice. As a short term measure to free up the telephone lines during the busy period, staff used alternative methods to contact staff at other sites, and the nurse practitioner started her triage call backs after 9am.

Two of the patients we spoke with on the day of the inspection told us they had telephoned the practice that day and been offered an appointment during the morning. One comment card indicated that the availability of appointments had improved recently. Three of the 27 comment cards mentioned the challenges of getting through to the practice by phone.

We spoke with representatives from three local care homes looking after older people and two local care homes looking after people with learning disabilities. The representatives from the care homes looking after older people told us they often had difficulty contacting the practice by telephone and often faxed over information as well. They told us they all received weekly visits by the same GP. However, they commented there was reluctance on the behalf of reception staff to accept requests for additional GP visits outside of the weekly visit.

The practice had a system to assess:

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

Requests for home visits received during the morning were triaged by the nurse practitioner, who telephoned the patient or carer to gather information to allow an informed decision to be made on prioritisation according to clinical

need. Requests for home visited received during the afternoon were covered by the Acute Visiting Service, rather than a GP from the practice. This service was provided by local GPs for patients in the local CCG area. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- 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. Information was displayed in the reception area.

We saw improvements had been made in respect of reviewing the finding of complaints. We looked at 15 complaints received in the last 12 months and found these were satisfactorily handled in a timely way, and with openness and transparency. We saw patients received an apology where appropriate. The practice had identified a number of significant events arising from the complaints and these had been dealt with through the significant event process as well. Lessons were identified from individual concerns and complaints and action plans developed. Complaints were discussed and reviewed at the monthly practice meetings. As a consequence of a complaint, changes had been made to certain policies and how death certificates were managed.

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 previous inspection on 22 March 2016, we rated the practice as requires improvement for providing well led services. This was because:

- There was a lack of governance and effective systems within the practice to record and share information with staff, and make them aware of their responsibilities.
- A lack of systems to ensure learning and changes made as a result of significant events had become embedded in practice.
- A lack of systems to identify, record and manage risk across all three sites, including emergency medicines and patient group directives.
- A lack of knowledge of the practice vision and values.

These arrangements had improved when we undertook a follow up inspection on 6 April 2017. The practice is now 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 around the practice and staff knew and understood the values.

Governance arrangements

There have been improvements in the governance processes within the practice. The practice had a governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. The GPs shared the lead roles for long term conditions and the nurse practitioner oversaw that avoiding unplanned admissions register and vaccination programmes.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- Improvements had been made to the significant event and complaints processes. There was evidence to support significant events and complaints were being

reviewed for trends or themes. We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, medicines and equipment alerts issued by external agencies were actioned appropriately and risk assessments including infection control audits had been completed.
- An understanding of the performance of the practice was maintained. A range of regular meetings were held which provided an opportunity for staff to learn about the performance of the practice. All meetings were minuted which enabled staff who were not in attendance to update themselves.
- The practice signed up to the Dispensing Services Quality Scheme to help ensure processes were suitable and the quality of the service maintained and an audit completed by the practice pharmacist was seen.

Leadership and culture

Staff told us that leadership within the practice had improved since the inspection in March 2016. They told that communication had improved, especially through the meeting structure and minutes of meetings. Staff said they felt more involved and aware of what was happening within the practice.

The practice manager had been away from work for a number of weeks prior to this inspection. Staff told us how they were supporting each other to ensure that the management of the practice continued during practice manager's absence, and responsibilities had been shared out amongst the staff team. We saw from the minutes of the meetings that the partners had thanked staff for their hard work and commitment.

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

Are services well-led?

Good 

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

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). The partners encouraged a culture of openness and honesty. We found that the practice had systems to ensure that when things went wrong with care and treatment:

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

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and palliative care teams to monitor vulnerable patients.
- 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.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. Staff told us that communication within the practice had improved greatly following the inspection in March 2016. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- Patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly to discuss proposals for improvements to the practice management team. The practice had carried out a patient survey during March 2017 and the findings had been discussed at a practice educational meeting on 31 March 2017. The findings had also been discussed with the PPG in March 2017, and there were plans to share with the wider staff group at the staff meeting planned for April 2017.
- The NHS Friends and Family test, complaints and compliments received.
- Staff through appraisals, staff meeting and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice was participating in a Primary Care Home Rapid Test Site, which is pilot scheme for collaborative working within primary care. The GP practices based in Rugeley locality were working with other health and social care providers and the voluntary sector to improve services for the local community.