

Nutwood Medical Practice

Quality Report

Grange Health Centre
Kents Bank Road
Grange over Sands
Cumbria
LA11 7DJ

Tel: 01539 715500

Website: www.nutwoodsurgery.co.uk

Date of inspection visit: 11 August 2015

Date of publication: 14/01/2016

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

Outstanding



Are services safe?

Good



Are services effective?

Outstanding



Are services caring?

Outstanding



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Outstanding practice	11

Detailed findings from this inspection

Our inspection team	13
Background to Nutwood Medical Practice	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the Nutwood Medical Practice on 11 August 2015. Overall, the practice is rated as outstanding.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and report incidents and near misses.
- Feedback from patients was continually positive about the way that staff treated people. Patients said they were treated with compassion, dignity and respect. Arrangements had been made which promoted and supported patients to become active partners in their care.
- Outcomes for patients who use services were consistently very good. Nationally reported Quality and Outcomes Framework (QOF) data, for 2013/14,

showed the practice had performed very well in obtaining 98.3% of the total points available to them for providing recommended care and treatment to patients.

- Risks to patients and staff were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and responsibilities.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- All staff were actively engaged in activities to monitor and improve quality and outcomes;
- Staff were consistent in supporting patients to live healthier lives through a targeted and proactive approach to health promotion.
- Information about how to complain was available and easy to understand.

Summary of findings

- Information was provided to patients to help them understand the care available to them.
- The practice had made changes to the way it delivered services as a consequence of feedback received from patients. This included demonstrating good responsiveness to patient feedback about telephone access to the practice.
- There was a clear leadership structure and staff felt supported by the management team. Good governance arrangements were in place.
- Staff had a clear vision for the development of the practice and were committed to providing their patients with good quality care.

We also saw areas of outstanding practice:

- The practice nurse had completed an audit to enable them to evaluate patients' satisfaction with, and understanding of, the Year of Care model staff used

to provide their annual diabetes consultations and reviews. Patient responses showed a high level of satisfaction, with 100% (23) indicating that they were 'very confident' or 'sometimes confident' about managing their own health.

- Staff demonstrated a strong commitment to developing innovative ways of delivering care, treatment and support to older patients and those with long-term conditions. For example, they had supported AGE UK to obtain the funding the charity needed to develop a new 'Care Navigator' role. Staff also helped to pilot a new 'Case Manager' role before it was rolled out to other local practices. Staff had organised for a local Age UK Village Agent and a local solicitor to run free advice and support sessions in the health centre.

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.

There were arrangements in place for monitoring and managing risks to patient and staff safety. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned when things went wrong and shared with staff to support improvement. There was an effective system for dealing with safety alerts and sharing these with staff. Individual risks to patients had been assessed and were well managed. Good medicines management systems and processes were in place and staff recruitment was safe. The premises were clean and hygienic and there were good infection control processes.

Good



Are services effective?

The practice is rated as outstanding for providing effective services.

Outcomes for patients who use services were consistently very good. The Quality and Outcomes Framework (QOF) data, for 2013/14, showed the practice had performed very well in obtaining 98.3% of the total points available to them for providing recommended care and treatment to their patients. (This was 3.4% above the local Clinical Commissioning Group (CCG) average and 2.2% above the England average.) Information supplied during the inspection indicated that the practice's overall QOF performance would improve on the 2013/14 figures, with performance expected to exceed the local CCG and England average in every clinical and public health indicator. The QOF data also showed the practice had performed exceptionally well in obtaining 99.9% of the total points available to them for delivering care and treatment aimed at improving public health. For example, the QOF data showed the practice had obtained 100% of the points available to them in the area of cardiovascular disease (primary prevention). This was 9.2% above the local CCG average and 12% above the England average.

Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included promoting good health, and providing advice and support to patients to help them manage their health and wellbeing. Staff worked with other health and social care professionals to help ensure patients' needs were met. All staff were

Outstanding



Summary of findings

actively engaged in activities to monitor and improve quality and outcomes. Staff were consistent in supporting patients to live healthier lives through a targeted and proactive approach to health promotion.

All the clinical audits we looked at were relevant, well designed, detailed and showed learning points and evidence of changes to practice. We saw these were clearly linked to areas where staff had reviewed the practice's performance and judged that improvements could be made. The practice nurse had completed an audit to enable them to evaluate patients' satisfaction with, and understanding of, the Year of Care model staff used to provide their annual diabetes consultations and reviews. Patient responses showed a high level of satisfaction, with 100% (23) indicating that they were 'very confident' or 'sometimes confident' about managing their own health. There was an effective appraisal system and staff had access to the training they needed to carry out their duties.

Are services caring?

The practice is rated as outstanding for providing caring services.

Feedback from patients was continually positive about the way that staff treated people. The NHS GP Patient Survey of the practice, published in July 2015, showed staff were consistently performing well above the national averages in every area. Their performance was also better than all but one of the local CCG averages, in relation to patient satisfaction with GP and nurse consultations. Patient feedback from the 'iWantGreatCare' website, which the practice used as their Friends and Family survey provider, was exceptionally positive. The practice was in the top 20 practices on the 'iWantGreatCare' website. They had received a certificate of excellence from a local carers organisation in 2015, for their commitment to meeting the needs of carers in the South Lakeland area. Information for patients about the services provided by the practice was available and easy to understand. The practice kept a register of patients who were also carers and their IT system alerted clinical staff if a patient was also a carer, so this could be taken into account when planning their care and treatment. Written information was available for carers to ensure they understood the various avenues of support available to them.

Outstanding



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Services were planned and delivered to take into account the needs of different patient groups and to provide flexibility, choice and continuity of care. In addition, staff helped to coordinate patients' care and treatment through partnership working with other services

Good



Summary of findings

and providers. The practice was fully engaged with the local CCG and worked with them to improve and develop patient care in the locality within which they were based. Results from the recent NHS GP Patient Survey of the practice showed that patient satisfaction with access to appointments and their preferred GP, practice opening hours and appointment waiting times, was higher than the local CCG and national averages. Staff shared information with us which demonstrated good responsiveness to patients' feedback regarding telephone access. Patients we spoke with on the day of the inspection, and most of those who completed Care Quality Commission (CQC) comment cards, were satisfied with access to appointments. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand, and evidence showed that the practice responded quickly to any issues raised.

Are services well-led?

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

Staff had a clear vision about how they wanted the practice to develop, and were taking steps to deliver this. The practice had good governance processes, and these were underpinned by a range of policies and procedures that were accessible to all staff. There were systems and processes in place to identify and monitor risks to patients and staff, and to monitor the quality of services provided. Regular practice and multi-disciplinary team meetings took place which helped to ensure patients received effective and safe clinical care. The practice proactively sought feedback from patients and had an active patient participation group (PPG) who were encouraged and supported to comment on how services were delivered.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Nationally reported Quality and Outcomes Framework (QOF) data, for 2013/14, showed the practice had performed very well in relation to providing care and treatment for the clinical conditions commonly associated with this population group. Staff had been proactive in identifying older patients at risk of developing long-term conditions so they could benefit from receiving recommended care and treatment.

Older patients made up 38.44% of the practice's overall patient population. Staff were highly committed to providing proactive, personalised care to meet the needs of these patients. For example, they had supported AGE UK to obtain the funding the charity needed to develop a new 'Care Navigator' role. (This is a new role where the post holder provides support to patients at risk of an unplanned hospital admission and losing their independence.) Staff also helped to pilot a new 'Case Manager' role before it was rolled out to other local practices. (This is also a new role where the post holder helps patients to access the help and support they require.) Staff had organised for a local Age UK Village Agent and a local solicitor to run free advice and support sessions in the health centre. The GP team carried out weekly visits to patients living in a local care home so they could receive proactive, planned care. The practice offered home visits and longer appointment times where this was needed by their older patients. Staff had completed care plans for the 2% of patients who had been assessed as being at-risk. These covered, where appropriate, patients' end of life needs.

Outstanding



People with long term conditions

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

Nationally reported Quality and Outcomes Framework (QOF) data, for 2013/14, showed the practice had performed very well in relation to providing care and treatment for the clinical conditions commonly associated with this population group.

Staff had been proactive in identifying those patients who had long-term conditions. A consequence of this was that there were high prevalence rates for most long-term conditions which reflected the profile of the patient population. For example, over the last four years the practice's prevalence of Atrial Fibrillation (irregular heart beat) had gone up from 3.4% (156 patients) to 3.9% (179 patients)

Outstanding



Summary of findings

and, in the past 12 months, 85% of those assessed as needing anticoagulation treatment were receiving it. In-house clinics were provided which meant that patients receiving anticoagulation therapy were able to have their blood levels monitored close to home. Information supplied by the practice demonstrated the significant progress staff had made in providing recommended care and treatment to diabetic patients. Staff had reviewed all new cancer diagnoses using the Royal College of General Practitioners cancer audit tool, to help improve the early diagnosis of cancer and patient outcomes. A key outcome of this audit had been to introduce a system, which involved staff checking that all fast-track cancer referrals had actually been received by the hospital to which the referral had been made. Staff demonstrated a strong commitment to providing good end of life care by, for example, participating in Gold Standard Framework Meetings every six weeks.

Staff offered proactive, personalised care to meet the needs of patients with long-term conditions. In addition to their work with AGE UK, and the piloting of the new 'Case Manager' role referred to above, nursing staff had adopted the 'Year of Care' approach, as their model for providing personalised care to patients with diabetes and chronic obstructive pulmonary disease (COPD). (This model focusses on promoting self-management and educating the patient about any long-term conditions they have.) Patients with other long-term conditions also received access to appropriate care and treatment which met their needs.

Families, children and young people

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

There were systems in place to identify and follow up children who were at risk. For example, the practice maintained a register of vulnerable children and contacted families where a child had failed to attend a planned appointment. Appointments were available outside of school hours and the practice premises were suitable for children and babies. The practice offered contraceptive and sexual health advice. There was a weekly midwife clinic, and a recall system in place to ensure that new mothers attended for postnatal and six-weekly checks. The practice offered a full range of immunisations for children at a weekly immunisation clinic. The practice had performed very well in delivering childhood immunisations. For example, the nationally reported data that was available showed that the immunisation rates for 15 of the 20 childhood immunisations were above 90% and over, and five of the immunisations rates were 100%.

Outstanding



Summary of findings

Working age people (including those recently retired and students)

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

The practice was proactive in offering online services, such as for booking appointments and ordering repeat prescriptions. Over 1700 patients had registered for on-line access following proactive steps taken by staff to promote this. Early and late appointments were offered on request to make it easier for families and working-age patients to obtain convenient appointments. Staff provided a full range of health promotion and screening that reflected the needs of this age group. Following a fall in the practice's cervical cytology rates (a method of preventing cancer by detecting abnormalities) in 2012/13 and 2013/14, the practice had been proactive in taking steps to address this. They provided evidence that their achievement rate had moved back above the local CCG average, from 81.1% in 2013/14 to 83.8% in 2014/15. Staff had been proactive in identifying those patients at risk of developing long-term conditions so they could benefit from receiving recommended care and treatment.

Outstanding



People whose circumstances may make them vulnerable

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

Nationally reported data showed the practice had performed well in obtaining 100% of the points available to them for providing recommended care and treatment to patients with learning disabilities. This achievement was 14.3% above the local CCG average and 15.9% above the England average. The practice maintained a register of patients with learning disabilities and offered extended reviews (30 minutes) with a named GP. Where appropriate, clinical staff referred vulnerable patients so they could benefit from the support offered by the local Care Navigator. Systems were in place to protect vulnerable children. For example, the practice had a child and vulnerable adults lead who regularly met with health visiting staff to discuss clinical and safeguarding issues. Staff 'flagged' the records of all at-risk children to identify when the practice had been contacted about these patients. Staff knew how to recognise signs of abuse in vulnerable adults and children and were aware of their responsibilities regarding information sharing and the documentation of safeguarding concerns. They knew how to contact relevant agencies in normal working hours and out-of-hours.

Outstanding



Summary of findings

People experiencing poor mental health (including people with dementia)

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

The practice had very high numbers of patients with dementia. Nationally reported data showed the practice had performed very well in obtaining 100% of the total points available to them for providing recommended care and treatment to patients with dementia. This achievement was 4.4% above the local CCG average and 6.6 points above the England average. Screening and assessment was offered to patients at risk of dementia, and patients were able to benefit from being referred to, where appropriate, the 'Case Manager' and 'Care Navigator' staff based at the health centre.

The practice had relatively small numbers of patients with mental health needs. The QOF data showed that the practice had performed well in obtaining 100% of the total points available to them for providing recommended care and treatment to patients with other mental health needs. This achievement was 8.8% above the local CCG average and 9.6% above the England average. Patients experiencing poor mental health were provided with advice about how to access various support groups and voluntary organisations, and were able to access 'talking therapies' which provide help with a range of common mental health problems.

Outstanding



Summary of findings

What people who use the service say

Feedback from patients was continually positive about the way that staff treated people. The NHS GP Patient Survey of the practice, published in July 2015, showed staff were consistently performing well above the national averages in every area, and were also above all but one of the local Clinical Commissioning Group (CCG) averages. (There were 150 responses which was a response rate of 59%.) Of the patients who responded to the survey:

- 98% had confidence in the last GP they saw, compared with the local CCG average of 96% and the national average of 95%.
- 97% said the last appointment they got was convenient, compared with the local CCG average of 94% and the national average of 92%.
- 95% described their overall experience of the surgery as good, compared to the local CCG average of 88% and the national average of 85%.
- 94% were able to get an appointment to see or speak to someone the last time they tried, compared with the local CCG average of 88% and the national average of 85%.
- 92% said they would recommend the surgery to someone knew in the area, compared to the local CCG average of 80% and the national average of 78%.
- 91% described their experience of making an appointment as good, compared with the local CCG average of 79% and the national average of 73%.

- 87% found it easy to get through to the surgery by telephone, compared with the local Clinical Commissioning Group (CCG) average of 80% and the national average of 73%.

As part of our inspection we asked practice staff to invite patients to complete Care Quality Commission (CQC) comment cards. We received 39 completed comment cards and these were all positive about the standard of care received. Words used to describe the service included: excellent; good; sensitive; compassionate and first class service. Members of the patient participation group (PPG) spoke very highly of the quality of the care and treatment they received. They all said they were treated with respect, dignity and compassion.

At the time of the inspection, the practice had received 160 responses via the 'iWantGreatCare' website, which they used as their Friends and Family survey provider. The feedback the practice received was overall, highly positive. For example: 144 respondents said they were 'extremely likely' to recommend the practice to their friends and families; 14 said they were 'likely to' recommend the practice and only two indicated they were 'neither likely' nor 'unlikely' to do so. Recent words used to describe the practice included: prompt; caring; efficient; prepared to go that extra yard; could not be improved; extremely accommodating; good facilities and friendly service. The practice provided evidence which confirmed they were in the top 20 practices on the 'iWantGreatCare' website.

Outstanding practice

- The practice nurse had completed an audit to enable them to evaluate patients' satisfaction with, and understanding of, the Year of Care model staff used to provide their annual diabetes consultations and reviews. Patient responses showed a high level of satisfaction, with 100% (23) indicating that they were 'very confident' or 'sometimes confident' about managing their own health.
- Staff demonstrated a strong commitment to developing innovative ways of delivering care, treatment and support to older patients and those with long-term conditions. For example, they had supported AGE UK to obtain the funding the charity needed to develop a new 'Care Navigator' role. Staff also helped to pilot a new 'Case Manager' role before

Summary of findings

it was rolled out to other local practices. Staff had organised for a local Age UK Village Agent and a local solicitor to run free advice and support sessions in the health centre.

Nutwood 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. There was also a second CQC inspector.

Background to Nutwood Medical Practice

Nutwood Medical Practice is a busy town practice providing care and treatment to 4700 patients of all ages, based on a General Medical Services (GMS) contract. The practice is part of NHS Cumbria Clinical Commissioning Group (CCG) and provides care and treatment to patients living in Grange over Sands and the surrounding areas. The district within which the practice is located has the second highest life expectancy in Cumbria with the average person expected to live to 81.1 years of age, with 73.4% of them being in good health. The practice serves an area where deprivation is lower than the England average, and 38% (1807) of patients are aged 65 years or over. Of this group of 1807 patients, 108 were aged over 90 years. The practice had a very low proportion of patients who were from ethnic minorities.

The practice is based in Grange over Sands and we visited the following location as part of inspection:

Grange Health Centre, Kents Bank Road, Grange over Sands, Cumbria, LA11 7DJ.

The Nutwood Medical Practice is located in a purpose built health centre and provides patients with fully accessible treatment and consultation rooms. The practice shares the building with another GP practice and community social

and health based services. Staff are also responsible for managing the building on behalf of the other occupants. The practice provides a range of services and clinics including, for example, services for patients with asthma, diabetes and coronary heart disease. It consists of four GP partners (two male and two female), a practice manager, a deputy practice manager, two practice nurses and three healthcare assistants, a reception and medicines manager and a small team of administrative and reception staff. The partners also employ a salaried GP. When the practice is closed patients can access out-of-hours care via the Cumbria Health On-Call service, and the NHS 111 service.

The practice was open Monday to Friday between 8am and 6:30pm. Two GPs provided:

- Face-to-face consultations: 8:30am to 11:30am and between 3pm and 5pm;
- Telephone consultations: 11:30am to 12:30pm and between 5pm and 6pm.

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. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008; to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

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 Care Quality Commission (CQC) at that time.

How we carried out this inspection

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 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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 11 August 2015. During our visit we spoke with a number of staff, including two of the GP partners, the practice manager, the practice nurse, the reception and medicines manager and staff working in the administrative and reception team. We also spoke with six members of the practice's patient participation group (PPG). We observed how people were being cared for and reviewed a sample of the records kept by practice staff. We reviewed 39 Care Quality Commission (CQC) comment cards in which patients shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record and learning

The practice used a range of information to identify potential risks and to improve quality in relation to patient safety. This information included, for example, significant event audit reports, safety alerts and complaints. All safety alerts received by the practice were forwarded to the relevant staff so that appropriate action could be taken. Those we looked at had all been appropriately actioned by staff. The practice's medicines manager collaborated with the pharmacist linked to the surgery to manage any prescribing and medicines alerts. We were told relevant patient safety incidents were reported to the local Clinical Commissioning Group (CCG) via the Safeguard Incident and Risk Management System (SIRMS). (This system enables GPs to flag up any issues via their surgery computer to a central monitoring system so that the local CCG can identify any trends and areas for improvement).

Staff we spoke to were aware of their responsibilities to raise concerns and knew how to report incidents and near misses. The patients we spoke with raised no concerns about safety at the practice. There was a structured system in place for reporting and recording significant events. Staff had identified and reported on six significant events during the previous 12 months. Significant events were discussed between the partners and relevant staff. We found that, following each incident, staff had completed significant event audit reports. These provided details of what had happened, what staff had done in response and what had been learnt as a consequence. Copies of significant event reports could be accessed by all staff on the practice intranet system. Overall, the sample of records we looked at, and evidence obtained from interviews with staff, showed the practice had managed such events consistently and appropriately. We saw that, where appropriate, reviews had been carried out to check whether the improvements, or changes made, had been effective.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices which helped to keep patients safe. These included:

- Arrangements to safeguard adults and children from abuse that reflected relevant legislation and local

requirements. The practice had safeguarding policies and procedures which were accessible to all staff. We looked at the child safeguarding procedures and saw these clearly outlined who to contact for further guidance if staff had concerns about a child's welfare. One of the GP partners acted as the children and vulnerable adults safeguarding lead and provided leadership in this area. Staff demonstrated they understood their responsibilities and all had received safeguarding training relevant to their role. For example, all four GPs had completed Level 3 child protection training. Systems were in place which ensured that staff contacted the families of any children who missed planned appointments. However, we identified that there was not a system to ensure family members' medical records were 'flagged' to indicate links to children considered to be at risk of harm or abuse. Also, there was no system for 'flagging' vulnerable adults or those patients who experienced domestic abuse.)

- Arrangements which ensured that staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS). (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). Members of the practice's patient participation group (PPG) confirmed that a chaperone would be provided if requested. The chaperone service was advertised via the television screens in the waiting room and corridor area.
- Clearly defined and embedded systems, processes and practices which kept all staff who worked in the healthcare centre and patients, safe and free from harm. For example, the practice manager and her team maintained a comprehensive maintenance schedule which helped to make sure the premises and equipment were tested and serviced as required. Regular in-house meetings had been held to ensure building safety issues were promptly addressed. The practice had an up-to-date fire risk assessment which had been carried out by Cumbria Partnership NHS Foundation Trust in June 2015. Where concerns had been identified, the practice manager had signed to indicate what actions were being undertaken and they were actively monitoring these to ensure they were addressed. The practice manager ensured regular fire drills were carried out, with the last one taking place in

Are services safe?

June 2015. All electrical and clinical equipment was checked to ensure it was safe to use and was working properly. Staff had carried out a comprehensive health and safety risk assessment of the premises to help minimise risks to staff and patients, and other users of the premises. The arrangements for monitoring premises and equipment related risks were understood by staff and implemented consistently. Staff told us these arrangements were kept under regular review and improvements made where necessary.

- Arrangements which ensured that appropriate standards of cleanliness and hygiene were being followed. The practice was clean and tidy throughout. Daily cleaning was carried out by staff working to a recorded cleaning schedule. An infection control audit had been carried out within the previous 12 months to help reduce the risk of the spread of infection. There were infection control protocols in place and staff had received training in this area. The practice carried out regular monitoring for the risk of legionella. (Legionella is a bacterium that can grow in contaminated water and can be potentially fatal.) A legionella risk assessment had been completed, and regular water temperature checks were undertaken. The practice manager told us people were unable to drink water supplied to the building as it was above a safe temperature for consumption. This had been identified through routine monitoring and was being addressed with the building's owner.
- Arrangements for managing medicines, including emergency drugs and vaccines, which kept patients safe. For example, the practice nurse regularly checked the expiry dates of emergency medicines and medicinal gases to make sure they remained effective and were safe to use. We checked these medicines and gases and found all were within their expiry dates. The staff we spoke with were aware of where these medicines were kept. Suitable arrangements had been made to monitor vaccines. These included carrying out daily temperature checks of the medicines stored in the vaccine refrigerator and keeping a record of these in a log book. Prescription forms were kept secure and staff were complying with relevant guidance.

The practice employed a medicines manager to help them improve their use of medicines and ensure clinical staff followed the local CCG prescribing guidelines. We found

there was a clear audit trail in place for the management of information about changes to patients' medicines. (The medicines manager checked all hospital letters and recorded any changes to patients' prescribed medicines.) A checklist of any changes made was then sent to the relevant GP so a safety check could be carried out. They also carried out checks to ensure that patients taking specific medicines, such as disease modifying anti-rheumatic drugs which require additional monitoring, had attended required hospital appointments and received relevant tests. The medicines manager had taken steps to improve patients' compliance with taking prescribed medicines by monitoring those who received seven-day prescriptions and who received their medicines in a dosette box.

- The carrying out of routine staff recruitment checks to help keep patients safe. The staff files we sampled showed that appropriate checks had been undertaken prior to their employment. These included: checks that staff were registered with the appropriate professional body; obtaining references from previous employers; checking that staff had obtained the qualifications they needed to carry out their roles and responsibilities; carrying out a DBS check to make sure new staff were safe to care for vulnerable adults and children.
- Suitable arrangements for planning and monitoring the number and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure there were enough staff on duty.

Arrangements to deal with emergencies and major incidents

Staff had made arrangements to deal with emergencies and major incidents. For example, there was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. Following a significant event that took place in 2014, all staff had been reminded of the importance of knowing how to obtain emergency help and access any necessary equipment. The practice nurse was responsible for monitoring the availability of emergency medicines and ensuring they were within their expiry dates. They told us they checked the resuscitation equipment, including the defibrillator and oxygen supply, daily. We found all of the recommended resuscitation equipment was in place with the exception of defibrillator pads for children. The sample

Are services safe?

of training records we looked at confirmed staff had received annual basic life support training. The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Staff carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. They used these guidelines to develop how care and treatment was delivered to meet patients' needs. NICE updates were received by one of the partners and distributed to the clinical team. One of the GPs we spoke with told us the team had recognised that they needed to have more formal arrangements to underpin this process. The practice nurse told us the clinical IT system updated the assessment and care plan templates they used, helping to make sure they were always up-to-date.

Management, monitoring and improving outcomes for people

Information about patients' care and treatment, and their outcomes, was routinely collected and monitored, and used to improve patient outcomes. For example, staff had been highly effective in taking action to improve their antibiotic prescribing following feedback they received from the local Clinical Commissioning Group (CCG). A recent antibiotic audit carried out by the practice showed that staff had moved from the highest 75% of antibiotic prescribers in the local CCG to the lowest in a period of 12 months. Staff had been proactive in identifying those patients who had long-term conditions. A consequence of this was that there were high prevalence rates for most long-term conditions which reflected the profile of the patient population.

Outcomes for patients who use services are consistently very good. The practice participated in the Quality and Outcomes Framework (QOF) scheme. (This is intended to improve the quality of general practice and reward good practice). The practice's clinical exception reporting rate was 5.7% for 2013/14. This was 3% below the CCG average and 2.2% below the England average. (The QOF scheme includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect).

Staff used the information collected for the QOF and their performance against national screening programmes, to

monitor and improve outcomes for patients. The QOF data, for 2013/14, showed the practice had performed very well in obtaining 98.3% of the total points available to them. (This was 3.4% above the local Clinical Commissioning Group (CCG) average and 2.2% above the England average.) Information supplied during the inspection indicated that the practice's overall QOF performance would improve on the 2013/14 figures, with performance expected to exceed the local CCG and England average in every clinical and public health indicator. Examples of good QOF performance included the practice obtaining:

- 100% of the total points available to them for providing recommended clinical care for patients with cancer. This was 0.2% above the local CCG average and 2.1% above the England average;
- 100% of the total points available to them for providing recommended clinical care for patients with chronic obstructive pulmonary disease. This was 2.4% above the local CCG average and 4% above the England average;
- 100% of the total points available to them for providing recommended clinical care for patients with rheumatoid arthritis. This was 3.3% above the local CCG average and 4.6% above the England average.

The QOF data showed the practice had performed exceptionally well in obtaining 99.9% of the total points available to them for delivering care and treatment aimed at improving public health. For example, the QOF data showed the practice had obtained 100% of the points available to them in the area of cardiovascular disease (primary prevention). This was 9.2% above the local CCG average and 12% above the England average. The information we looked at before the inspection did not identify that the practice was an outlier for any QOF (or other national) clinical targets.

Staff were proactive in carrying out clinical audits to help improve patient outcomes. All the clinical audits we looked at were relevant, well designed, detailed and showed learning points and evidence of changes to practice. We saw these were clearly linked to areas where staff had reviewed the practice's performance and judged that improvements could be made.

Staff had carried out complete clinical audit cycles on, for example, the use of antibiotic prescribing, diabetes care and atrial fibrillation (irregular heart beat). We looked at



Are services effective?

(for example, treatment is effective)

information provided to us by the practice in relation to the diabetic clinical audit they had carried out. On reviewing their QOF chronic disease management achievement for 2013/14, staff had identified that their performance in relation to health outcomes for diabetic patients was not as good as their performance for other clinical conditions covered by the QOF. (QOF data showed the practice's performance in relation to the diabetic clinical indicator was still above the England average, and only just below the local CCG average.) We were told the practice had employed a new practice nurse, and adopted the 'Year of Care' model of delivering services to patients with diabetes, all of which had helped to improve their performance in the area of diabetic care. The audits carried out at the beginning and end of the 2014/15 QOF year demonstrated better outcomes for these patients, including improved blood pressure and HbA1C control, and some improvements in lipid (blood fats) control.

The practice nurse had also completed an audit to enable them to evaluate patients' satisfaction with, and understanding of, the Year of Care model staff used to provide their annual diabetes consultations and reviews. Patient responses showed a high level of satisfaction, with 100% (23) indicating that they were 'very confident' or 'sometimes confident' about managing their own health.

We saw evidence confirming that practice staff had reviewed all new cancer diagnoses using the Royal College of General Practitioners cancer audit tool, to help improve the early diagnosis of cancer. We were told that a key outcome of this audit had been to introduce a system, which involved staff checking that all fast-track cancer referrals had actually been received by the hospital to which the referral had been made.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. This included providing new staff with an induction. There was an induction pack for locum GPs to help make sure they understood the practice's systems, policies and procedures. Staff had received the training they needed to carry out their roles and responsibilities, including for example, training on safeguarding vulnerable patients, basic life support and infection control. The practice nurse provided us with evidence confirming they had completed diplomas in the care of patients with asthma and chronic obstructive pulmonary disease. They had also undertaken advanced

training in areas such as diabetes and spirometry (a test that can help diagnose various lung conditions), and had completed training updates where these were required. The practice nurse told us the management team was very supportive of their need to carry out training and ensured they were made aware of any training available. Staff had access to, and made use of, e-learning training modules and in-house training. There were arrangements in place for staff to have an annual appraisal, and GP staff were supported to work towards their re-validation.

Coordinating patient care and information sharing

The practice's patient clinical record and intranet systems helped staff to make sure they had the information they needed to plan and deliver care and treatment. The information included patients' medical records and test results. The practice nurse told us NHS patient information leaflets were available and that these, and other forms of guidance, were shared with patients to help them manage their long-term conditions.

All relevant information was shared with other services in a timely way, for example, when patients were referred to other services. The practice had a system which involved staff carrying out checks to make sure that any 'two-week wait' cancer referrals they had sent had been received, and acted upon, by the relevant hospital department.

Staff worked well together, and with other health and social care professionals, to meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. We saw evidence that Gold Standards Framework (GSF) multi-disciplinary team meetings took place on a regular basis and involved other healthcare professionals. (The GSF is a recognised tool which GP practices can use to help them provide high quality Palliative and End of Life Care in patients' own homes.)

Consent to care and treatment

Patients' consent to care and treatment was sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of the legislation and guidance, including the Mental Capacity Act (2005). When staff provided care and treatment to children and young people, they also carried out assessments of their capacity to consent that were in line with relevant



Are services effective?

(for example, treatment is effective)

guidance. Where a patient's mental capacity to consent to care or treatment was unclear, the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

Staff were consistent in supporting patients to live healthier lives through a targeted and proactive approach to health promotion. 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. The practice had a comprehensive screening programme. For example, nationally reported QOF data, for 2013/14, showed the practice had performed exceptionally well by obtaining 99.8% of the overall points available to them for providing recommended care and treatment to patients who smoked. This was 5.5% above the local CCG average and 6.1% above the England average. The data also confirmed the practice had supported patients to stop smoking using a strategy that included the provision of suitable information and appropriate therapy.

The QOF data showed the practice had performed well by obtaining 100% of the overall points available to them for providing cervical screening services. This was 0.3% above the local CCG average and 2.5% above the England average. The data showed the practice had protocols that were in line with national guidance. This included protocols for the management of cervical screening, and for informing women of the results of these tests. Following a fall in the practice's cervical cytology rates (a method of preventing cancer by detecting abnormalities) in 2012/13 and 2013/14, the practice had been proactive in taking steps to address this. They provided evidence that their achievement rate had moved back above the local CCG average, from 81.1% in 2013/14 to 83.8% in 2014/15. The practice had also performed exceptionally well by obtaining 100% of the overall points available to them for providing contraceptive services to women in 2013/14. This was 5.8% above the local CCG average and 5.6% above the England average. Clinical staff had recognised the importance of providing a range of sexual health services and advice because the nearest sexual health clinic was located 15 miles away.

Nationally reported data showed the practice had performed exceptionally well by obtaining 100% of the points available to them for providing recommended care and treatment to patients with learning disabilities. This achievement was 14.3% above the local CCG average and 15.9% above the England average. The practice provided patients with learning disabilities with access to an extended annual review. Staff also referred patients with learning disabilities to the local 'Care Navigator' if they considered they would benefit from this support.

The QOF data showed the practice had performed exceptionally well by obtaining 100% of the overall points available to them for providing recommended care and treatment to patients with mental health needs. This was 8.8% above the local CCG average and 9.6% above the England average. Staff told us that, because a significant proportion of their practice list included patients aged 65 years and over, the dementia prevalence rate was high. Clinicians actively carried out dementia screening where they thought patients were at risk of developing dementia. The GPs we spoke to told us they suspected that there were probably more patients who had not yet been diagnosed and that the practice intended to address this over the next 12 months. Arrangements were also in place to flag vulnerable patients on the practice's clinical IT system to help make sure that staff knew who these people were. Patients experiencing poor mental health were provided with advice about how to access various support groups and voluntary organisations, and were able to access 'talking therapies' which provide help with a range of common mental health problems.

The practice offered a full range of immunisations for children at a weekly immunisation clinic. The practice had performed very well in delivering childhood immunisations. For example, the nationally reported data that was available showed that the immunisation rates for 15 of the 20 childhood immunisations were above 90%+ and five of the immunisations rates were 100%. (There was no data available for three of the childhood immunisations). Flu vaccination rates for the over 65s and those patients in at risk groups were comparable to the local CCG averages.



Are services caring?

Our findings

Respect, dignity, compassion and empathy

Throughout the inspection we observed that members of staff were courteous and helpful to patients who attended the practice or contacted it by telephone. We saw that patients were treated with dignity and respect. Privacy screens were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff told us that a private space would be found if patients indicated they needed to discuss a confidential matter.

Feedback from patients was continually positive about the way that staff treated people. As part of our inspection we asked practice staff to invite patients to complete Care Quality Commission (CQC) comment cards. We received 39 completed comment cards and these were all exceedingly positive about the standard of care received. Words used to describe the service included: excellent; good; sensitive; compassionate and first class service. Members of the patient participation group (PPG) spoke very highly of the quality of the care and treatment they received. They all said they were treated with respect, dignity and compassion.

The NHS GP Patient Survey of the practice, published in July 2015, showed staff were consistently performing well above the national averages in every area, and were also above all but one of the local Clinical Commissioning Group (CCG) averages. (There were 150 responses which was a response rate of 59%.) Of the patients who responded to the survey:

- 96% found the receptionists at the surgery helpful, compared with the local CCG average of 89% and the national average of 87%.
- 95% said the GP they saw was good at listening to them, compared with the local CCG average of 91% and the national average of 89%.
- 91% said the GP they saw gave them enough time, compared with the local CCG average of 90% and the national average of 87%.

- 98% had confidence and trust in the last GP they saw, compared with the local CCG average of 96% and the national average of 95%.
- 100% had confidence in the last nurse they saw, compared with the local CCG average of 98% and the national average of 97%.
- 94% said the GP they last saw treated them with care and concern, compared with the local CCG average of 89% and the national average of 85%.
- 95% said the nurse they last saw treated them with care and concern, compared with the local CCG average of 93% and the national average of 90%.
- 95% described their overall experience of the surgery as good, compared to the local CCG average of 88% and the national average of 85%.

At the time of the inspection, the practice had received 160 responses via the 'iWantGreatCare' website, which they used as their Friends and Family survey provider. The feedback the practice received was overall, highly positive. For example: 144 respondents said they were 'extremely likely' to recommend the practice to their friends and families; 14 said they were 'likely to' recommend the practice and only two indicated they were 'neither likely' nor 'unlikely' to do so. Recent words used to describe the practice included: prompt; caring; efficient; prepared to go that extra yard; could not be improved; extremely accommodating; good facilities and friendly service. The practice provided evidence which confirmed they were in the top 20 practices on the 'iWantGreatCare' website.

Care planning and involvement in decisions about care and treatment

Staff were very good at supporting and encouraging patients to be involved in decisions about their care and treatment. Patients we spoke with, and those who completed CQC comment cards, told us clinical staff gave them enough time to explain why they were visiting the practice and involved them in making decisions about their care and treatment. Results from the NHS GP Patient Survey of the practice showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were well above the local CCG and national averages. Of the patients who responded:



Are services caring?

- 92% said the last GP they saw was good at explaining tests and treatments, compared to the local CCG average of 89% and the national average of 86%.
- 91% said the last GP they saw was good at involving them in decisions about their care, compared to the local CCG average of 85% and the national average of 81%.
- 92% said the last nurse they saw was good at explaining tests and treatments. This was in line with the local CCG average and above the national average of 90%.
- 92% said the last nurse they saw was good at involving them in decisions about their care, compared to the local CCG average of 88% and the national average of 85%.

Patient and carer support to cope emotionally with care and treatment

Patients' emotional and social needs were seen as important as their physical needs. Staff helped patients and their carers to cope emotionally with their care and

treatment. Patients' social needs were understood, and staff supported patients to manage their own health and care when they could, and helped to maintain their independence.

Notices in the patient waiting room told patients how to access a range of support groups and organisations. The practice kept a register of patients who were also carers and their IT system alerted clinical staff if a patient was also a carer so this could be taken into account when planning their care and treatment. Written information was available for carers to ensure they understood the various avenues of support available to them. The practice had received a certificate of excellence in 2015 for their commitment to meeting the needs of carers in the South Lakeland area. The previous year they had received a silver award acknowledging that staff had made 15 carer referrals to a local carer support organisation. The certificate received included very positive comments made by carers. For example, carers had stated: caring staff; spot on diagnosis; quick follow 'on's' to other NHS services; home visits when requested; a great comfort to myself and my husband when they were poorly, hard to beat'.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient groups and to provide flexibility, choice and continuity of care. In addition, we saw evidence that staff had taken steps to coordinate patients' care and treatment through partnership working with other services and providers. Examples of the practice being responsive to and meeting patients' needs included:

- Adopting the 'Year of Care' approach as their model for providing personalised care to patients with diabetes and chronic obstructive pulmonary disease (COPD). (COPD is an umbrella term used to describe a number of lung conditions). The practice nurse told us this involved an initial consultation with the patient to gather information about their condition and to carry out their annual review tests. They told us the results of these were sent to the patient who then attended their care planning consultation where the focus was on promoting self-management and educating the patient about their condition.
- Providing 20 minute appointments for patients with other types of long-term conditions. An effective recall system was in place. This included a process for contacting patients who had failed to respond to an initial request to attend the practice for their annual healthcare review.
- Providing all patients over 75 years of age with a named GP who was responsible for looking after their care. Clinical staff also undertook home visits for patients who would benefit from these.
- Identifying patients with chronic disease leading to a very high prevalence in every disease area which reflected the demographics of their practice population. For example, staff had taken steps to actively identify patients at risk of developing particular long-term conditions such as Atrial Fibrillation (AF) (irregular heart beat) and diabetes, and to improve the quality of treatment provided to these patients. Clinical staff had focussed on improving diagnosis rates for patients with AF. Over the last four years, the practice's prevalence rate for AF had increased from 3.4% (156 patients) to 3.9% (179 patients), and in the past 12 months, 85% of those identified as being able to benefit from

anticoagulation treatment, on the basis of the risk assessment carried out by staff, were receiving this treatment. The practice offered an in-house Warfarin clinic run by their health care assistants. A recently completed clinical audit had demonstrated that staff had supported more patients to remain within their recommended therapeutic range of Warfarin Therapy during the past 12 months.

Staff had also performed well in identifying patients at risk of hypertension. In the past seven years, the reported prevalence of hypertension had risen from 11.4% to 21.7%. In the last 12 months, 90 patients had been diagnosed with hypertension. To support improved diagnosis, the practice offered in-house 24 hour BP recording and provided blood pressure monitors for use by patients in their own home.

- Taking a lead role in piloting an initiative to develop a 'case manager' role, to provide support to patients with complex needs and multi-morbidity (more than one long-term condition). Practice staff had worked in partnership with the AGE UK Compass Project to support the development of a new 'Care Navigator' role. We were told clinical staff now referred patients who they judged were at risk of crisis and losing their independence, to the 'Care Navigator' so they could carry out a needs assessment and arrange for them to access suitable sources of help and support. The practice team had supported AGE UK to recruit a 'Care Navigator' and they were providing the post holder with a base from which to work. In addition, the practice had arranged for the local AGE UK Village Agent and a local solicitor to run free advice and support sessions from the health centre.
- Making reasonable adjustments to help patients with disabilities, and those whose first language was not English, to access the practice. For example, the main doors into the health centre building opened automatically. There was a disabled toilet which had appropriate aids and adaptations. Disabled parking was available. The waiting area was spacious making it easier for patients in wheelchairs to manoeuvre.
- Developing systems to identify and follow up children who were at risk. For example, the practice maintained a register of vulnerable children and contacted families where a child had failed to attend a planned appointment. The practice had performed very well in delivering childhood immunisations. Appointments

Are services responsive to people's needs?

(for example, to feedback?)

were available outside of school hours and the practice premises were suitable for children and babies. The practice offered contraceptive and sexual health advice to young people as the nearest sexual health clinic was 15 miles away. There was a weekly midwife clinic, and a recall system in place to ensure that new mothers attended for postnatal and six-weekly checks.

- Being responsive to patient feedback. Staff closely monitored patient feedback via the 'iWantGreatCare' website. In April 2015, one patient had commented that they could not see the electronic sign when their named flashed for their appointment. In response to this, the practice had flagged the records of all their registered blind and partially sighted patients to ensure staff knew these individuals would have difficulty seeing the reception area television screen.

Access to the service

The practice was open Monday to Friday between 8am and 6:30pm. Two GPs provided:

- Face-to-face consultations: 8:30am to 11:30am and between 3pm and 5pm.
- Telephone consultations: 11:30am to 12:30pm and between 5pm and 6pm.

Staff shared information with us which demonstrated good responsiveness to patients' feedback regarding telephone access. Feedback from the national GP Patient Survey (2012/13) showed decreasing levels of patient satisfaction with telephone access. Informal feedback from patients to reception and clinical staff also indicated that they had concerns about telephone access. After reviewing the reasons for this, the practice introduced a number of changes to improve the patient experience in this area. A new telephone system was installed which enabled staff to closely monitor calls activity. Staff also took action to encourage patients to order repeat prescriptions and book appointments on-line. At the time of the inspection, over 1700 (almost 50%) of patients had registered to gain access to the practice's IT system, which enabled them to order repeat prescriptions and book appointments on-line.

Also, on moving into their new premises, arrangements were made to provide more staff to answer the telephones at peak times. In addition, staff took action to reduce the number of patients telephoning the

practice to request repeat prescriptions, which further reduced the number of incoming calls. Of the patients who responded to the national GP Patient Survey (published July 2015) question regarding how easy it was to get through to the practice on the telephone, 87% of respondents said it was 'easy' to get through, compared to the local CCG average of 79% and the national average of 73%.

Patients were able to book appointments up to three months in advance by telephone, in person or on-line. Late appointments had been offered, but on review it had been found that these were not always being taken up or used appropriately. Although the practice did not currently provide extended hours as an enhanced service, this had previously been offered but had not been well used. Staff informed us that, where necessary, patients were seen outside of normal surgery hours for routine as well as urgent matters. None of the patients who completed CQC comment cards, or patients we spoke with, raised any concerns about access to appointments. The practice provided patients with text reminders to help ensure they attended for their appointment.

The patient participation group (PPG) patients we spoke to on the day of the inspection, and 99% of those who completed the 39 Care Quality Commission (CQC) comment cards we received, were either satisfied with access to appointments or raised no concerns about their experiences in obtaining one. Results from the NHS GP Patient Survey of the practice, published in July 2015, showed that patient satisfaction with access to appointments and their preferred GP, practice opening hours and appointment waiting times, was higher than the local CCG and national averages, and significantly above these in relation to two of the six questions covered. Of the patients who responded:

- 97% said the last appointment they got was convenient, compared to the local CCG average of 94% and the national average of 92%.
- 94% said they were able to get an appointment to see or speak to someone the last time they tried, compared to the local CCG average of 88% and the national average of 85%.
- 91% described their experience of making an appointment as good, compared to the local CCG average of 79% and the national average of 73%.

Are services responsive to people's needs?

(for example, to feedback?)

- 88% patients said they usually waited 15 minutes or less after their appointment time, compared to the local CCG and national averages of 65%.
- 86% said they usually got to see or speak with their preferred GP, compared to the local CCG average of 62% and the national average of 60%.
- 84% were satisfied with the practice's opening hours, compared to the local CCG average of 78% and the national average of 75%.

Listening and learning from concerns and complaints

The practice had a system in place for managing complaints. This included having a designated person who was responsible for handling any complaints received by

the practice and a complaints policy which provided staff with guidance about how to handle complaints. The complaints policy could be accessed via the practice's website and information about how to complain was available in the patient waiting area. The policy advised patients how to escalate their complaint externally if they were dissatisfied with how the practice had responded. The practice had received four complaints about clinical matters and three non-clinical complaints during the previous 12 months. We looked at the records kept of these and found they had been investigated and responded to appropriately. The practice manager told us any complaints received by the practice were discussed in practice meetings, and opportunities for learning identified.

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. Staff had prepared a statement of purpose which set out the aims and objectives of the practice. The statement described the practice's commitment to: providing excellent patient care delivered in a clean, suitably equipped and safe environment; encouraging patients to be involved in their own care; providing suitable clinics and care to help patients manage their long-term conditions. The practice website included a clear description of what patients could expect from the practice. The practice's vision was supported by a business development plan. The GP partners and practice management team were able to clearly describe the arrangements they had put in place to meet the needs of their patient population groups. For example, the practice had a three year plan to make sure patients with more than one long-term condition received a single annual review.

Governance arrangements

We saw evidence of good governance arrangements. The practice had policies and procedures to govern their activities and there were systems in place to monitor and improve quality and identify areas of risk. One of the GP partners acted as the clinical governance lead, with other partners acting as leads for other areas, such as clinical policies and Quality and Outcomes Framework (QOF) performance.

Regular partner, practice and multi-disciplinary team meetings took place, which helped to ensure patients received effective and safe clinical care. However, we were told minutes were not kept of the partner meetings that were held. The practice team responded positively to our suggestion that these should be minuted, as decisions were sometimes made which affected the day-to-day running of the practice.

Arrangements had been made which supported staff to learn lessons when things went wrong, and to support the identification, promotion and sharing of good practice.

The practice proactively sought feedback from patients and had an active patient participation group (PPG). Good arrangements had been made which ensured the health centre premises were maintained in a safe condition, and equipment used by staff was satisfactorily maintained.

There was a clear staffing structure and staff were aware of their own roles and responsibilities. A programme of clinical audits was carried out and staff were able to demonstrate how these led to improvements in patient outcomes.

Leadership, openness and transparency

The GP partners had the experience, capacity and capability to run the practice and ensure high quality care. They had created a culture which encouraged and sustained learning at all levels in the practice, and had, through their partnership working with other agencies, promoted quality and continuing improvement. Staff told us the practice was well led and they said they would feel comfortable raising issues, as they knew they would be addressed in a positive manner.

The practice encouraged and valued feedback from patients. Staff had gathered feedback from patients through their patient participation group (PPG) and used the 'iWantGreatCare' website as their Friends and Family survey provider. The practice had a PPG which regularly met face-to-face. The practice website contained advice about how to join the group, and there was a link to the latest PPG report. The PPG members told us they felt supported by practice staff and encouraged to raise issues they thought were important. They also told us practice staff listened to their views and acted on their suggestions for improvement.

Innovation

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and demonstrated their commitment to developing innovative, patient focussed services through their involvement in, and support for, the 'Care Navigator' project. The team further demonstrated their commitment to continuous learning by providing staff with access to the training they needed to carry out their role, and by providing placements for local medical students.