

Dr Bartlett and Partners

Quality Report

53 Pickering Road
West Ayton
Scarborough
North Yorkshire
YO13 9JF

Tel: 01723 859302

Website: <http://www.ayton-snainton.co.uk/index.aspx>

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Bartlett and Partners on the 8 September 2016. We visited the main surgery in West Ayton and the branch surgeries at Snainton and Seamer during the inspection. The practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they were able to get same day appointments and pre bookable appointments were 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 and complied with the requirements of the Duty of Candour.

We saw an area of outstanding practice:

- The PPG had supported the practice to run two successful 'Health Information Days' in one in 2015 which 70 people attended and one in July 2016 which 200 people attended. There were various local statutory and voluntary organisations represented

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on the day for example; Dementia Friends, the Carers Resource Centre, a local housing provider and the local library. Practice staff also provided opportunistic health checks such as blood pressure and diabetes for people attending the event. A PPG member was available to talk to patients about joining the PPG. The PPG was working with the practice on their next event, 'Keep Well for Winter' which was going to be held in November 2016.

However there were areas of practice where the provider needs to make improvements.

Importantly the provider should:

- Develop a documented cleaning programme for carpets and privacy curtains in all four surgeries.

- Implement processes so that all Standing Operating Procedures (SOPs) include all aspects of the dispensing process and new SOPs have been read and signed by staff.
- Put systems in place to monitor blank prescriptions in line with national guidance.
- Monitor that all staff are up to date with mandatory training.
- Monitor minor surgery outcomes including the process for obtaining consent.

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.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- Patients affected by significant events received a timely apology and were told about actions taken to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes were comparable to the local CCG and national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP survey showed that patients rated the practice higher than others for all aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We observed a patient-centred culture.
- We saw that staff treated patients with kindness and respect, and maintained confidentiality.
- There was a carer's register and a carer's link worker in the surgery who signposted patients to the local carer's resource

Summary of findings

centre. The link worker would also see patients on a one to one basis in the surgery. Information was available on the practice website and in the waiting room for carers on support services available for them.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice worked with the CCG and the community staff to identify their patients who were at high risk of attending accident and emergency (A/E) or having an unplanned admission to hospital. Care plans were developed to reduce the risk of unplanned admission or A/E attendances.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care. Urgent appointments were available the same day.
- GP appointments were routinely between twelve and a half and 15 minutes long giving patients more time to discuss their health and other issues.
- Telephone consultations were available for working patients who could not attend during surgery hours or for those whose problem could be dealt with on the phone.
- Patients could register to receive information by text message on their phone regarding appointments and health care.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available in the patient leaflet and on the practice website and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.

Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.
- The practice proactively sought feedback from staff and patients, which it acted on.
- There was a strong focus on continuous learning and improvement at all levels. The practice was a member of the local 'Clinical Research Hub' and participated in local research projects.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population. Patients over the age of 75 had a named GP.
- The practice invited older patients who were well and were not seen regularly by the GP for an annual 'Elderly Health' check. In the past 12 months 78 patients over the age of 75 had been invited for an elderly health check.
- The nurse practitioner developed care plans for patients aged over 75. They gave patients a pack which included their care plan, the practice leaflet, the 'feeling off colour' CCG leaflet and the Age UK leaflet covering keeping warm and exercise. They also included information about how to contact local services and details of the practice Patient Participation Group healthy living days, which were held each year.
- The practice had assessed the older patients most at risk of unplanned admissions and had developed care plans which were regularly reviewed.
- There was a named GP for individual care homes and they did weekly 'ward rounds' in conjunction with the care home staff and the district nurses.
- They were responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data for 2015/2016 showed that outcomes were good for conditions commonly found in older people. For example, the percentage of patients with atrial fibrillation (a heart condition) with a record of a CHA2DS2-VASc score of 2 or more, who were currently treated with anticoagulation therapy (a blood thinning medicine) was 90%; compared to the local CCG average of 90% and the England average of 87%.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Nationally reported data for 2015/2016 showed that outcomes for patients with long term conditions were good. For example,

Summary of findings

the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 93%. This was comparable to the local CCG average of 91% and England average of 89%.

- Longer appointments and home visits were available when needed.
- Patients with LTCs had a named GP and a structured annual review to check that their health and medicines needs were being met. For those patients with the most complex needs, the named GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Practice nurses visited patients at home to do long term conditions reviews and administer flu vaccinations during the flu season.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children and young people who had a high number of A&E attendances or who failed to attend hospital appointments.
- Immunisation rates were comparable to the local CCG and England national average for all standard childhood immunisations. For example, data from 2015/2016 showed rates for immunisations given to children aged 12 months, 24 months and five years in the practice ranged from 90% to 99% compared to 89% to 97% for the local CCG and 73% to 95% for the England national average.
- Children and young people were treated in an age-appropriate way and were recognised as individuals.
- A child and adolescent mental health service worker provided a clinic in the surgery which the GPs could refer into.
- Nationally reported data from 2015/2016 showed the practice's uptake for the cervical screening programme was 83%. This was comparable to the local CCG average of 85% and the England average of 81%.
- The practice offered a range of sexual health services where patients could get advice and treatment, for example contraception and sexually transmitted diseases.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



Summary of findings

- We saw good examples of joint working with midwives, health visitors and school nurses. The health visitors were based in the West Ayton surgery and had regular contact with the GPs and nurses to discuss any patients who were identified as at risk. The practice monitored any non-attendance of babies and children at vaccination clinics and worked with the health visiting service to follow up any concerns.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Family planning clinics, minor surgery and joint injections were provided at the practice so patients did not have to attend hospital to access these services.
- The practice offered a range of sexual health services where patients could get advice and treatment.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- Telephone consultations were available every day with a call back appointment arranged at a time to suit the patient, for example during their lunch break.
- Appointments were available until 6.30pm Monday to Friday and on Saturday mornings at the west Ayton and Snainton surgeries.

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 registers of patients living in vulnerable circumstances which included those with a learning disability.
- The practice offered longer appointments for people with a learning disability. Learning disability health checks were undertaken annually and staff had completed specialised training in this area. At the time of the inspection 32 patients

Good



Summary of findings

were on the register. In the past year 78% of these had received a formal health check at the practice, or appropriate care and screening through regular attendance at the practice, care from the hospital or the learning disabilities service.

- Nursing staff used easy read leaflets to assist patients with learning disabilities to understand their treatment. The nurses used appropriate printed resources to help explain and support access to cervical smears for female patients. They worked with patients over a few appointments at a pace driven by the patient until they felt comfortable enough to have the smear test taken.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Telephone interpretation services were available and information leaflets in different languages were provided when required.

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).

- Nationally reported data from 2015/2016 showed 78% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the preceding 12 months. This was below the local CCG and England average of 84%.
- The practice carried out advanced care planning for patients with dementia. Staff had completed Dementia Friends training.
- Nationally reported data from 2015/2016 showed the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in their record in the preceding 12 months was 84%. This was below the local CCG average of 92% and the England average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.

Good



Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The National GP patient survey results published in July 2016 showed 219 survey forms were distributed for Dr Bartlett and Partners and 137 forms were returned, a response rate of 63%. This represented 2% of the practice's patient list. The practice was above the CCG or national average for all of the 23 questions. For nine of the 23 questions the practice score was 10% or more above the local CCG and national average. For example:

- 100% found it easy to get through to this surgery by phone compared with the local CCG average of 81% and national average of 73%.
- 97% were able to get an appointment to see or speak to someone the last time they tried compared with the local CCG average of 87% and national average of 85%.
- 89% usually get to see or speak to their preferred GP compared with the local CCG average of 67% and national average of 59%.
- 96% described the overall experience of their GP surgery as good compared with the local CCG average of 91% and national average of 85%.
- 96% said they would recommend their GP surgery to someone new to the area compared to the local CCG average of 85% and national average of 78%.

As part of our inspection we asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our visit. We received 13 completed comment cards which were very positive about the standard of care received. Patients said staff were polite and helpful and treated them with dignity and respect. Patients described the service as very good and said staff were friendly, caring, listened to them and provided advice and support when needed.

We spoke with four members of the patient participation group (PPG) and received questionnaires that were completed during the inspection from 18 patients who used the service. They were also very positive about the care and treatment received and patients said they were able to get appointments when they needed them.

Feedback on the comments cards and from patients we spoke with reflected the results of the national survey. Patients were very satisfied with the care and treatment received.

The Friends and Family Test (FFT) results from January 2016 to August 2016 showed 112 of 113 patients were extremely likely or likely to recommend the practice.

Areas for improvement

Action the service **SHOULD** take to improve

- Develop a documented cleaning programme for carpets and privacy curtains in all four surgeries.
- Implement processes so that all Standing Operating Procedures (SOPs) include all aspects of the dispensing process and new SOPs have been read and signed by staff.
- Put systems in place to monitor blank prescriptions in line with national guidance.
- Monitor that all staff are up to date with mandatory training.
- Monitor minor surgery outcomes including the process for obtaining consent.

Outstanding practice

We saw an area of outstanding practice:

- The PPG had supported the practice to run two successful 'Health Information Days' in one in 2015 which 70 people attended and one in July 2016

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which 200 people attended. There were various local statutory and voluntary organisations represented on the day for example; Dementia Friends, the Carers Resource Centre, a local housing provider and the local library. Practice staff also provided opportunistic health checks such as blood pressure

and diabetes for people attending the event. A PPG member was available to talk to patients about joining the PPG. The PPG was working with the practice on their next event, 'Keep Well for Winter' which was going to be held in November 2016.

Dr Bartlett and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Inspector and included a second CQC Inspector, a CQC Pharmacist Inspector and a GP Specialist Advisor.

Background to Dr Bartlett and Partners

Dr Bartlett and Partners, West Ayton Surgery, 53 Pickering Road, West Ayton, Scarborough North Yorkshire YO13 9JF is located in the village of West Ayton. There is car parking available at the practice. The practice is in a converted house which also has purpose built extensions to the ground and first floors. There are three branch sites:

Snainton Surgery, Station Road, Snainton Scarborough YO13 9AP located in the village of Snainton, approximately four miles from West Ayton.

Seamer Surgery, 8a Denison Avenue, Seamer YO12 4QU located in the village of Seamer, approximately three miles from West Ayton.

Thornton-Le-Dale Surgery, Roxby Road, Thornton-Le-Dale, Pickering YO18 7TJ located in the village of Thornton-Le-Dale, approximately ten miles from West Ayton.

There is disabled access and consulting and treatment rooms are available on the ground floor at all four surgeries. The Snainton and Seamer surgeries were also visited during the inspection.

The practice provides services under a General Medical Services (GMS) contract with the NHS North Yorkshire and Humber Area Team to the practice population of 8100,

covering patients of all ages. The practice covers a large rural area including 20 villages and approximately 200 to 250 square miles. The practice is a 'dispensing practice' and is able to dispense medicines for patients who live more than one mile from the nearest pharmacy. The practice dispenses medicines for approximately 60% of its patients from their surgeries in West Ayton and Snainton.

The proportion of the practice population in the 65 years and over age group is higher than the local CCG and England average. The proportion of the practice population in the under 18 age group is lower than the local CCG and England average. The practice scored eight on the deprivation measurement scale. The deprivation scale goes from one to ten, with one being the most deprived. People living in more deprived areas tend to have a greater need for health services.

The practice has eight GP partners, all part time. There are five female and three male GPs. There is one nurse practitioner/lead nurse, four practice nurses, two health care assistants and a phlebotomist. All work part time and all are female. There is a practice manager, an assistant practice manager and a team of administrators, secretaries and receptionists. There is a clinical pharmacist and five dispensers.

The West Ayton and Snainton Surgeries are open between 8am and 6.30pm Monday to Friday, and on a Saturday from 8.30am to 9.30am for booked appointments and 9.30am to 10.30am for an emergency surgery. GP appointments at West Ayton surgery are available from 8.15am to 10.40am and 2.30pm to 6pm on Monday, 8.15am to 11am and 3pm to 6pm on Tuesday, 8.15am to 10.30am and 3pm to 6pm on Wednesday, 8.30am to 11.15am and 3.30pm to 6pm on Thursday and 8.15am to 11am and 3pm to 6pm on Friday.

Detailed findings

GP appointments at Snainton surgery are available from 8.30am to 10.30am on Monday, Tuesday and Thursday, 8.30am to 9.30am on Wednesday and 8.30 to 10am on Friday. Afternoon GP appointments are available from 3pm to 6pm Monday to Friday.

GP Appointments at Seamer surgery are available 10.30am to 11.30am Monday to Friday and at Thornton le Dale surgery 9am to 11am on Monday and 11am to 12pm Tuesday, Wednesday and Friday.

Information about the opening times is available on the website and in the patient information leaflet.

The practice has opted out of providing out of hours services (OOHs) for their patients. When the practice is closed patients use the NHS 111 service to contact the OOHs provider. Information for patients requiring urgent medical attention out of hours is available in the waiting area, in the practice information leaflet and on the practice website.

The practice is a teaching practice for medical students from the Hull York Medical School. The practice is also a training practice for GP registrars and student nurses.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. We carried out an announced inspection to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

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 reviewed policies, procedures and other information the practice provided before and during the inspection. We carried out an announced visit on the 8 September 2016 and visited the West Ayton, Snainton and Seamer surgeries. During our visit we:

- Spoke with a range of staff including two GPs, one nurse practitioner, one practice nurse, a health care assistant and the clinical pharmacist. We also spoke with the practice manager, assistant practice manager, administration, secretarial, reception and dispensing staff.
- Spoke with four members of the patient participation group (PPG) and received completed questionnaires from 18 patients who used the service.
- Reviewed 13 comment cards where patients and members of the public shared their views and experiences of the service.
- Observed how staff spoke to, and interacted with patients when they were in the practice and on the telephone.

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The 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).
- Patients affected by incidents received a timely apology and were told about actions taken to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and they were discussed at the clinical, nurses and staff meetings. Lessons were shared with individual staff involved in incidents to make sure action was taken to improve safety in the practice.

Following incidents action was taken to improve safety in the practice. For example, a blood pressure monitoring machine was given to a patient before the previous patient's results had been removed. There was a change in practice as a result of this; patients were now given an appointment with the GP at which they brought the machine back. The GP looked at the results and discussed them with the patient then removed the patients' data from the machine.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Safety alerts were disseminated to staff and action taken. However no record of actions taken in response to safety alerts was available.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. Policies and procedures were accessible to all staff. The policies clearly outlined who

to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding and they met with the health visitor once a month to discuss any patients who were identified as at risk. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and staff told us they had received training relevant to their role. GPs were trained to safeguarding children level three.

- Information telling patients that they could ask for a chaperone if required was visible in the waiting room and in consultation rooms. 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 was in the process of updating DBS checks for all staff. The chaperone policy needed did not state that if non clinical staff chaperoned they must stand inside the curtain so they could observe what was happening.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Some flooring at the West Ayton and Seamer surgeries appeared dirty but there was no malodour. The practice had a gradual replacement programme for carpets. Carpets and privacy curtains had been cleaned however there was no documented cleaning programme in place. One of the nurses had recently taken responsibility as the infection prevention and control (IPC) lead. The IPC lead had completed additional IPC training and was liaising with the local IPC teams to keep up to date with best practice. There was an infection control protocol in place and staff had received training. Infection control monitoring had commenced and a hand hygiene audit had been undertaken in August 2016. The practice completed an infection control audit following the inspection and achieved 89%. An action plan had been developed to address the improvements required.
- Arrangements for managing medicines were checked at the practice. Medicines were dispensed for patients who did not live near a pharmacy and this was appropriately managed. The dispensary staff had received appropriate training and had annual appraisals. We saw

Are services safe?

standard operating procedures (SOPS) which covered some aspects of the dispensing process (these are written instructions about how to safely dispense medicines). However we found that not all processes had SOPs for example, there was no procedure for dispensing into multi dose compartment aids, high risk medicines, deliveries or prescriptions collected from a post office. The practice used a barcode system as a means of second check.

- A delivery service was provided by the practice and a collection service through a third party; there was no procedure in place for this and returns were not monitored. We spoke with the practice manager about this who stated a written procedure would be implemented.
- The practice had signed up to the Dispensing Services Quality Scheme, which rewards practices for providing high quality services to patients of their dispensary, and there was a named GP who provided leadership to the dispensary team. Near miss dispensing errors and errors which reached patients were recorded as part of the significant event log. These were discussed at dispensary team meetings.
- The practice ensured prescriptions were signed before being issued to patients. Repeat prescription review dates were assessed as part of the prescription clerking system and clear guidance was available if review dates had passed. Staff told us about procedures for monitoring prescriptions that had not been collected and this was effectively managed.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. However balance checks of controlled drugs had not been carried out on a regular basis. There were appropriate arrangements in place for the destruction of CDs.
- Processes were in place to check medicines were within their expiry date and this was routinely assessed and recorded. Expired and unwanted medicines were disposed of in line with waste regulations.
- We checked medicines refrigerators and found they were secure with access restricted to authorised staff. Temperatures were monitored and recorded but on one

refrigerator one of the two thermometers used showed periods where the temperature had exceeded the maximum recommended for storing medicines. There was no written procedure regarding temperature monitoring.

- Vaccines and injections were administered by nurses using Patient Group Directions (PGDs) and by Health Care Assistants using Patient Specific Directions (PSDs). PGDs and PSDs are written instructions which allow specified healthcare professionals to supply or administer a particular medicine in the absence of a written prescription. This was effectively managed by the practice.
- The receipt of blank prescription forms were handled in accordance with national guidance and the practice kept them securely. There was however no procedure in place to track blank prescription forms through the practice.
- We reviewed seven personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were mainly assessed and well managed.

- There were procedures in place for monitoring and managing risks to patients and staff safety. There was a health and safety policy available and a poster with details of responsible people. The practice had completed a fire risk assessment review in the last 12 months and carried out fire drills at the West Ayton and Snainton surgeries. The fire brigade service had visited the Seamer surgery and advised the practice that fire drills and risk assessments were not required for the Seamer and Thornton le Dale surgeries. Staff were aware of what action to take in the event of a fire.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, the environment and

Are services safe?

legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice carried out monthly monitoring checks of the environment.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. For example, the practice was recruiting a lead dispenser who would work alongside the practice manager and lead GP for dispensing to ensure compliance with regulation. There was a system in place for the different staff groups to ensure that enough staff were on duty. Staff told us they provided cover for sickness and holidays and locums were engaged when required.

Arrangements to deal with emergencies and major incidents

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.

- All staff received basic life support training.
- The practice kept oxygen and a defibrillator with adult pads for use in an emergency at the West Ayton and Snainton surgeries. There were adequate supplies of emergency medicines and equipment which were easily accessible to staff and were stored in secure areas of the surgeries. A system was in place to ensure these were fit for use. The practice had assessed the risk and decided that defibrillators and oxygen were not required at the Seamer and Thornton le Dale surgeries, however this was not documented. Emergency medicines and equipment were available at both these sites.
- There was a first aid kit and accident book available.
- The practice had a 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

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results for 2015/2016 showed the practice achieved 100% of the total number of points available compared to the local CCG average of 97% and national average of 95%. The practice had 8% exception reporting compared to the local CCG average of 11% and national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed;

- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 93%. This was comparable to the local CCG average of 91% and England average of 89%.
- The percentage of patients with asthma, who had had an asthma review in the preceding 12 months that included an assessment of asthma control, was 74%. This was comparable to the local CCG average of 79% and the England average of 75%.

- The percentage of patients with Chronic Obstructive Pulmonary Disease (COPD) who had had a review, undertaken by a healthcare professional, including an assessment of breathlessness in the preceding 12 months was 92%. This was comparable to the local CCG average of 91% and the national average of 90%.
- The percentage of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the preceding 12 months was 78%. This was below the local CCG and England average of 84%.

Clinical audits demonstrated quality improvement.

- There had been four clinical audits completed in the last two years, two of these were a completed audit cycle where the improvements made were implemented and monitored. The practice was reviewing its clinical audit programme to ensure audit cycles were completed.
- The practice participated in applicable local audits, national benchmarking and accreditation.

Findings were used by the practice to improve services. For example, an audit was done to check if the blood results for patients taking Warfarin (a medicine that thins the blood) were within the recommended range. The first audit in February 2015 identified that 27 patients' blood results were not within the recommended range. Following the first audit patients were called in for a review and where necessary changed to a different medication to improve their control. A re-audit in August 2016 showed that 11 patients' blood results were not within the recommended range.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. 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. Nursing staff had completed training in diabetes, asthma and respiratory disease. Staff told us

Are services effective?

(for example, treatment is effective)

that they were given opportunities to attend training if needed and to develop. For example a one of the receptionists had completed training to become a health care assistant.

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on-going support during staff meetings, appraisals, peer supervision and support for the revalidation of the GPs and nurses.
- Five of the GP Partners were members of local 'Learning Without Lectures Groups' where they met with GP peers to discuss clinical issues and current practice.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. However not all staff were up to date with their training. For example, GPs had not completed infection control training. The practice was aware of this and had plans in place to bring all staff training up to date.

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 test results. Information such as NHS patient information leaflets was also available.
- The practice shared relevant information with other services in a timely way, for example when people were referred to other services.

Staff worked together, and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan

on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place monthly and care plans were routinely reviewed and updated.

Consent to care and treatment

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act (MCA) 2005. Staff had completed MCA training.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- Staff sought patients' consent to care and treatment in line with legislation and guidance and this was recorded in their records. The practice had not done a minor surgery audit and the process for seeking consent had not been monitored through records or minor surgery audits. One of the GPs was going to undertake a minor surgery audit including consent as part of their personal development plan.

Supporting patients to live healthier lives

Patients who may be in need of extra support were identified by the practice.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, those requiring advice on their diet, smoking and alcohol cessation and those with mental health problems. Patients were then signposted to the relevant service.
- The practice referred patients to organisations when they required support with other issues. For example, we saw a patient who had mental health problems had been referred to the benefits advice service and the enablement service when they needed help with financial difficulties.
- The practice referred and sign posted people who needed support for alcohol or drug problems to local counselling services.

Are services effective?

(for example, treatment is effective)

- The practice was in the process of amending its recall system for chronic disease management so that patients would be recalled in their birthday month. A letter was being sent to patients explaining the new system and how it would work. Each patient would get an individual letter telling them which illnesses would fall into their review and what tests they would need. For example, whether they needed to see the health care assistant for blood pressure, weight and bloods first or if they could just see the nurse. A new template had been developed for the nurses to follow to ensure all required monitoring was done each year.

The practice had a comprehensive screening programme. Nationally reported data from 2015/2016 showed the practice's uptake for the cervical screening programme was 83%. This was comparable to the local CCG average of 85% and the England average of 81%. Nursing staff used easy read leaflets to assist patients with learning disabilities to understand the procedure. The practice sent written reminders to patients who did not attend for their cervical screening test. The practice ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up

women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Data from 2015/2016 showed immunisation rates were comparable to the local CCG and England national average for all standard childhood immunisations. For example, data from 2015/2016 showed rates for immunisations given to children aged 12 months, 24 months and five years in the practice ranged from 90% to 99%. This was comparable to the local CCG rates of 92% to 96% and above or comparable to the England national rates of 73% to 95%.

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. Nationally reported data from 2015/2016 showed the percentage of patients aged 45 or over who had a record of blood pressure in the preceding five years was 92%, this was comparable to the local CCG and England average of 91%. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed throughout the inspection that members of staff were courteous and very helpful to patients and they were treated with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them the opportunity to discuss their needs in private.
- A self-check in screen was available for patients to use to book in for their appointment.
- Information on chaperones was displayed in the waiting area and in consulting rooms.

Feedback from the 13 patient CQC comment cards we received was very positive about the service experienced. Patients said they felt the practice offered a very good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four members of the patient participation group (PPG) and received questionnaires that were completed during the inspection from 18 patients who used the service. They were also very positive about the care and treatment received and patients said they were able to get appointments when they needed them.

Results from the national GP patient survey published in July 2016 were very positive and showed patients were very satisfied with how they were treated and that this was with compassion, dignity and respect. The practice results were above or comparable to the local CCG and national average for questions about how they were treated by the GPs, nurses and receptionists. For example:

- 96% said the last GP they saw was good at giving them enough time compared to the local CCG average of 91% and national average of 87%.

- 97% said the last GP they saw was good at listening to them compared to the local CCG average of 92% and national average of 89%.
- 96% said the last GP they saw or spoke to was good at treating them with care and concern compared to the local CCG average of 89% and national average of 85%.
- 100% said they had confidence and trust in the last GP they saw or spoke to compared to the local CCG average of 97% and national average of 95%.
- 96% said the last nurse they saw or spoke to was good at giving them enough time compared to the local CCG average of 95% and national average of 92%.
- 97% said the last nurse they saw or spoke to was good at listening to them compared to the local CCG average of 95% and national average of 91%.
- 95% said the last nurse they saw or spoke to was good at treating them with care and concern compared to the local CCG average of 94% and national average of 91%.
- 99% said they had confidence and trust in the last nurse they saw or spoke to compared to the local CCG average of 98% and national average of 97%.
- 98% said they found the receptionists at the practice helpful compared to the local CCG average of 90% and national average of 87%.

The percentage of patients in the GP patient survey that said the GP was poor or very poor at giving them enough time and listening to them was 0%, compared to the local CCG average of 2% and national average of 4%. The percentage of patients in the GP patient survey that said the nurse was poor or very poor at giving them enough time and listening to them was 0%, compared to the local CCG average of 1% and national average of 2%.

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 and questionnaires we received was also very positive and aligned with these views.

Are services caring?

Results from the national GP patient survey published in July 2016 showed patients responded very positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above or comparable to the local CCG and national average for questions about GPs and above the local CCG and national average for nurses. For example:

- 95% said the last GP they saw or spoke to was good at explaining tests and treatments compared to the local CCG average of 91% and national average of 86%.
- 96% said the last GP they saw or spoke to was good at involving them in decisions about their care compared to the local CCG average of 86% and national average of 82%.
- 98% said the last nurse they saw or spoke to was good at explaining tests and treatments compared to the local CCG average of 93% and national average of 90%.
- 97% said the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the local CCG average of 87% and national average of 85%.

The percentage of patients in the GP patient survey that said the GP was poor at explaining treatments and test results was 0%, compared to the local CCG percentage of 2% and national percentage of 3%. The percentage of patients in the GP patient survey that said the nurse was poor at explaining treatments and test results was 0%, compared to the local CCG average of 1% and national average of 2%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. The number of non English speaking patients in the practice was very low. Staff told us how they had used the telephone interpreting service for a patient who spoke limited English. There was no notice in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

There was a carers link worker in the surgery who signposted patients to the local carers resource and who would see patients on a one to one basis in the surgery. There were links on the practice website to information about various support available for carers. There was also information available in the waiting room to direct carers to the various avenues of support available to them.

The practice had identified 203 patients as carers; this was 2.5% of the practice list. The practice was reviewing its carers register to ensure it was accurate. Staff sign posted carers to local services for support and advice. The practice's computer system alerted staff if a patient was also a carer.

Staff told us that if families had suffered bereavement the practice visited them and also offered support and signposted the patient/family to bereavement support groups and other agencies if appropriate. There was information on bereavement services available in the surgeries and on the practice website.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, the practice worked with the CCG and the community staff to identify their patients who were at high risk of attending accident and emergency (A/E) or having an unplanned admission to hospital. Care plans were developed to reduce the risk of unplanned admission or A/E attendances.

Services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care. For example;

- There were longer appointments available for people with a learning disability. Learning disability health checks were undertaken annually and staff had completed specialised training in this area. At the time of the inspection 32 patients were on the register and in the past year 78% of these had received a formal health check at the practice, or appropriate care and screening through regular attendance at the practice, care from the hospital or the learning disabilities service.
- Appointments could be made on line, via the telephone and in person. Text reminders were available to remind patients about their appointments to help reduce the number of patients who did not attend.
- Urgent access appointments were available for children and those with serious medical conditions.
- Routine GP appointments were twelve and a half minutes long giving patients more time to discuss their health and other issues.
- Telephone consultations were available for working patients who could not attend during surgery hours or for those whose problem could be dealt with on the phone.
- Consulting and treatment rooms were accessible and there were accessible toilets.
- There were no hearing loops at the surgeries for patients who had hearing problems but staff would take patients to a private area or ask them to write things down if they had difficulty communicating. Staff told us an intermediary was used to support a patient with hearing problems to text the practice when they needed to communicate with them.

- There was a facility on the practice website to translate the information into different languages.
- The practice provided a delivery service for patients whose medicines were dispensed by the practice.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. Practice nurses visited patients at home to do long term conditions reviews and administer flu vaccinations during the flu season.
- The nurse practitioner had developed care plans for patients aged over 75. They gave patients a pack which included their care plan, the practice leaflet, the 'feeling off colour' CCG leaflet and the Age UK leaflet covering keeping warm and exercise. They also included information about how to contact local services and details of the practice Patient Participation Group healthy living days, which were held each year.
- The practice was participating in the CCG Clinical Pharmacist pilot where a pharmacist was working at the practice three days a week. They were available for general advice on all medication related queries and concerns and assisted with review of medications.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines only available privately.
- Family planning clinics, minor surgery and joint injections, Dermoscopy and Rheumatology services were provided at the practice so patients did not have to attend hospital to access these services. GPs also provided acupuncture treatment.
- A child and adolescent mental health service worker provided a clinic in the surgery which the GPs could refer into.
- The local mental health teams held clinics at the practice surgeries including a memory clinic.
- The practice offered a range of sexual health services where patients could get advice and treatment, for example contraception and sexually transmitted diseases.
- The practice hosted a number of services across their four surgeries including, retinal screening service, physiotherapy and podiatry.
- GPs had special interests and provided a range of services in the practice including, minor surgery, acupuncture, dermoscopy and rheumatology.

Are services responsive to people's needs?

(for example, to feedback?)

- The practice provided good accessibility and was responsive to patients who attended with minor injuries which reduced the need for some patients to attend A/E. For example, a patient had attended the practice without an appointment at 6:27pm with a lacerated elbow, who would usually have had to go to A/E. The GP assessed the patient's wound, sutured it and reviewed them a week later to remove the sutures.

Results from the national GP patient survey published in July 2016 showed that patient's satisfaction with the service was very positive; results were above the local CCG and national average. This reflected the feedback we received on the day. For example:

- 96% described the overall experience of their GP surgery as good compared to the local CCG average of 91% and national average of 85%.
- 96% said they would recommend their GP surgery to someone new to the area compared to the local CCG average of 85% and national average of 78%.

Access to the service

The West Ayton and Snainton Surgeries were open between 8am and 6.30pm Monday to Friday, and on a Saturday from 8.30am to 9.30am for booked appointments and 9.30am to 10.30am for an emergency surgery. GP appointments at West Ayton surgery were available from 8.15am to 10.40am and 2.30pm to 6pm on Monday, 8.15am to 11am and 3pm to 6pm on Tuesday, 8.15am to 10.30am and 3pm to 6pm on Wednesday, 8.30am to 11.15am and 3.30pm to 6pm on Thursday and 8.15am to 11am and 3pm to 6pm on Friday.

GP appointments at Snainton surgery were available from 8.30am to 10.30am on Monday, Tuesday and Thursday, 8.30am to 9.30am on Wednesday and 8.30 to 10am on Friday. Afternoon GP appointments were available from 3pm to 6pm Monday to Friday.

GP Appointments at Seamer surgery were available 10.30am to 11.30am Monday to Friday and at Thornton le Dale surgery 9am to 11am on Monday and 11am to 12pm Tuesday, Wednesday and Friday.

Information about the opening times was available on the website and in the patient information leaflet.

In addition to pre-bookable appointments that could be booked four to six weeks in advance, urgent appointments were also available for people that needed them. If patients needed to be seen urgently they would be provided with an appointment that day.

Results from the national GP patient survey published in July 2016 showed that patient's satisfaction with how they could access care and treatment was extremely positive. Results were 10% or more above the local CCG and national average. This reflected the feedback we received on the day. For example:

- 96% of patients were satisfied with the practice's opening hours compared to the local CCG average of 85% and national average of 76%.
- 100% found it easy to get through to this surgery by phone compared to the local CCG average of 81% and national average of 73%.
- 96% of patients described their experience of making an appointment as good compared to the local CCG average of 80% and national average of 73%.
- 97% were able to get an appointment to see or speak to someone the last time they tried compared to the local CCG average of 87% and national average of 85%.

The practice had a system in place to assess:

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

When patients requested a home visit the details of their symptoms were recorded and then assessed by a GP. If necessary the GP would call the patient back to gather further information so an informed decision could be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, 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 in place for handling complaints and concerns.

- The practice complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

Are services responsive to people's needs? (for example, to feedback?)

- There was a designated responsible person who handled all complaints in the practice.
- Information was available to help patients understand the complaints system in the patient information leaflet which was available in the waiting room and on the practice website.

We looked at two complaints that had been received since in the past 12 months and found the practice had dealt with them in a timely way and been open and transparent when reviewing them. For example, we saw that GPs and the practice reflected on the issues raised in the complaints and any areas for improvement were 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.

- The practice had a mission statement which was displayed in the waiting areas and on the practice website, staff knew and understood the values.
- The practice had held a competition for staff to develop a 'statement' which outlined exactly what the practice did - their vision. The suggestions were then reviewed by the partners and the winning entry; 'Working together to improve your health and wellbeing' was announced at the practice Christmas party.
- The practice had a strategy and business development plan which reflected the vision and values, this was regularly monitored.
- An annual away day was held, attended by the GP partners, the practice manager and the lead nurse. An external facilitator was used to support the practice in reviewing its mission statement, discussing the service and developing the strategy and action plan for the following year. The outcomes from the away day were fed back to rest of the staff in staff meetings.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the practice standards to provide good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- There was a comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit and monitoring was used to monitor quality and to make improvements.
- There were systems in place for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

The provider was aware of and had systems in place 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. The practice had systems in place to ensure that when things went wrong with care and treatment:

- Patients affected by significant events received a timely apology and were told about actions taken to improve processes to prevent the same thing happening again.
- The practice kept records of written correspondence and verbal communication.

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

- Staff told us that regular team and clinical meetings were held.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, by the GPs and the practice manager. They described the relationship between staff as good and said all staff worked well as a team.
- All staff were involved in discussions about how to run and develop the practice. The GPs and practice manager encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- Nursing staff were given protected time to carry out administration work and duties related to lead roles, for example infection control and stock control.

Are services well-led?

Good 

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

- Staff in the practice were proactive in linking with staff from other practices and the CCG, for example, the practice manager was a member of the local practice managers group and was the training officer for the group – arranging outside speakers to come and give talks. One of the GP Partners and the Practice manager attended CCG and federation meetings quarterly. The nurse practitioner was involved in the local nurse training group.
- The practice ran a group for the dispensers in local practices so they could meet and share best practice and listen to relevant speakers.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the
- The PPG had supported the practice to run two successful 'Health Information Days' in one in 2015 which 70 people attended and one in July 2016 which 200 people attended. There were various local statutory and voluntary organisations represented on the day for example; Dementia Friends, the Carers Resource Centre, a local housing provider and the local library. Practice staff also provided opportunistic health checks such as blood pressure and diabetes for people attending the

event. A PPG member was available to talk to patients about joining the PPG. The PPG was working with the practice on their next event, 'Keep Well for Winter' which was going to be held in November 2016.

- A regular newsletter was produced which gave patients information on various issues, for example, staff changes, upcoming events such as the practice 'Health Information Event' and a local 12 week activity and nutrition course. Copies of the newsletter were available in the waiting areas and on the practice website.
- The practice also gathered feedback from staff generally through staff meetings, appraisals 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 strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and looked to improve outcomes for patients in the area. For example, the practice was going to participate in the frailty service which was a new service being developed jointly between the CCG and practices. This would use a frailty score tool to identify patients most at risk of hospital admission. The aim was to improve links and services for frail people by building on existing care planning. Existing nurses would form a frailty team and do a home visit after discharge from hospital to identify any additional support and help needed to help keep people at home.

The practice had also become members of the Clinical Research Hub and had completed one clinical trial.