

# Hereward Group Practice

## Quality Report

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

### Ratings

|  |      |   |
|--|------|---|
| Overall rating for this service            | Good |  |
| Are services safe?                         | Good |  |
| Are services effective?                    | Good |  |
| Are services caring?                       | Good |  |
| Are services responsive to people's needs? | Good |  |
| Are services well-led?                     | Good |  |

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Hereward Group Practice on 12 October 2016. Overall the practice is rated as good.

The purpose of this inspection was to ensure that sufficient improvement had been made following the practice being placed in to special measures as a result of the findings at our inspection on 4 February 2016 when we found the practice to be inadequate overall.

At this most recent inspection we found that significant improvements had been made and specifically, the ratings for providing a safe and well led service had improved from being inadequate to good. Effective was good. The rating for providing a caring and responsive service had improved from requiring improvement to good.

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

- The practice had a governance framework in place with systems and processes in place to support the delivery of their strategy.

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- The practice had put an effective system in place to safeguard adults and children from abuse.
- Risks to patients were now well assessed and extremely well managed.
- The leadership and systems and processes for the dispensary had been reviewed.
- The system in place for palliative care monitoring and review was in the process of being reviewed and the practice were beginning to put new processes in place.
- The practice now had a quality improvement programme in place which included a rolling programme for clinical audit cycles.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with 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.

# Summary of findings

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

The areas where the provider should make improvement are:

- Monitor the systems in place for the recording of consent, follow up on children who do not attend for childhood immunisation and staff who still need to complete mandatory training.
- Monitor the recently introduced process for tracking prescriptions to ensure that it meets national guidance.
- Follow up their assessment of the post office collection points to ensure that they meet the agreed standards

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

**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 was a clear and consistent system in place for reporting, recording and monitoring significant events, incidents and accidents. Lessons learnt were discussed at business meetings and information was available on the practice intranet to ensure action was taken by the relevant staff to improve safety in the practice.
- The practice had implemented an effective system for dealing with safety alerts.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- There were effective arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average in most areas.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- A system for quality improvement, including clinical audit was in place.
- Staff had the skills, knowledge and experience to deliver effective care and treatment but we found gaps in training and in the case of one staff member a lack of qualifications to carry out their role.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The system for palliative care monitoring had been reviewed and new processes had been put in place.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- Data from the July 2016 national GP patient survey showed patients rated the practice lower than others for several aspects of care. The practice had reviewed the survey results and the PPG had carried out a survey in September 2016. The PPG results showed that the practice were rated higher than the national survey for consultations with GPs and nurses. 93% of patients who responded said the GP was good at listening to them.
- 93% of patients who responded said the GP gave them enough time.
- 97% of patients who responded said they had confidence and trust in the last GP they saw
- Comments cards we reviewed told us patients were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 2.83% of the practice list as carers. 31 had agreed to be on the carer's register.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Data from the July 2016 national GP patient survey showed patients rated the practice lower than others for several aspects of care. The practice had reviewed the survey results and the PPG had carried out a survey in September 2016. The PPG results showed that the practice were rated higher than the national survey for consultations with how they could access care and treatment
- 83% of patients who responded to the PPG survey said they were satisfied with the opening hours at the practice.
- 59% of patients who completed the patient survey found it very easy or fairly easy to get through to this practice by phone. The practice had an action plan in place and had already introduced a new telephone system. The new system allowed detailed monitoring of call volumes, response times, numbers

Good



# Summary of findings

of abandoned calls and average waiting times. This had enabled the practice to review the working times of staff members to ensure that sufficient staff were available to take the phone calls.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- The practice had put in place a clear leadership structure for Hereward Group Practice and staff felt supported by management.
- 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- 10% of the practice population were older people (age 65 and over).
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- 1.53% of patients who had been assessed as being at risk had a care plan in place which was below the required national target of 2%.
- Each GP partner had responsibility for a local care home. The practice had eight care homes with patients registered with the practice. A GP partner was lead for intermediate care. The practice had joint responsibility for intermediate care beds used for hospital discharges. A MDT meeting took place weekly to review the patients.
- The practice provide a medicine delivery service to patient's homes twice a week.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 150/90 mmHg or less was 93.5% which was same as the CCG average and 2.2% above the national average. Exception reporting was 2.7% which was 1.8% below the CCG average and 2.8% below national average.
- The percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months that included an assessment of asthma was 83.5% which was 5.5% above the CCG average and 8% above the national average. Exception reporting was 2.3% which was 0.8% below the CCG average and 5.6% below national average.
- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months)

Good



# Summary of findings

was 150/90 mmHg or less was 87% which was 0.5% above the CCG average and 4.1% above the national average. Exception reporting was 3.6% which was 0.5% above the CCG average and 0.3% below national average.

- The practice provided a blood pressure machine in one of the waiting areas so that patients could take their own blood pressure and present the readings at reception to be entered on their record.
- Longer appointments and home visits were available when needed. Home visits are carried out for patients who are unable to attend the practice for routine blood tests.
- Patients had a named GP and the practice had a system in place for recalling patients for a structure annual review to check their health and medicines needs were being met.

## 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.
- Immunisation rates were relatively high for all standard childhood immunisations.
- The practice were signed up to the C-Card Scheme and all staff had been trained. This scheme enables the practice to give free contraception, for example, condoms to young people aged 13-24.
- The practice's uptake for the cervical screening programme was 82% which was slightly below the CCG average of 84 % and the same as the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice had an Under 12 walk in clinic on a Monday morning which is run in conjunction with a walk-in surgery.
- We saw positive examples of joint working with health visitors and school nurses.

Good



## Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted

Good





# Summary of findings

the services it offered to ensure these were accessible, flexible and offered continuity of care. For example extended hours on a Monday evening and Saturday morning. A minor injury service was available during practice opening hours.

- Health care assistants offer early morning appointments for blood tests for those patients who work.
- The Hereward Group practice prescription service offers patients who work the option to have their medicines delivered to their home by post.
- Minor surgery clinics are held at the practice to reduce the need for patients to be referred to secondary care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- 59% of patients on the palliative care register had had their care reviewed in the last 12 months. We found that the system in place for palliative care monitoring had been reviewed over the past two months by a new lead GP. The lead GP had identified that further work needed to be carried out to patients on the palliative care register were reviewed at least yearly and ensure that all care plans were routinely reviewed and updated for patients with complex needs.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



## 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).

Good



# Summary of findings

- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 92.5% which was 4.8% above the CCG average and 8.7% above the national average. Exception reporting was 2.2% which was 2.3% below the CCG average and 5.3% below the national average.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 94% compared to a national average of 88%.
- The percentage of patients 18 or over with a new diagnosis of depression who had been reviewed not earlier than 10days but not later than 56 days after the date of diagnosis was 86.5%. This was 2.1% above the CCG average and 3.5% above the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. For example, In house counsellors and referrals to Addaction for patients who experience alcohol and substance misuse problems.
- Staff had a good understanding of how to support patients with mental health needs and dementia. All staff had received mental capacity and dementia awareness training.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 July 2016. The practice had mixed results in comparison with local and national averages. 221 survey forms were distributed and 120 were returned. This represented 1.77% of the practice's patient list.

- 66% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 76% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 81% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 77% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

Hereward Group Practice undertook a PPG survey in September 2016. This was as a result of a review of the July 2016 national GP Patient survey. Members of the PPG visited the practice on a number of days and gave out surveys to patients in the waiting room. Over 330 surveys were completed which represented 2.75% of the practice population.

- 59% of patients who completed the patient survey found it very easy or fairly easy to get through to this practice by phone.
- 65% of patients who completed the patient survey said they were not able to get an appointment to see someone within seven days. However the practice

also operated a triage system and 77% of patients who completed the survey felt the service was efficient with 76% being satisfied with the outcome of the service. In November 2016 the practice planned to discuss future developments which included a new appointment system and patient care pathways.

- 83% of patients described the overall experience of this GP practice as good.
- 73% of patients who completed the patient survey said they would recommend this GP practice to someone who has just moved to the local area.

The practice had an action plan in place and had already introduced a new telephone system. They had reviewed the working times of staff members to ensure that sufficient staff were available to take the phone calls. The practice plan to repeat the survey in 2017.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 32 comment cards which being all positive about the standard of care received. Patients described the staff as courteous, friendly and welcoming. Care was excellent and they felt they were treated with dignity and respect. Six patients added a negative comment about appointments and the amount of time waiting to be seen once arriving at the practice. The practice were already aware of these issues and had put further plans in place to reduce the waiting time a patient had arrived at the practice.

## Areas for improvement

### Action the service SHOULD take to improve

- Monitor the systems in place for the recording of consent, follow up on children who do not attend for childhood immunisation and staff who still need to complete mandatory training.
- Monitor the recently introduced process for tracking prescriptions to ensure that it meets national guidance.
- Follow up their assessment of the post office collection points to ensure that they meet the agreed standards

# Hereward Group 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 advisor, a practice manager specialist advisor and a member of the CQC medicines team.

### Background to Hereward Group Practice

Hereward Group Practice provides primary medical services to approximately 12,471 patients.

The practice had a General Medical Services Contract (GMS). The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

Hereward Group Practice is a two storey building situated in Bourne, Lincolnshire. It had car parking facilities with spaces for patients with a disability. The practice had automatic doors at the entrance. Toilet facilities were available which included disabled access.

The practice provided dispensary services to 31% of those patients on the practice list who live more than one mile (1.6km) from their nearest pharmacy. The practice also provided a delivery service and had four medicine collection points where patients could collect their medicines.

At the time of our inspection the practice employed six GP partners (two female and four male), four salaried GPs (four female) and one GP registrar. The surgery also employed a part time business manager, operations manager, finance

and human resource manager, office manager, prescription manager, dispensary manager, three practice nurses, five health care assistants, five dispensers, 11 receptionists, eight administration staff and two drivers.

The practice was a GP training practice. On the day of the inspection they had one GP trainee.

The practice is located within the area covered by South Lincolnshire Clinical Commissioning Group (CCG). The CCG is responsible for commissioning services from the practice. A CCG is an organisation that brings together local GP's and experienced health professionals to take on commissioning responsibilities for local health services.

We inspected the following location where regulated activities are provided:-

Hereward Group Practice, Exeter Street, Bourne, Lincs. PE10 9XR

The practice was open between 8am and 6.30pm Monday to Friday. A range of GP appointments were available from 8.40 am to 17.40 pm Monday to Friday. Nurse Appointments from 8.40 to 6pm Monday to Friday and Health Care Assistant from 8am to 4.30 pm Monday to Friday. The practice offered an open access clinic and under 12 clinic every Monday 8.40am to 11.30am. A Duty GP was also available Monday to Friday from 8.40 until 6.30pm.

Extended hours appointments were offered on a Monday evening 6.30pm to 8pm and Saturday morning 8am to 12 midday. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

The practice had a website which we found had an easy layout for patients to use. It enabled patients to find out a wealth of information about the healthcare services provided by the practice.

# Detailed findings

Hereward Group Practice had opted out of providing out-of-hours services (OOH) to their own patients. The OOH service is provided by Lincolnshire Community Health Services NHS Trust.

At the inspection in February 2016 we found that the practice had not updated its registration with the Care Quality Commission. Over the last six months they had completed the necessary forms and the registration for the practice is now complete and a new registration certificate is in place.

## Why we carried out this inspection

On 4 February 2016 we had 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. That inspection was planned to check whether the provider was 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.

At that inspection we found the practice inadequate overall but specifically the rating for providing a safe and well led service was inadequate. Effective was good, Caring and Responsive was rated as requires improvement. As a result the practice was placed in special measures for a period of six months from 14 April 2016. The practice were also issued with an enforcement action which provided a clear timeframe in which to improve the quality of care they provide. We carried out this further comprehensive inspection to ensure that sufficient improvement had been made in order for the practice to be taken out of special measures.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew.

We carried out an announced visit on 12 October 2016.

During our visit we:

- Spoke with a range of staff.
- Observed how patients were being cared for.
- We reviewed healthcare records, policies and procedures relating to the clinical and general governance of the service.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

At the inspection in February 2016 we found that the practice had a system in place but we found that it was not robust, consistent or clear in regard to significant events. Therefore we could not be assured that the practice could evidence a safe track record over the long term. The practice did not review themes and trends from significant and could not evidence that safety alerts were consistently disseminated to dispensary staff.

At this inspection we saw that the practice had reviewed the system they had in place reporting, recording, investigation and analysis of significant events and now had a more consistent and effective system in place. Since the last inspection 38 significant events had been reported. We looked at four in detail found that significant events were reported, recorded investigated and action plans put in place. For example, when the practice had an ECG delayed, it was discussed at the next monthly clinical meeting and the practice had purchased a second ECG machine to ensure a machine was always available and recruited two additional health care assistants to support the nurses in undertaking this assessment. Any medicines incidents or 'near misses' in the dispensary were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Staff we spoke with told us significant events were kept on the practice intranet system and were available for all staff to review.

The practice had an effective system in place for dealing with patient safety alerts. There was a safety alerts policy in place. We saw evidence of alerts that had been actioned as necessary and where appropriate been discussed at practice meetings. For example, in regard to a medicine used to treat diabetes. We saw that the necessary action had been taken and this had been documented.

The dispensary also had systems in place to deal with any medicines alerts or recalls. We saw evidence of dispensary staff being made aware of alerts and actioning ones appropriate to their area.

### Overview of safety systems and processes

At the inspection in February 2016 we found that the practice did not have clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

Arrangements were now in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.

At the inspection in February 2016 we found that there were gaps in safeguarding training for GPs, nurses and health care assistants. Not all GPs were trained to Safeguarding level 3.

At this inspection we found that GPs were trained to child protection or child safeguarding level 3 and nurses to level 2.

A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person had a criminal record or was on an official list of people barred from working in roles where they may have had contact with children or adults who may be vulnerable). Over the last six months the practice had carried out DBS checks for all clinical staff and had plans to DBS check all the remaining staff who worked in there.

Since the last inspection in February 2016 the practice had improved the systems in place to ensure patients and staff were protected from the risk of infection. One of the practice nurses was the lead nurse for infection control. We observed the practice to be clean and tidy. The practice employed an external cleaning company. We saw there was a cleaning schedule for the premises which detailed cleaning to be carried out for specific areas of the practice, for example, treatment rooms and consultation rooms. Formal records were now kept of cleaning spot checks.

## Are services safe?

Disposable curtains were in place in the consultation and treatment rooms we looked at and there was a schedule in place for changing them at the required intervals. We saw evidence that when new staff started at the practice they received infection control information relevant to their role.

The infection control lead nurse had carried out an infection control audit in February 2016. They had put together an action plan and had identified a timeframe and a person responsible for the actions. We saw evidence that the lead nurse had reviewed the action plan in May and August 2016 with a further review due in November 2016 to ensure the actions were all complete. They had also carried out a hand hygiene audit for the whole practice team and a repeat of this audit was planned for 2017.

The practice had an infection control policy that provided staff had the guidance to ensure that patients were kept safe from the risk of infection.

At the inspection in February 2016 we found that the practice could not demonstrate that the integrity and quality of the medicines within the refrigerators in the clinical rooms were not compromised due to omissions in the vaccine refrigerator temperature checks records. At this inspection records showed that refrigerators were checked daily which ensured medicines were stored at the appropriate temperature. Nursing staff were able to demonstrate the actions they had taken following a member of staff not recording one of the refrigerator temperatures for one day. The process was effective and well documented.

- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development.
- The practice had signed up to the Dispensing Services Quality Scheme (DSQS) which rewards practices for providing high quality services to patients of their dispensary.
- Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). We saw that procedures were reviewed and updated regularly in response to significant events.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).
- Arrangements were in place to ensure that medicines were stored securely and accessible to authorised staff only.
- The practice supplied weekly blister packs to patients who need support to manage their medicines, and we saw that these were prepared following a standard procedure and checked by a second person.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. We saw in patient records we reviewed that an alert was on the patient electronic record together with a newly devised template which gave NICE guidance to guide a GP when prescribing a high risk medicine. A high risk drug prescribing protocol was also in place.
- The practice carried out regular audits, with the support of the local CCG medicines management teams, to ensure prescribing and dispensing was in line with best practice guidelines.
- Blank prescriptions were securely stored and there was a newly introduced system in place to monitor their use.
- The practice used the electronic prescription service so that patients could collect their medicines directly from the pharmacy without contacting the practice, and there was a range of methods available for ordering repeat prescriptions including on line and by telephone
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed seven personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of

## Are services safe?

identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

At our inspection in February 2016 we found that there were no procedures in place for monitoring and managing risks to patient and staff safety.

At this inspection we found there were now effective procedures in place for monitoring and managing risks to patient and staff safety. The practice had embedded a new comprehensive risk quality management system and risk assessments had been completed with each risk rated and mitigated. We saw evidence that they were regularly reviewed and any outstanding actions acted upon. We saw evidence that monthly risk meetings were held to add any risks from the previous month, review and update the actions plans.

The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Water temperature monitoring checks were carried out on a monthly basis as per recognised legionella management guidelines.

The practice had up to date fire risk assessments, fire alarms were tested on a weekly basis and they had carried out a fire drill on 2nd February 2016.

The practice offered a delivery service to patient's homes and to some village Post Offices for collection. We saw that the driver had undertaken a DBS check, and that records were maintained. Staff from the practice had visited the collection points to ensure that appropriate arrangements

were in place. Their assessment showed that patients at one post office were not always signing to confirm collection, meaning that not all the medicines could be accounted for.

All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.

Staffing levels were regularly monitored. Some staff had been trained to carry out other roles within the practice to enable them to provide cover for busy periods, sickness and annual leave.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- 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

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 patients' needs. We saw evidence that staff received regular updates on NICE guidance. For example, prophylaxis against endocarditis, oral health in adults in care homes and supporting people with dementia.
- Staff we spoke with told us that NICE guidance was distributed to clinical staff within the practice when it was relevant to the role they carried out.
- The practice monitored that these guidelines were followed through 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 2015/16 were 98.9% of total points available. The practice were 0.5% above CCG and national averages. Exception reporting was 7.1% which was 1.8% below CCG average and 2.7% below national averages. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients were unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

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

For example:

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 150/90

mmHg or less was 93.5% which was same as the CCG average and 2.2% above the national average. Exception reporting was 2.7% which was 1.8% below the CCG average and 2.8% below national average.

- The percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months that included an assessment of asthma was 83.5% which was 5.5% above the CCG average and 8% above the national average. Exception reporting was 2.3% which was 0.8% below the CCG average and 5.6% below national average.
- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) was 150/90 mmHg or less was 87% which was 0.5% above the CCG average and 4.1% above the national average. Exception reporting was 3.6% which was 0.5% above the CCG average and 0.3% below national average.
- The percentage of patients with COPD who had a review, undertaken by a healthcare professional was 95.2% which was 1.5% above the CCG average and 5.6% above the national average. Exception reporting was 7.6% which was 0.2% below the CCG average and 3.9% below the national average.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 92.5% which was 4.8% above the CCG average and 8.7% above the national average. Exception reporting was 2.2% which was 2.3% below the CCG average and 5.3% below the national average.

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits completed since the last inspection. One of these were completed audits (first audit carried out in 2015) where the improvements made were implemented and monitored.
- The practice participated in local benchmarking run by the CCG. This is a process of evaluating performance data from the practice and comparing it to similar surgeries in the area. This benchmarking data showed the practice had outcomes that were comparable or lower than other GP practices in the area. Over a period of two years the practice had reduced its antibiotic prescribing 1.31 down to 1.14 which was lower than the

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CCG target of 1.22. The prescribing of cephalosporin's and quinolone rates the same two year period was down from 11.75% to 6.2% which was lower than the CCG target of 11.75%.

- A GP partner had undertaken a patient survey on the anti-coagulation clinic which ran at the practice. 94% of respondents were happy with the care given at the clinic but had found it increasingly difficult to get an appointment. The practice had reviewed the appointments and had increased the clinic days from one to three and did home visits to take bloods twice a week.

### 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. However the policy did not detail all the topics to be covered such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could provide evidence to demonstrate that most staff had received the training they needed to fulfil their specific roles. For example, for those reviewing patients with long-term conditions. However we found that a member of staff who carried out triage and saw children under 12 did not have the relevant information in her personnel file to assure us that they were trained to fulfil this role. We raised this with the GP partners and they immediately stopped the clinic so that the practice nurse was not seeing children under the age of twelve years until they could be assured she had completed the necessary training. Since the inspection they had reviewed all the qualifications, training and supervision in relation to this member of staff and the practice are assured.
- 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.
- At the inspection in February 2016 we found that the practice did not have a training matrix in place to identify when training was due therefore we could not

be assured that the learning needs of staff had been identified. Some staff had undertaken annual appraisals however nursing and healthcare staff had not received an appraisal since 2013.

- At this inspection we found that a training matrix had been put in place. On-line training was evident and the practice also held external training events. For example, Fire safety, mental capacity awareness and safe handling of controlled drugs training. Nursing and healthcare staff had received an appraisal since the last inspection.
- Staff received training that included fire safety awareness, basic life support and information governance. There were three members of non-clinical staff that needed to update their safeguarding and fire training. We spoke to the management team who told us that it was planned for the next couple of months. Staff had access to and made use of e-learning training modules and in-house training.

### 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.

We saw examples of care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available in the waiting area.

The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

We found that the system in place for palliative care monitoring had been reviewed over the past two months by a new lead GP. They were able to evidence that they worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis and a new palliative care new register had

# Are services effective?

(for example, treatment is effective)

been put in place. The lead GP had identified that further work needed to be carried out to ensure that all care plans were routinely reviewed and updated for patients with complex needs.

## Consent to care and treatment

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

- At the inspection in February 2016 we found that not all staff had received mental capacity awareness training. At this inspection we reviewed electronic training records and found all staff had completed the training. Staff we spoke with understood the relevant consent and decision-making requirements of legislation and guidance.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- We looked at the process for seeking consent. We found that consent for minor surgery was being recorded however we found gaps in the process in relation to joint injections. We spoke with the management team and since the inspection they told us they had reviewed the process for consent. In future verbal consent would be recorded in the minor surgery template on the patient electronic record.

## Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were counselled in regard to their fitness to return to work. Patients were signposted to the relevant service. For example, Quit 51 for smoking cessation.
- A physiotherapist and counsellor were available on the premises and the GPs referred patients as required.
- The practice's uptake for the cervical screening programme was 82% which was in line with the CCG average of 84 % and the same as the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.
- Childhood immunisation rates for the vaccinations given to one year olds were 90% (national average 95%) and 54% for two year olds. Childhood immunisation rates for five year olds were 66%. The rates were below the national averages of 95%. We spoke with the management team who told us they would review the current system for childhood vaccinations and ensure that children were appropriately followed up if they did not attend for their vaccinations.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

All of the 32 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said that the practice provided a good service and dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the July 2016 national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice had mixed results for its satisfaction scores on consultations with GPs and nurses but were similar to results in January 2016.. For example:

- 84% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 78% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.

- 72% of patients said the last GP they spoke to was good at treating them with care and concern compared to CCG and national average of 85%.
- 86% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 91%.
- 83% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

We found that the practice had been proactive after they had reviewed the results of the July 2016 national patient survey. They had taken steps to address the results by undertaking their own PPG survey in September 2016. Members of our PPG visited the practice on a number of days and gave out the surveys to patients in the waiting room. Over 330 surveys were completed which represented 2.75% of the practice population. The results were extremely positive.

- 93% of patients who responded said the GP was good at listening to them.
- 93% of patients who responded said the GP gave them enough time.
- 97% of patients who responded said they had confidence and trust in the last GP they saw
- 89% of patients who responded said they found the receptionists at the practice helpful

### Care planning and involvement in decisions about care and treatment

Results from the July 2016 national GP patient survey showed the results were below CCG and national average and results they received from the survey in January 2016 to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 79% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 65% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.

## Are services caring?

- 72% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The results from the practice PPG survey in September 2016 were positive in regard to questions about their involvement in planning and making decisions about their care and treatment :-

- 88% of patients said the last GP they saw was good at explaining tests and treatments
- 88% of patients said the last GP they saw was good at involving them in decisions about their care
- 93% of patients who responded said the last GP they saw treated them with care and concern.

Patient feedback from the comment cards we received positive and aligned with these views. We also saw that care plans were personalised.

Staff told us that translation services were available for patients who did not have English as a first language. The new telephone system which had recently been installed enabled staff to go straight to a translation service where any language could be chosen for translation.

### **Patient and carer support to cope emotionally with care and treatment**

Notices in the patient waiting room told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. In conjunction with the other GP practice in Bourne, the PPGs had produced a Community Information and Support Booklet to provide useful guidance and contact details for support agencies in the area.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 2.83% of the practice list as carers. 31 had agreed to be on the carer's register. Written information was available to direct carers to the various avenues of support available to them. The practice website contained relevant and easily accessible information for carers that covered a range of issues such as caring for relatives as well as finance and benefits advice.

Staff told us that if families had suffered bereavement, if required, advice on how to find a support service was given. The practice website contained good information to support patient who had suffered a bereavement.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The practice offered extended hours on a Monday evening 6.30pm until 8pm and Saturday Morning 8am to 12 noon for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had a lift for access to the first floor.
- Minor surgery was carried out at the practice to reduce the number of referrals to secondary care.
- Anti-coagulation clinics had been increased to three times a week in response to the patient survey carried out where lack of appointments had been identified.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. A range of GP appointments were available from 8.40 am to 17.40 pm Monday to Friday. Nurse Appointments from 8.40 to 6pm Monday to Friday and Health Care Assistant from 8am to 4.30 pm Monday to Friday. The practice offered an open access clinic and under 12 clinic every Monday 8.40am to 11.30am. A Duty GP was also available Monday to Friday from 8.40 until 6.30pm.

Extended hours appointments were offered on a Monday evening 6.30pm to 8pm and Saturday morning 8am to 12 midday. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Results from the July 2016 national GP patient survey showed that patient's satisfaction with how they could access care and treatment was below local and national averages. They were similar to the results from the January 2016 survey.

- 70% of patients were satisfied with the practice's opening hours compared to the national average of 76%.
- 66% of patients found it easy to get through to this practice by phone compared to the national average of 73%.

We found that the practice had been proactive after they had reviewed the results of the July 2016 national patient survey. They had taken steps to address the results by undertaking their own PPG survey in September 2016. Members of our PPG visited the practice on a number of days and gave out the surveys to patients in the waiting room. Over 330 surveys were completed which represented 2.75% of the practice population. The results were mixed in relation to questions about patient's satisfaction with how they could access care and treatment:-

- 83% of patients who responded to the PPG patient survey in September 2016 said they were satisfied with the opening hours at the practice.
- 59% of patients who completed the patient survey found it very easy or fairly easy to get through to this practice by phone.

The practice had an action plan in place and had already introduced a new telephone system. The new system allowed management to view detailed monitoring of call volumes, response times, numbers of abandoned calls and average waiting times. This had enabled the practice to review the working times of staff members to ensure that sufficient staff were available to take the phone calls.

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.

This was done by means of a telephone triage system which allowed an informed decision to be made on prioritisation according to clinical need. In cases where the urgency and it would be inappropriate for the patient to

# Are services responsive to people's needs?

(for example, to feedback?)

wait for a GP home visit, alternative emergency care arrangements were made, such as calling an ambulance. 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.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

- We saw that information was available to help patients understand the complaints system on the practice website and information available in the reception area.

The practice had received 10 written and nine verbal complaints since the last inspection. We looked at three of these complaints. We found these were well handled in a timely way with openness and transparency. We saw that lessons had been learnt and themes identified but further work was required to ensure that these are shared with all staff and reviewed on a yearly basis as identified in the July 2016 complaints procedure.

# 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 provide safe, efficient and high quality care to their patients.

- Following our inspection in February 2016, the practice had reviewed and reflected on their vision and strategy and how to involve the whole practice in the delivery of it. There had been changes in the leadership team and structure and many new systems and processes had been implemented. It was evident that all staff were involved, enthusiastic and committed in delivering this.
- The practice had a strategy and supporting business plans which reflected their vision and values and were regularly discussed.

### Governance arrangements

At the inspection in February 2016 we found that the practice had a limited governance framework in place to support the delivery of the strategy and good quality care. There had been a lack of effective systems in place in order to assess and monitor risks and the quality of service provision.

At our most recent inspection we found that systems and processes had been fully reviewed and the practice now had an overarching governance framework which supported the delivery of their strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and staff were now aware of their own roles and responsibilities.
- The practice had implemented and maintained a quality management system. This formal system of policies, procedures and audit for both clinical and management gave them a comprehensive understanding of the performance of the practice.
- Systems and processes were now in place to monitor the quality of the service and to ensure they were consistently being used and were effective
- There was a clear and consistent system in place for reporting, recording and monitoring significant events, incidents and accidents.

- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We found that the leadership in the dispensary had been strengthened and systems and processes in place were effective.
- Since the last inspection the practice had put in place a quality improvement programme which included completed clinical audit cycles.
- The systems in place to ensure patients and staff were protected from the risk of infection were now effective.
- We found that the practice had reviewed the process in place to ensure the integrity and quality of the medicines within the refrigerators. It was effective and well documented.
- We found the practice had introduced an effective system for the recruitment and training of staff and annual appraisals had been completed.
- Practice specific policies were implemented and were available to all staff. We looked at 16 policies and all had been reviewed in 2016.
- Mechanisms were now in place to seek feedback from staff and patients and this feedback was responded to. For example, practice patient surveys and responses from Family and Friends Testing.
- The practice had put a system in place to ensure that the summarising of paper records for new patients who had registered with the practice was completed in a timely manner.

### Leadership and culture

When we inspected in February 2016 we found there was a documented leadership structure for the Hereward Group Practice but it was not clear who took overall responsibility.

At this inspection we found that the leadership structure had been reviewed and there was a clearer team structure with shared lead responsibilities. We saw and staff we spoke with told us there had been an evident change in culture within the practice in order to encourage and support the staff who worked there. This was apparent from the records we viewed and staff told us there had been many changes and they now felt supported in all areas and welcomed the culture of openness and honesty.



# Are services well-led?

Good 

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

At this inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care.

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 practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.
- Staff told us and records we viewed reflected, that the practice held regular team meetings.
- Staff said they felt respected, valued and supported and spoke positively about the open culture and changes that had been made since our last inspection. All staff were engaged and involved in discussions about how to run and develop the practice, and the partners and management team encouraged members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It had proactively sought patients' feedback and engaged patients in the delivery of the service. The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team.

The practice undertook a PPG Survey in September 2016. This was as a result of a review of the July 2016 national GP Patient survey. Members of our PPG visited the practice on a number of days and gave out the surveys to patients in the waiting room. The practice had a good return rate and 2.75% of the practice population had completed the forms.

We also saw minutes of a PPG meeting on 4th October 2016 where the results of the survey were discussed. For example, appointment access, waiting times having arrived for an appointment and telephone access

We looked at minutes of a partners meeting on 30 September 2016. Each point had been discussed and actions identified. One of the practice managers was responsible for ensuring that the actions were completed.

The practice had also gathered feedback through Family and Friends Testing (FFT). They had collated the figures and their average score since the last inspection had been 4.5 out of 5. In the period from 1 June 2016 to 31 June 2016. 65 reviews had been received in which 57 were extremely likely or likely to recommend to family and friends. From 1 August 2016 to 30 September 2016 31 reviews had been received. 27 out of the 31 who completed the forms were either extremely likely or likely to recommend the practice to family and friends. They had also kept the comments made by the patients who were extremely positive and complimentary about the staff at the practice.

Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and felt that there was a more open culture since the last CQC inspection in February 2016.

Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was proactive and forward thinking and had enlisted external help in order to address in a timely way, the issues identified at our inspection in February 2016. This had included support from the South Lincolnshire Clinical Commissioning Group (SLCCG) and the Lincolnshire Local Medical Committee (LLMC).

GP practices in the South of Lincolnshire had formed an alliance and they planned to work more closely on the provision of services for patients. This new alliance enables the practices who take part an opportunity to explore new and innovative ways of providing the highest quality safe care closer to a patient's home.

# Are services well-led?

Good 

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

The practice was a GP training practice. On the day of the inspection they had one GP trainee. GP Trainees are defined as qualified medical practitioners who receive specialist training in General Practice.