

Dr Kumara Srikrishnamurthy

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 Dr Kumara Srikrishnamurthy on 22 September 2015. The overall rating for the practice was good with requires improvement for providing safe services. The full comprehensive report on the 22 September 2015 inspection can be found by selecting the 'all reports' link for Dr Kumara Srikrishnamurthy on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection carried out on 10 October 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 22 September 2015. This report covers our findings in relation to those requirements and any improvements made since our last inspection.

Overall the practice remains rated as good.

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

- The practice had addressed the findings of our previous inspection in respect of risk assessments relating to the health, safety and welfare of people using the service.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients rated the practice above others for aspects of caring. Patients told us they were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.

Summary of findings

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

The areas where the provider should make improvement are:

- Consider the infection control lead undertaking enhanced training to support them in this extended role.

- Provide guidance to all staff on how to respond to an activation of the newly installed emergency call cord in the accessible toilet.
- Review how carers are identified and recorded on the clinical system to ensure information, advice and support is made available to them.
- Develop a written strategy or supporting business plan that details the short and long-term development objectives.

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



- The practice had addressed the findings of our previous inspection in respect of risk assessments relating to the health, safety and welfare of people using the service. We found the practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to the clinical commissioning group (CCG) and the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice above others for several aspects of care. For

Summary of findings

example, 96% of patients said the GP was good at listening (CCG average 89%; national average 89%) and 97% of patients said the GP gave them enough time (CCG average 84%; national average 86%).

- Survey information and comment cards we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible which included in languages aligned to the practice demographic.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, the practice were participating in an out of hospital services initiative designed to bring services closer to the patient in the primary care setting.
- Data from the national GP patient survey showed patients rated the practice above others for several aspects of responsive care. For example, 89% of patients said they could get through easily to the practice by phone (CCG average 84%; national average 71%) and 90% of patients described their experience of making an appointment as good (CCG average 77%; national average 73%).
- Patients we spoke with 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.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from an example reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



Are services well-led?

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

Good



Summary of findings

- The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it. However, the practice did not have a formal written strategy that details the short and long-term development objectives.
- There was a clear leadership structure and staff felt supported by the principal GP. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In an example we reviewed we saw evidence the practice complied with these requirements.
- The principal GP encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on.

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



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population. The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. In addition, patients requiring additional support could be referred to a primary care navigator who helped signpost patients to health, social care and voluntary sector services.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice utilised Coordinate My Care (a system which allows healthcare professionals to electronically record patient's wishes and ensures their personalised urgent care plan is available 24/7 to all those who care for them).
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.

People with long term conditions

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

Good



- The nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The practice had a high clinical prevalence of diabetes with 12.5% of its practice population on its diabetes register which was 8% above the CCG average and 6% above the national average.

Summary of findings

- Performance for diabetes related indicators was statistically comparable to the CCG and national averages. For example, the percentage of patients with diabetes, on the register, in whom the last HbA1c was 64 mmol/mol or less in the preceding 12 months was 65% (CCG average 74%; national average 78%).
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- There was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

Good



- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were met national targets for standard childhood immunisations.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control was 80% (CCG average 77%; national average 76%).
- The practice's uptake for the cervical screening programme was 84%, which was comparable with the CCG average of 75% and the national average of 81%.

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).

Good



Summary of findings

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended hours appointments were available on Monday, Tuesday and Friday from 6.30pm to 7pm and on Wednesday from 6.30pm to 8pm.
- 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.

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

Good



- The practice carried out advance care planning for patients living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The percentage of patients diagnosed with dementia who had had their care reviewed in a face-to-face meeting in the last 12 months was 90% (CCG average 85%; national average 84%).

Summary of findings

- The practice specifically considered the physical health needs of patients with poor mental health and dementia. For example, the practice had accessed the Alzheimer Society's resources for developing dementia friendly general practice and identified changes in the practice to better support people with dementia.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 68% (CCG average 91%; national average of 89%) and the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 77% (CCG average 89%; national average 89%).
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017 for the most recent data. Three hundred and seventy-three survey forms were distributed and 84 were returned. This represented 4% of the practice's patient list and a completion rate of 23%.

- 89% of patients find it easy to get through to the surgery by phone compared to the CCG average of 84% and the national average of 71%.
- 90% of patients described their experience of making an appointment as good compared with the CCG average of 77% and the national average of 73%.
- 97% of patients described the overall experience of this GP practice as good compared with the CCG average of 85% and the national average of 85%.
- 84% of patients said they would recommend this GP practice to someone who has just moved to the local area as compared with the CCG average of 81% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 39 comment cards of which 36 were positive about the standard of care received and three contained positive and negative comments. Patients told us the practice was excellent and staff were helpful and caring. The negative comments received related to appointment times over-running and delay in seeing the doctor for an appointment.

We spoke with two patients including two members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results of the Friends and Family Test (FFT) for the period May to August 2017 based on 20 responses showed that 70% of patients were extremely likely or likely to recommend the practice.

Areas for improvement

Action the service **SHOULD** take to improve

- Consider the infection control lead undertaking enhanced training to support them in this extended role.
- Provide guidance to all staff on how to respond to an activation of the newly installed emergency call cord in the accessible toilet.
- Review how carers are identified and recorded on the clinical system to ensure information, advice and support is made available to them.
- Develop a written strategy or supporting business plan that details the short and long-term development objectives.

Dr Kumara Srikrishnamurthy

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Kumara Srikrishnamurthy

Dr Kumara Srikrishnamurthy operates from 574 Harrow Road, London, W10 4NJ. The practice has access to three consulting rooms located on the ground floor and the first floor. The first floor is accessible by stairs.

The practice provides NHS primary care services to 2,200 patients and operates under a General Medical Services (GMS) contract (a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract). The practice is part of NHS West London Clinical Commissioning Group (CCG).

The practice is registered as an individual with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures, treatment of disease, disorder or injury, maternity and midwifery services and surgical procedures.

The practice staff comprises of a male principal GP totalling nine sessions per week, an advanced nurse practitioner (28 hours per week), a practice nurse (30 hours per week). The clinical team are supported by a full-time practice manager and a full-time receptionist and administrator.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are available Monday to Friday between 9am and 2pm and 4pm to 6.30pm. Extended

hours appointments are available on Monday, Tuesday and Friday from 6.30pm to 7pm and on Wednesday from 6.30pm to 8pm. The practice refers patients to the London Central & West Unscheduled Care Collaborative Out of Hours and NHS 111 service for healthcare advice during out-of-hours.

The Information published by Public Health England rates the level of deprivation within the practice population group as two on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Patients registered with the practice are predominantly from ethnic minority backgrounds, predominantly Bangladeshis.

Why we carried out this inspection

We undertook an announced comprehensive inspection at Dr Kumara Srikrishnamurthy on 22 September 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The overall rating for the practice was good with requires improvement for providing safe services. The full comprehensive report on the 22 September 2015 inspection can be found by selecting the 'all reports' link for Dr Kumara Srikrishnamurthy on our website at www.cqc.org.uk.

We undertook a follow-up announced comprehensive inspection of Dr Kumara Srikrishnamurthy on 10 October 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

Detailed findings

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 10 October 2017. During our visit we:

- Spoke with a range of staff which included the principal GP, assistant practice manager, advanced nurse practitioner, practice nurse and receptionist.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a sample of the personal care or treatment records of patients.
- Spoke with patients who used the service and reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Inspected the facilities, equipment and premises.
- Reviewed a wide range of documentary evidence including policies, written protocols and guidelines, recruitment and training records, safeguarding referrals, significant events, patient survey results, complaints, meeting minutes and performance data.

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 living 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

At our previous inspection on 22 September 2015, we rated the practice as requires improvement for providing safe services as the arrangements in respect of risk assessments relating to the health, safety and welfare of people using the service required improvement. At our follow-up inspection on 10 October 2017 the practice had addressed the findings of our previous inspection. In particular the practice had undertaken risks assessments for fire, legionella and control of substances hazardous to health (COSHH).

The practice is now rated good for providing safe services.

Safe track record and learning

There was a system for reporting and recording significant events.

- There was a lead for significant events and staff had access to an operational policy. 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).
- The practice had recorded three significant events for the past 12 months which we reviewed and found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice reviewed its guidance for patients on the safe handling and disposal of needles and sharps when self-administering medicines at home and reviewed its processes for the safe acceptance of sharps

waste as a result of a needle stick injury by a member of staff. We saw evidence that the appropriate action had been taken for the management of a needle stick injury in line with guidance.

The practice had a system in place for the receipt and dissemination of patient safety alerts and MHRA (Medicines and Healthcare Regulatory Agency) alerts. We saw that the practice maintained a log of alerts received and action taken. We reviewed minutes of meetings where alerts had been discussed.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding and staff we spoke with knew who this was. The GP attended safeguarding meetings when possible or provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults. All staff had undertaken Prevent (anti-radicalisation) training. The GP and advanced nurse practitioner were trained to child safeguarding level three and administration staff to level one. It was noted that the practice had only provided level one safeguarding children training for a practice nurse. The guidelines 'Safeguarding Children and Young People: roles and competencies for health care staff' sets out competencies all health staff must have, and the minimum training requirements necessary, to recognise child maltreatment and take effective action as appropriate to their role. The minimum level required for a practice nurse is safeguarding level two. Immediately after the inspection the practice sent evidence that the practice nurse had completed on-line level two and level three safeguarding children training.
- We observed safeguarding key contact details were displayed in consultation and treatment rooms.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who

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acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- The practice employed its own cleaner and we saw evidence that infection prevention and control (IPC) training had been provided. We observed the premises to be clean and tidy and there were cleaning schedules in place. At our inspection in September 2015 we made a recommendation to develop a system for the oversight and management of the cleaning of the practice. We noted that the practice had implemented a monthly audit system to ensure all cleaning tasks on the schedule had been carried out. During our IPC observations we noted that there was inadequate storage of cleaning mops which posed a potential infection control risk. On the day of the inspection we noted that mops were stored in a partly covered external yard. The practice did not have a dedicated cleaning storage area. Immediately after the inspection the practice sent photographic evidence that dedicated storage had been created and we observed there was adequate segregation of colour-coded mops and buckets.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. We observed that each consulting room had information displayed on good handwashing techniques, how to deal with a sharps injury and was well equipped with personal protective equipment and waste disposal facilities.
- All staff we spoke with knew the location of the bodily fluid spill kits and had access to appropriate personal protective equipment when handling specimens at the reception desk.
- The practice had nominated the practice nurse as infection prevention and control (IPC) clinical lead. There was an IPC protocol in place and separate protocols for waste management and the safe handling of sharps and spillages. We saw that these were accessible to staff. We noted that clinical staff did not have access to all the appropriate colour-coded sharps

containers required for the range of medicines administered. Immediately after the inspection the practice sent evidence that these were requested from its clinical waste supplier.

- We saw evidence that all staff had undertaken on-line IPC training. However, the lead for IPC had not undertaken any enhanced training to support the responsibilities of the role.
- An external IPC audit had been undertaken in July 2017. We saw evidence that action was taken to address any improvements identified as a result.

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

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred.
- There were dedicated vaccine storage refrigerators with built-in thermometer and we saw evidence that the minimum, maximum and actual temperatures were recorded daily. However, the practice were not aware of Public Health England's Protocol for ordering, storing and handling vaccines (March 2014) which states all vaccine fridges should ideally have two thermometers, one of which is a maximum and minimum thermometer independent of mains power. If only one thermometer is used, then a monthly check should be considered to confirm that the calibration is accurate. Immediately after the inspection the practice sent photographic evidence that secondary thermometers had been purchased and were in use for all vaccine refrigerators.
- The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored and there were systems to monitor their use. All prescription forms were removed from consultation rooms at the end of each day and securely stored.
- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received

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mentorship and support from the principal GP for this extended role. Patient Group Directions had been adopted by the practice to allow the practice nurse to administer medicines in line with legislation.

We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

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

- There was a health and safety policy available and a health and safety poster located in the reception back office.
- We saw evidence that the fire alarm warning system and firefighting equipment was regularly maintained by an external contractor. The practice carried out a weekly fire alarm warning system tests and these were logged. Staff we spoke with confirmed there had been a fire evacuation drill undertaken in the last year and all staff knew the location of the fire evacuation assembly point. There was a fire policy in place which was accessible to all staff and included a fire evacuation plan which identified how staff could support patients with mobility problems and visual and hearing impairment to vacate the premises.
- At our previous inspection on 22 September 2015 we found that the practice had not undertaken risk assessments for fire, control of substances hazardous to health (COSHH) and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). At this inspection we saw evidence that the practice had addressed these findings. The practice had engaged an external company to undertake a fire risk assessment immediately after our 2015 inspection and the risk assessment had been repeated in June 2017. We saw evidence that action had been taken to address any improvements identified as a result. For example, additional fire exit signage and fire action notices at call points. A Legionella risk

assessment had been undertaken by an external company and we saw the practice had taken action to address its recommendations. For example, the regular running of water faucets. The practice had undertaken its own COSHH risk assessment which included safety data sheets for all cleaning products.

- Each clinical room was appropriately equipped and we saw evidence that the equipment was maintained. This included checks of electrical equipment and equipment used for patient examinations. These had been last tested in August 2017. The practice had protocols and a check list in place for the cleaning of specific equipment used in the management of patients, for example, an ear irrigator and spirometer (an instrument for measuring the air capacity of the lungs).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All 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 for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff, key suppliers and supporting services. The practice had established a 'buddy' system with a neighbouring practice.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 22 September 2015, we rated the practice as good for providing effective services. At our follow up inspection on 10 October 2017 we also found the practice was good for providing effective services.

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 90% of the total number of points available (CCG 91%; national 95%) with 4% clinical exception reporting (CCG 10%; national average 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 practice had a high clinical prevalence of diabetes with 12.5% of its practice population on its diabetes register which was 8% above the CCG average and 6% above the national average. Performance for diabetes related indicators was statistically comparable to the CCG and national averages. For example:

- The percentage of patients with diabetes, on the register, in whom the last HbA1c was 64 mmol/mol or less in the preceding 12 months was 65% (CCG average 74%; national average 78%) with a low practice exception reporting of 4% (CCG average 12%; national 12%);

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 66% (CCG average 76%; national average 78%) with a low practice exception reporting of 5% (CCG average 10%; national average 9%);
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 78% (CCG average 76%; national average 80%) with a low practice exception reporting of 3% (CCG average 11%; national average 13%).

Performance for mental health related indicators was statistically comparable to the CCG and national averages. For example:

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 68% (CCG average 91%; national average of 89%) with a practice exception reporting of zero per cent (CCG average 9%; national average 13%);
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 77% (CCG average 89%; national average 89%) with a practice exception reporting of zero per cent (CCG average 7.1%; national average 10%);
- The percentage of patients diagnosed with dementia who had had their care reviewed in a face-to-face meeting in the last 12 months was 90% (CCG average 85%; national average 84%) with a practice exception reporting of 17% (CCG average 7%; national average 7%).

Performance for respiratory-related indicators was comparable to the CCG and national averages. For example:

- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control was 80% (CCG average 77%; national average 76%) with a practice exception reporting of 3% (CCG average 4%; national average 8%);
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review

Are services effective?

(for example, treatment is effective)

undertaken including an assessment of breathlessness was 83% (CCG average 88%; national average 90%) with a low practice exception reporting of 3% (CCG average 11%; national average 11%);

- The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months was 94% (CCG average 95%; national average 95%) with a practice exception reporting of 4% (CCG average 1%; national average 1%).

There was evidence of quality improvement including clinical audit:

- There had been two clinical audits commenced in the last two years, both of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, one audit we reviewed was part of a CCG initiative to reduce non-elective (NEL) admissions (emergency admissions) to secondary care. The practice reviewed all its NEL admissions against set criteria which included reason for admission, when the patient had last been seen by the GP and whether an active care plan was in place. The practice reflected on each admission to conclude if a more patient proactive care plan could have avoided the admission which it then acted upon. Data showed that for 2016/17 the practice had an average of nine emergency admissions per 1000 patients which was an improvement on 2015/16 data which showed an average of 10 emergency admissions per 1000 patient. Data showed that the practice were below the CCG target.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had not employed any new personnel since our last visit so we could not see an example of a recent staff induction. However, the practice had an induction programme which covered such topics as 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 had received updates which included

spirometry, the principal GP had undertaken a minor surgery update course and the practice nurse provided confirmation of a diabetes update course she was attending later in the year.

- 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 and meetings. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, clinical supervision and support for revalidating nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- From the sample of documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice used an IT interface system which enabled patients' electronic health records to be transferred directly and securely between GP practices. This improved patient care as GPs would have full and detailed medical records available to them for a new patient's first consultation.
- The practice maintained a register of its two-week wait referrals and had systems in place to ensure the patient had received an appointment. Two-week wait referral data showed that the percentage of new cancer cases (among patients registered at the practice) who were referred using the urgent two-week wait referral

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(for example, treatment is effective)

pathway was 25% which was statistically comparable with the CCG average of 54% and the national average of 50%. This gives an estimation of the practice's detection rate, by showing how many cases of cancer for people registered at a practice were detected by that practice and referred via the two-week wait pathway. Practices with high detection rates will improve early diagnosis and timely treatment of patients which may positively impact survival rates.

- The practice utilised Coordinate My Care (a system which allows healthcare professionals to electronically record patient's wishes and ensures their personalised urgent care plan is available 24/7 to all those who care for them).

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis which included the community matron, palliative care nurses, district nurses, primary care navigator, mental health team, medicines optimisation pharmacist, community physiotherapist and health visitors. Care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act (MCA) 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

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

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. In particular:

- A smoking cessation advisor was available at the practice twice a week. The practice told us they had recently received an award for the biggest transformation for smoking cessation outcomes. In the period 2016/17 the practice had seen a 49% quit rate for patients who had been referred to the smoking cessation advisor compared to a 8% quit rate in 2015/16.
- There was a primary care navigator attached to the practice and could help signpost patients to health, social care and voluntary sector services.
- The practice hosted a substance misuse counsellor fortnightly and a cognitive behavioural therapist once a week.
- The practice offered proactive, personalised care to meet the needs of its elderly patients and those on polypharmacy (the concurrent use of multiple medications by a patient) through the medicine optimisation pharmacy service. Home visits were available to undertake medication reviews and to liaise with pharmacies regarding dosette boxes (a pill container and organiser for storing scheduled doses of a patient's medication) for these patients.
- The practice had participated in a CCG-led pilot initiative to trial a self-management 'app' for people with type 2 diabetes and had recruited 19 patients. The 'app', which could be used on a smartphone or tablet, provided patients with coaching and exercise programmes and could track weight, food and exercise.

The practice's uptake for the cervical screening programme was 84%, which was comparable with the CCG average of 75% and the national average of 81%. There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the

Are services effective?

(for example, treatment is effective)

screening programme by using information in different languages. There were failsafe systems 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 encouraged its patients to attend national screening programmes for bowel and breast cancer.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Childhood immunisation rates for the vaccinations given to the under two year olds for the period 1 April 2015 to 31 March 2016

showed that the practice had achieved the national target of 90%. Immunisation rates for five year olds ranged from 88% to 100% (CCG average from 62% to 83% and national average from 88% to 94%).

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

Are services caring?

Our findings

At our previous inspection on 22 September 2015, we rated the practice as good for providing caring services. At our follow up inspection on 10 October 2017 we also found the practice was good for providing caring services.

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

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

We received 39 Care Quality Commission comment cards of which 36 were positive about the standard of care received. Three contained positive and negative comments. Patients told us the practice was excellent and staff were helpful and caring. The negative comments received related to appointment times over-running and delay in seeing the doctor for an appointment.

We spoke with two patients including two members of the patient participation group (PPG). They told us the practice offered an excellent standard of care and said their dignity and privacy was always respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 96% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 97% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 86%.

- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 95% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 86%.
- 93% of patients said the nurse was good at listening to them compared with the CCG average of 86% and the national average of 91%.
- 91% of patients said the nurse gave them enough time compared with the CCG average of 88% and the national average of 92%.
- 94% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 94% and the national average of 97%.
- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared with the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 99% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 87% and the national average of 86%.
- 96% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%.

Are services caring?

- 92% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 84% and the national average of 90%.
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas written in several languages aligned to the practice demographic informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- The practice website had the functionality to translate to other languages.
- Information leaflets were available in easy read format and available in other language aligned to the practice demographic.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets, notices and an information screen were available in the patient waiting area which told patients how to access a number of support groups and organisations which included access to dental and optical services. Information about support groups was also available on the practice website.

Patients over 55 years of age requiring support could be referred to a primary care navigator who was attached to the practice and could help signpost patients to health, social care and voluntary sector services.

Information was available to direct carers to the various avenues of support available to them which included signposting through the primary care navigator. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 18 patients as carers (0.8% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement, the principal GP would contact them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 22 September 2015, we rated the practice as good for providing responsive services. At our follow up inspection on 10 October 2017 we also found the practice was good for providing responsive services.

Responding to and meeting people's needs

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

- The practice offered extended hours appointments on Monday, Tuesday and Friday from 6.30pm to 7pm and on Wednesday from 6.30pm to 8pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability, those requiring an interpreter and those with complex health needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and to advertise health campaigns, for example the annual influenza immunisation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were interpretation services and accessible facilities available. We noted that there was no alert cord in the accessible toilet should a patient wish to alert a member of staff to an emergency. Immediately after the inspection the practice sent photographic evidence that an emergency alert cord had been installed.
- The practice had accessed the Alzheimer Society's resources for developing dementia friendly general practice and had identified changes in the practice to better support people with dementia. For example, contrast colour of patient toilet seats in line with recommendations.
- At our inspection in September 2015 we made a recommendation for the practice to consider improving communication with patients who had a hearing impairment. The practice had responded to this recommendation and had installed a hearing loop.
- The waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for access to consultation rooms and was visible from reception. Patients with ambulatory difficulties would be seen on the ground floor and staff we spoke with on the day confirmed this. There was enough seating for the number of patients who attended on the day of inspection.
- Patients had access to baby changing and breast feeding facilities.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were available between 9am and 2pm and 4pm to 6.30pm. Extended hours appointments were offered on Monday, Tuesday and Friday from 6.30pm to 7pm and on Wednesday from 6.30pm to 8pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments and telephone consultations were also available for patients that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above local and national averages.

- 85% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 79% and the national average of 76%.
- 89% of patients said they could get through easily to the practice by phone compared to CCG average of 84% and the national average of 71%.
- 85% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 84% and the national average of 84%.
- 88% of patients said their last appointment was convenient compared with the CCG average of 81% and the national average of 81%.
- 90% of patients described their experience of making an appointment as good compared with the CCG average of 77% and the national average of 73%.

Are services responsive to people's needs?

(for example, to feedback?)

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system to assess:

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

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

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

- The practice had a complaints handling policy which was accessible to all staff. 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. For example, information in the waiting room and complaint form and guidance.

The practice had recorded one complaint in the past 12 months. We found it had been handled satisfactorily and in a timely manner. We saw evidence of an apology letter which included further guidance on how to escalate their concern if they were not happy with the response. The discussion of complaints formed part of a standing agenda item at practice meetings to enable learning and we saw evidence of minutes of meetings.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 22 September 2015, we rated the practice as good for providing well-led services. At our follow up inspection on 10 October 2017 we also found the practice was good for providing well-led services.

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. There was a mission statement, which was displayed in the waiting areas, and staff knew and understood the values. The principal GP discussed the practice strategy and its objectives for the further enhancement of the service and facilities but there was no formal written strategy to support this.

At our inspection in September 2015, we made the recommendation to develop a contingency for the continuation of service provision in the event of the GP being unable to continue to deliver the service. We saw evidence that the practice had considered this and included the incapacity of the principal GP in its business continuity plan.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly. At our inspection in September 2015 we made a recommendation to consider providing staff with a single point of access for all human resource information. The practice had responded and produced a staff handbook which included all human resources related policies. For example, bullying and harassment and whistleblowing. All staff had access to the handbook.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints. At our inspection in September 2015 we made a recommendation to consider strengthening governance arrangements for practice meetings, including standing agenda and the minuting of clinical meetings. We saw evidence that the practice had acted upon this recommendation.

Leadership and culture

On the day of inspection the principal GP demonstrated he had the experience, capacity and capability to run the practice and ensure high quality care. The practice told us they prioritised safe, high quality and compassionate care. Staff told us the principal GP was approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The principal GP encouraged a culture of openness and honesty. From the sample of documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice told us they would keep a written records of verbal interactions as well as written correspondence. However, there had not been any verbal complaints. The practice responded to any feedback on NHS Choices.

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings and we saw evidence that these were minuted.

Are services well-led?

Good 

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

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the principal GP.

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

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

- patients through the patient participation group (PPG) which was an on-line group of approximately 30 members.
- the NHS Friends and Family Test (FFT), complaints, comments and compliments received. The practice shared patient feedback and testimonials with staff and patients in the surgery and on the practice website.

- staff through appraisals and staff meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example:

- The practice were participating in an out of hospital services initiative designed to bring services closer to the patient in the primary care setting. For example, ambulatory blood pressure monitoring and wound care.
- The practice had participated in the pre-registration nursing student core placement initiative in conjunction with the CCG, Heath Education England and King's College London. Pre-registration nurses undertook a six-week placement in the practice to promote general practice as a career option.