Drs Davies Henney and Edney

Quality Report

Laurel Bank Surgery
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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?	Outstanding
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 Drs Davies Henney and Edney (Also known as Laurel Bank Surgery) on 10th May 2016.

Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Staff were aware of procedures for safeguarding patients from the risk of abuse.
- There were systems in place to reduce risks to patient safety, for example, infection control procedures and the management of staffing levels. Improvements should be made to the storage of printable prescriptions and the recruitment procedure.
- The medication dispensary was overall managed safely. We identified some improvements that could be made to improve the operation of the dispensary.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Staff felt well supported. They had access to training and development opportunities and had received training appropriate to their roles.
- Patients generally said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We saw staff treated patients with kindness and respect.
- Services were planned and delivered to take into account the needs of different patient groups.
- Access to the service was monitored to ensure it met the needs of patients.
- Information about how to complain was available. There was a system in place to manage complaints.
- There were systems in place to monitor and improve quality and identify risk.

Summary of findings

We saw areas of outstanding practice in how the practice cared for and responded to the needs of patients:

- Due to the rural location of the practice a number of community services could be difficult for patients to access. The practice had addressed this by providing a range of services to patients in-house. This included phlebotomy, pre-diabetic testing and lifestyle advice. Pre-diabetic and type 2 diabetes information packs had been devised by the practice nurse. The practice was also a host-site for the rural community ultrasound service and to a range of community services such as drug and alcohol support services, podiatry and counselling.
- The GPs operated personal lists encouraging patients to see their named GP for their on-going routine needs, providing continuity of care to patients. Results from the National GP Patient Survey from January 2016 (data collected from January-March 2015 and July-September 2015) showed that 90% of respondents with a preferred GP usually got to see or speak to that GP compared to the CCG average of 59% and national average of 59%.
- The practice worked closely with social workers from learning disability services to support patients. We were given examples of how nursing staff had supported patients with a learning disability to ensure they received the services required. For example, a practice nurse had accompanied an anxious patient to the local hospital. A carer told us that they found the practice to be extremely supportive of patients with a learning disability.
- The practice visited a local nursing home four times a week reviewing the needs of patients and managing acute conditions presented to them on the day.
- The practice had recently initiated a weekly teleconference call with the local hospital to improve speed and quality of patient discharge.
- One of the GPs was a Dementia Champion and had provided training to Patient Participation Group members and employees of local shops in support of the village becoming prepared to support people with dementia.
- The nursing team were recently involved in a healthy living promotion which focused on making the local community more aware of the causes of diabetes. This had involved the nurses visiting a local school and working with the children to produce posters supporting healthy eating.
- The practice worked closely with the Patient Participation Group (PPG) who had set up events and services to support the local community. For example the PPG organised local walks which helped to support socially isolated patients and improve health. A local fair had also been organised in 2014 with the aim of raising the profile of a number of community health and social care services. The practice had a sixth form student in their Patient Participation Group (PPG) who had worked with one of the GPs to set up a Facebook page to engage younger patients.
- The practice worked alongside patients and empowered them to be partners in their care. The practice had devised over 80 patient information leaflets so that patients had access to information about a number of conditions to help keep them informed and assist in identifying health issues and how to respond to them.
- A Patient and Equipment Fund which patients regularly donated to and raised money for was in operation and provided funds for equipment used by all patients such as a 24 hour blood pressure monitor, digital scales and home BP Monitors. The Patient and Equipment Fund provided funds for night sitters for patients in the last weeks of life where they or their families wished to keep the patient at home.

The areas where the provider should make improvements are:

- Document reviews of actions taken following the receipt of patient safety alert information to demonstrate that actions identified have been implemented.
- Review the procedure for the recruitment of locums to ensure references are taken for locums regardless of the length of their employment.

Summary of findings

- Review the arrangements for the storage of loose-leaf prescriptions for use in printers to increase their security.
- In order to improve the effectiveness of the dispensary the standard operating procedures should be reviewed to ensure they reflect current guidance and legislation in relation to the management of controlled medications. The frequency for removing uncollected prescriptions should be more frequent to identify any issues with patients not collecting their medication. Dispensing errors should be more fully recorded so that lessons can be learned and outcomes monitored. There should be a more regular destruction of controlled medications to ensure that there is a limited amount on site.

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?

Good

The practice is rated as good for providing safe services. Safety events were reported, investigated and action taken to reduce a re-occurrence. Reviews of actions taken following the receipt of patient safety alerts should be documented to demonstrate that actions identified have been implemented. There were appropriate systems in place to ensure that the premises were safe. There were systems to protect patients from the risks associated with staffing levels and infection control. Staff were aware of procedures for safeguarding patients from risk of abuse. Staff employed at the time of our visit had been recruited safely. The procedure for the recruitment of locum GPs should be reviewed to ensure references are taken regardless of the length of their employment. The medication dispensary was overall managed safely. We identified some improvements that could be made to improve the operation of the dispensary.

Are services effective?

Good

The practice is rated as good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Staff worked with other health care teams and there were systems in place to ensure appropriate information was shared. Staff had access to training and development opportunities and had received training appropriate to their roles.

Are services caring?

Good

The practice is rated as good for providing caring services. The practice demonstrated its caring approach to patients through its links with community organisations. The practice had close links with Malpas Parish Council and had worked closely with them to set up a Community Land Trust as a means of helping the low paid and local young families to access accommodation in the village. One of the GP partners had worked with a local nursing home to set up the Dementia Café. This was set up to provide support to carers of people with dementia and provided refreshments, music and activities. A dispensary service was provided by the practice that included a free weekly repeat prescription delivery service to 140 patients unable to collect their prescriptions. The practice worked alongside patients and empowered them to be partners in their care. A Patient and Equipment Fund which patients regularly donated to and raised money for was in operation and provided

funds for equipment used by all patients such as a 24 hour blood pressure monitor, digital scales and home BP Monitors. The Patient and Equipment Fund also provided funds for night sitters for patients in the last weeks of life where they or their families wished to keep the patient at home. The practice had devised over 80 patient information leaflets so that patients had access to information about a number of conditions to help keep them informed and assist in identifying health issues and how to respond to them.

Data from the National GP Patient Survey showed patients rated the practice about average when compared to other practices. Patients generally 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 easy to understand and accessible. We saw staff treated patients with kindness and respect, and maintained patient confidentiality.

Are services responsive to people's needs?

Outstanding

The practice is rated as outstanding for providing responsive services. Services were planned and delivered to take into account the needs of different patient groups. Due to the rural location of the practice a number of community services could be difficult for patients to access. The practice had addressed this by being a host-site for services and providing a range of services to patients in-house. The GPs operated personal lists encouraging patients to see their named GP for their on-going routine needs, providing continuity of care to patients. The practice visited a local nursing home four times a week reviewing the needs of patients and managing acute conditions presented to them on the day. The practice worked closely with social workers from learning disability services to support patients. The practice had recently initiated a weekly teleconference call with the local hospital to improve speed and quality of patient discharge. One of the GPs was a Dementia Champion and had provided training to Patient Participation Group members and employees of local shops in support of the village becoming prepared to support people with dementia. The practice had a sixth form student in their Patient Participation Group (PPG) who had worked with one of the GPs to set up a Facebook page to engage younger patients. The nursing team were recently involved in a healthy living promotion which focused on making the local community more aware of the causes of diabetes. The practice worked closely with the Patient Participation Group (PPG) who had set up events and services to support the local community.

Are services well-led?

Good

The practice is rated as good for providing well-led services. The practice had a clear vision and strategy to deliver high quality care

Summary of findings

and promote good outcomes for patients. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance and staff meetings. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active. There was a strong focus on continuous learning and improvement at all levels.

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 was knowledgeable about the number and health needs of older patients using the service. They kept up to date registers of patients' health conditions and used this information to plan reviews of health care and to offer services such as vaccinations for flu and shingles. The practice visited a local nursing home four times a week reviewing the needs of patients and managing acute conditions presented to them on the day. The practice worked with other agencies and health providers to provide support and access specialist help when needed. Multi-disciplinary meetings were held to discuss and plan for the care of frail and elderly patients. The Community Integrated Care Team was based in the same building as the practice which facilitated good communication. The practice had recently initiated a weekly teleconference call with the local hospital to improve speed and quality of patient discharge. The practice was working with neighbourhood practices and the Clinical Commissioning Group (CCG) to provide services to meet the needs of older people. For example, they had piloted a community practice nurse for the frail elderly since October 2015 who visited frail housebound patients who had difficulty accessing the service. Each of these patients had a care plan which could be given to any visiting clinician.

Good

People with long term conditions

The practice is rated as good for the care of people with long-term conditions. The practice held information about the prevalence of specific long term conditions within its patient population such as diabetes, chronic obstructive pulmonary disease (COPD), cardio vascular disease and hypertension. This information was reflected in the services provided, for example, reviews of conditions and treatment, screening programmes and vaccination programmes. The practice had a system in place to make sure no patient missed their regular reviews for long term conditions. Diabetic dietetic and chronic disease lifestyle advice was provided to patients alongside individual care plans. The clinical staff took the lead for different long term conditions and kept up to date in their specialist areas. The practice had multi-disciplinary meetings to discuss the needs of palliative care patients and patients with complex needs. The practice worked with other agencies and health providers to provide

Good

support and access specialist help when needed. The practice referred patients who were over 18 and with long term health conditions to a well-being co-ordinator for support with social issues that were having a detrimental impact upon their lives.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. Child health surveillance and immunisation clinics were provided. Families were registered with the same GP as far as possible to ensure GPs fully understood family dynamics and were any extra support may be needed. The staff we spoke with had appropriate knowledge about child protection and all staff had safeguarding training relevant to their role. The safeguarding lead staff liaised with midwives and health visiting colleagues to discuss any concerns about children and how they could be best supported. The practice had a sixth form student in their Patient Participation Group (PPG) who had worked with one of the GPs to set up a Facebook page to engage younger patients. The nursing team were recently involved in a healthy living promotion at a local school.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students). The practice offered pre-bookable appointments up to four weeks in advance, book on the day appointments and telephone consultations. Patients could book appointments on-line or via the telephone and repeat prescriptions could be ordered on-line which provided flexibility to working patients and those in full time education. The practice was open from 8:00am to 6:30pm Monday to Friday allowing early morning and late evening appointments to be offered to this group of patients. An extended hour's service for routine appointments was provided at the practice three times a week. In addition patients were able to access the extended hour's service commissioned by West Cheshire CCG. The practice website provided information around self-care and local services available for patients. The practice offered health checks to patients aged 40 – 74 which helped identify potential health risks. Sexual health, family planning and minor injuries services were provided.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable. Patients' electronic records contained alerts for staff regarding patients requiring additional assistance. For example, patient's records were flagged for families in need, patients at risk of violence or abuse or requiring attention without delay. Longer appointments were offered to

patients who required them, for example, patients with a learning disability. There was a recall system to ensure patients with a learning disability received an annual health check. The practice worked closely with social workers from learning disability services to support patients. We were given examples of how nursing staff had supported patients with a learning disability to ensure they received the services required. For example, a practice nurse had accompanied an anxious patient to the local hospital. The staff we spoke with had appropriate knowledge about safeguarding vulnerable adults and all staff had safeguarding training relevant to their role. Services for carers were publicised and a record was kept of carers to ensure they had access to appropriate services. A member of staff was the carer's link and Information was provided to patients regarding services available for carers. The practice referred patients to local health and social care services for support, such as drug and alcohol services and to the wellbeing coordinator.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated good for the care of people experiencing poor mental health (including people with dementia).GPs worked with specialist services to review care and to ensure patients received the support they needed. The practice maintained a register of patients who experienced poor mental health. The register supported clinical staff to offer patients experiencing poor mental health, including dementia, an annual health check and a medication review. The practice referred patients to appropriate services such as psychiatry and counselling services. The practice had information in the waiting areas about services available for patients with poor mental health. For example, services for patients who may experience depression. Clinical and non-clinical staff had undertaken training in dementia to ensure all were able to appropriately support patients.One of the GPs was a Dementia Champion and had provided training to Patient Participation Group members and employees of local shops in support of the village becoming prepared to support people with dementia.

Summary of findings

What people who use the service say

Data from the National GP Patient Survey January 2016 (data collected from January-March 2015 and July-September 2015) showed that patients' responses about whether they were treated with respect, compassion and involved in decisions about their care and treatment were similar to local and national averages. Two hundred and thirty six survey forms were distributed, 116 (49%) were returned which represents almost 2% of the total practice population. For example:

- 87% said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 85% said the GP gave them enough time compared to the CCG average of 90% and national average of 87%.
- 90% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.
- 81% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 96% said the nurse was good at listening to them compared to the CCG average of 92% and national average of 91%.
- 96% said the nurse gave them enough time compared to the CCG average of 94% and national average of 92%.
- 95% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 98% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and national average of 97%.
- 77% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 82%.
- 93% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 85%.

The National GP Patient Survey results showed that patient's satisfaction with access to care and treatment was generally above local and national averages. For example:

- 90% of respondents with a preferred GP usually get to see or speak to that GP compared to the CCG average of 59% and national average of 59%.
- 99% of patients said they could get through easily to the surgery by phone compared to the CCG average of 71% and national average of 73%.
- 93% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 87% and national average of 85%.
- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 93% patients described their experience of making an appointment as good compared to the CCG average of 74% and national average of 73%.
- 94% of patients found the receptionists at this surgery helpful compared to the CCG average of 87% and national average of 87%.

The partners were aware of patient feedback from the National Patient Survey. They had reviewed the outcome of any surveys undertaken to ensure that standards were being maintained and action could be taken to address any shortfalls.

We received 43 comment cards and spoke with 11 patients. The majority of comments showed that patients felt a very good service was provided and that clinical and reception staff were dedicated, professional and listened to their concerns. Patients indicated that their privacy and dignity were generally well promoted. One patient said that their privacy had not been respected. One patient indicated the dispensary staff were unhelpful and another said the dispensary staff had made mistakes when issuing medication. Patients said that they were

able to get an appointment when one was needed, they were able to get through to the practice by phone easily and were happy with the opening hours. A number of patients commented on how they valued the personal list service offered by the practice.

Areas for improvement

Action the service SHOULD take to improve

- Document reviews of patient safety alert information to demonstrate that actions identified have been implemented.
- Review the procedure for the recruitment of locums to ensure references are taken for locums regardless of the length of their employment.
- Review the arrangements for the storage of loose-leaf prescriptions for use in printers to increase their security.
- In order to improve the effectiveness of the dispensary the standard operating procedures should be reviewed to ensure they reflect current guidance and legislation in relation to the management of controlled medications. The frequency for removing uncollected prescriptions should be more frequent to identify any issues with patients not collecting their medication. Dispensing errors should be more fully recorded so that lessons can be learned and outcomes monitored. There should be a more regular destruction of controlled medications to ensure that there is a limited amount on site.

Outstanding practice

- Due to the rural location of the practice a number of community services could be difficult for patients to access. The practice had addressed this by providing a range of services to patients in-house. This included phlebotomy, pre-diabetic testing and lifestyle advice. Pre-diabetic and type 2 diabetes information packs had been devised by the practice nurse. The practice was also a host-site for the rural community ultrasound service and to a range of community services such as drug and alcohol support services, podiatry and counselling.
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- The practice worked closely with social workers from learning disability services to support patients. We were given examples of how nursing staff had supported patients with a learning disability to ensure they received the services required. For example, a practice nurse had accompanied an anxious patient to the local hospital. A carer told us that they found the practice to be extremely supportive of patients with a learning disability.
- The practice visited a local nursing home four times a week reviewing the needs of patients and managing acute conditions presented to them on the day.
- The practice had recently initiated a weekly teleconference call with the local hospital to improve speed and quality of patient discharge.
- One of the GPs was a Dementia Champion and had provided training to Patient Participation Group members and employees of local shops in support of the village becoming prepared to support people with dementia.

Summary of findings

- The nursing team were recently involved in a healthy living promotion which focused on making the local community more aware of the causes of diabetes. This had involved the nurses visiting a local school and working with the children to produce posters supporting healthy eating.
- The practice worked closely with the Patient Participation Group (PPG) who had set up events and services to support the local community. For example the PPG organised local walks which helped to support socially isolated patients and improve health. A local fair had also been organised in 2014 with the aim of raising the profile of a number of community health and social care services. The practice had a sixth form student in their Patient Participation Group (PPG) who had worked with one of the GPs to set up a Facebook page to engage younger patients.
- The practice worked alongside patients and empowered them to be partners in their care. The practice had devised over 80 patient information leaflets so that patients had access to information about a number of conditions to help keep them informed and assist in identifying health issues and how to respond to them.
- A Patient and Equipment Fund which patients regularly donated to and raised money for was in operation and provided funds for equipment used by all patients such as a 24 hour blood pressure monitor, digital scales and home BP Monitors. The Patient and Equipment Fund provided funds for night sitters for patients in the last weeks of life where they or their families wished to keep the patient at home.

Drs Davies Henney and Edney

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and included a GP specialist advisor and a pharmacist specialist advisor.

Background to Drs Davies Henney and Edney

Drs Davies Henney and Edney (also known as Laurel Bank Surgery) is situated in Old Hall Street, Malpas, Cheshire. The practice is responsible for providing primary care services to approximately 6,600 patients. The practice serves a rural community which has lower than average levels of economic deprivation when compared to other practices nationally. The number of patients with a long standing health condition is about average when compared to other practices nationally. The practice offers a dispensary service to patients.

The staff team includes three partner GPs, three salaried GPs, four practice nurses, two health care assistants/ phlebotomists, practice manager, dispensary staff and administration and reception staff.

The practice is open 8:00am to 6.30pm Monday to Friday. An extended hour's service for routine appointments operates from the practice three times a week, on two evenings from 6.30pm to 8pm and on Saturday mornings. In addition an extended hour's service and an out of hour's service are commissioned by West Cheshire CCG and provided by Cheshire and Wirral Partnership NHS Foundation Trust. Patients closer to the Shropshire border were also able to access the out of hour's service provided by Shropshire Doctors Cooperative Ltd (Shropdoc).

The practice has a General Medical Service (GMS) contract. the practice offers a range of enhanced services such as flu and shingles vaccinations, minor surgery and timely diagnosis of dementia.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

How we carried out this inspection

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

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

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

- Older people
- People with long-term conditions

Detailed findings

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

Before our inspection we reviewed information we held and asked other organisations and key stakeholders to share what they knew about the service. We reviewed the practice's policies, procedures and other information the practice provided before the inspection. We carried out an announced inspection on 10th May 2016. We reviewed all areas of the practice including the administrative areas. We sought views from patients face-to-face and reviewed CQC comment cards completed by patients. We spoke to clinical and non-clinical staff. We observed how staff handled patient information and spoke to patients. We explored how the GPs made clinical decisions. We reviewed a variety of documents used by the practice to run the service.

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.

Good

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting, recording and investigating significant events. The practice had a significant event monitoring policy and a significant event recording form which was accessible to all staff via computer. Staff had undertaken training around reporting significant events. All staff spoken with knew how to identify and report a significant event. The practice carried out an analysis of significant events and this also formed part of the GPs' individual revalidation process. We looked at a sample of significant events and found that action had been taken to improve safety in the practice where necessary.

The practice held staff meetings at which significant events were discussed in order to cascade any learning points. Any action to be taken following a significant event was also shared via email or internal memorandum which staff signed to indicate they had read and understood. A log of significant events was maintained which enabled patterns and trends to be identified. A review of the action taken following significant events was documented to demonstrate that actions identified had been implemented. There was a system for managing patient safety alerts. However, there was no formal system for checking if the actions taken had been effective.

Overview of safety systems and processes

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and procedures were accessible to all staff. The procedures clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. A printed flowchart with telephone numbers was on display outlining the process of making children and adult safeguarding referrals. There was a lead member of staff for safeguarding. The practice had systems in place to monitor and respond to requests for attendance/reports at safeguarding meetings. Staff demonstrated they understood their responsibilities and all had received safeguarding children training relevant to their role. The safeguarding lead GP liaised with midwives and the health visiting service to discuss any concerns about children and their families and how they could be best supported. Alerts were placed on patient records to identify if there were any safety concerns.
- Notices were displayed advising patients that a chaperone was available if required. All staff who acted as chaperones had received training for this role. A Disclosure and Barring Service (DBS) check had been undertaken for all clinical staff who acted as chaperones. These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice had a lead member of staff for infection control who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. An infection control audit was undertaken by the Infection Prevention and Control Team in October 2015 and the practice scored 95%. Areas were identified for improvement, an action plan had been put in place and the lead for infection control told us that action had either been taken or was planned to address the issues identified.
- We reviewed two personnel files of staff employed within the last year and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. A system was in place to carry out periodic checks of the Performers List, General Medical Council (GMC) and Nursing and Midwifery Council (NMC) to ensure the continued suitability of staff. We checked the records of a locum GP and found that all the necessary recruitment information was available. The procedure for the recruitment of locums indicated that references were not sought for locums employed for short periods such as a day in an emergency. The practice should reconsider this in order to promote the safety of patients.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept

patients safe. Records of checks of emergency medication were maintained by the nursing staff. Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription forms that were completed by hand were securely stored and there were systems in place to monitor their use. Loose leaf prescriptions for use in printers were not stored securely although access was limited. Vaccines were securely stored, were in date and we saw the refrigerators were checked daily to ensure the temperature was within the required range for the safe storage of vaccines. GPs bags had been recently checked to ensure the required medication was available and in date.

- The medication dispensary was overall managed safely. There were safe and effective processes for the management of prescription changes and medication reviews. There was a clear process to follow to ensure high risk medications were safely managed and medication was only re-issued following patient health checks. The standard operating procedures for the dispensary had all been updated and the majority were clear and in good order. In order to improve the effectiveness of the dispensary the standard operating procedures should be reviewed to ensure they reflect current guidance and legislation in relation to the management of controlled medications. The frequency for removing uncollected prescriptions was three monthly. This should be more frequent to identify any issues with patients not collecting their medication. Dispensing errors had been recorded however more detail should be recorded so that lessons can be learned and outcomes monitored. There should be a more regular destruction of controlled medications to ensure that there is a limited amount on site.

Monitoring risks to patients

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

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster displayed for staff to refer to. The practice had an up to date fire risk assessment which was last reviewed in March 2016. This had identified that emergency lighting was not installed. A quote had been obtained and the practice was waiting for a date for the installation to be confirmed. In the interim a risk assessment had been undertaken. Regular checks were made of fire safety equipment. A recent fire drill had taken place. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor the safety of the premises such as control of substances hazardous to health and legionella.
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff had up to date basic life support training. The practice had a defibrillator and oxygen available on the premises which was checked to ensure it was safe for use. Adult defibrillator pads were available for use for adults and children. Guidance indicates that ideally paediatric pads should be used for children under nine. The practice manager confirmed they had addressed this following the inspection by ordering paediatric pads. There were emergency medicines available which were all in date, regularly checked and held securely.

The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

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.

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 Patients who had long term conditions were continuously followed up throughout the year to ensure they attended health reviews. Current results showed the practice had achieved 99.5% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed that outcomes were comparable to other practices nationally:

- 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 92% compared to the national average of 88%
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months was 73% compared to the national average of 75%.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 85% compared to the national average of 82%.
- 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 89% compared to the national average of 80%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less was 89% compared to the national average of 84%.

Patients with asthma and chronic obstructive pulmonary disease had a self- management plan which was updated when they attended the practice for a review. The plans included important information to guide patients in the monitoring of their condition such as symptoms to be aware of, advice regarding taking medication and appropriate vaccinations and what they should do if they became unwell.

We saw that audits of clinical practice were undertaken. Examples of audits included audits of medication, stroke prevention in patients with atrial fibrillation and the management of patients with chronic kidney disease. The audits indicated that practices had been evaluated and changes made as a consequence. The GPs we spoke with told us that the findings from audits were shared across the clinical staff team.

The GPs and nurses had key roles in monitoring and improving outcomes for patients. These roles included the management of long term conditions, palliative care, diabetes, mental health, safeguarding and the management of the dispensary. The clinical staff we spoke with told us they kept their training up to date in their specialist areas. This meant that they were able to focus on specific conditions and provide patients with regular support based on up to date information.

Staff worked with other health and social care services to meet patients' needs. The practice had multi-disciplinary meetings each month to discuss the needs of patients with complex needs and the needs of patients receiving palliative care. Monthly meetings also took place with the health visiting service. Clinical staff spoken with told us that frequent liaison occurred outside these meetings with health and social care professionals in accordance with the needs of patients.

Effective staffing

Staff told us that they had the skills, knowledge and experience to deliver effective care and treatment. Evidence reviewed showed that:

Good

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff told us they felt well supported and had access to appropriate training to meet their learning needs and to cover the scope of their work. This included appraisals, mentoring and facilitation and support for the revalidation of doctors. A system was in place to ensure all staff had an annual appraisal.
- All staff received training that included: safeguarding children, fire procedures, basic life support, infection control, health and safety and information governance awareness. Role specific training was also provided to clinical and non-clinical staff dependent on their roles. Staff had access to and made use of e-learning training modules, in-house training and training provided by external agencies. There was a training plan in place to ensure staff kept up to date. GPs kept records of their own training. We noted that a record was not held centrally of the mandatory training completed by GPs that would assist with identifying their training needs.

Coordinating patient care

The information needed to plan and deliver care and treatment was available to relevant staff through the practice's patient record system and their intranet system. This included assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. There were systems in place to ensure relevant information was shared with other services in a timely way, for example when people were referred to other services and the out of hours services. The practice also had their own range of more than 80 Patient Information Leaflets that were available in the reception, waiting room and given out to patients by clinical and administrative staff.

Consent to care and treatment

We spoke with clinical staff about patients' consent to care and treatment and found this was sought in line with legislation and guidance. Clinical staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Consent forms for surgical procedures were used and scanned in to medical records. Written guidance was available about consent to care and treatment. Some clinical staff had not received formal training on the Mental Capacity Act 2005 and the practice manager was in the process of identifying training to address this.

Supporting patients to live healthier lives

The practice offered national screening programmes, vaccination programmes, children's immunisations and long term condition reviews. Health promotion information was available in the reception area and on the website. The practice had links with health promotion services and recommended these to patients, for example, smoking cessation, alcohol services, weight loss programmes and exercise services.

New patients registering with the practice completed a health questionnaire and were offered a health assessment with the nurse or health care assistant. A GP or nurse appointment was provided to new patients with complex health needs, those taking multiple medications or with long term conditions.

The practice monitored how it performed in relation to health promotion. It used the information from the QOF and other sources to identify where improvements were needed and to take action. QOF information for the period of April 2014 to March 2015 showed outcomes relating to health promotion and ill health prevention initiatives for the practice were comparable to other practices nationally. Childhood immunisation rates for vaccinations given for the period of December 2014 to December 2015 met the targets set by NHS England. There was a system to ensure that any missed immunisations were followed up with parents or the health visitor.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

The practice worked alongside patients and empowered them to be partners in their care. The practice had devised over 80 patient information leaflets so that patients had access to information about a number of conditions to help keep them informed and assist in identifying health issues and how to respond to them.

Patients with asthma and chronic obstructive pulmonary disease had a self- management plan. The plans included important information to guide patients in the monitoring of their condition such as symptoms to be aware of, advice regarding taking medication and appropriate vaccinations and what they should do if they became unwell.

A Patient and Equipment Fund which patients regularly donated to and raised money for was in operation and provided funds for equipment used by all patients such as a 24 hour blood pressure monitor, digital scales and home BP Monitors. The fund was regulated by a committee which was formed from patients, nurses and administrative staff with one of the GPs acting as a medical advisor to the committee.

The practice provided care that was kind and promoted patients dignity. They operated a significant distance from secondary care facilities. They had a close working relationship with the Community Integrated Care Team which helped to support ill and vulnerable patients. The Patient and Equipment Fund provided funds for night sitters for patients in the last weeks of life where they or their families wished to keep the patient at home.

A dispensary service was provided by the practice that included a free weekly repeat prescription delivery service to 140 patients unable to collect their prescriptions.

One of the GPs and a practice nurse had become dementia champions and had provided to practice staff, the employees of local services and residents in support of the village becoming prepared to support people with dementia. The practice had recognised that there was an ageing population in the village and the prevalence of dementia would increase. One of the GP partners had worked with a local nursing home to set up the Dementia Café. This was set up to provide support to carers of people with dementia and provided refreshments, music and activities. This compassionate approach demonstrated the practice's commitment to promoting the welfare of its patients.

The practice also demonstrated its caring approach to patients through its links with community organisations. The practice had close links with Malpas Parish Council and had worked closely with them to set up a Community Land Trust as a means of helping the low paid and local young families to access accommodation in the village.

The practice worked closely with Age UK and the practice nurses visited a local centre for older people to provide advice sessions and flu vaccinations.

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations to promote privacy. Patients who were distressed or who wanted to talk to reception staff in private were offered a private room to discuss their needs.

We received 43 comment cards and spoke with 11 patients. The majority of comments made showed that patients felt a very good service was provided and that clinical and reception staff were dedicated, professional and listened to their concerns. Patients indicated that their privacy and dignity were generally well promoted. One patient said that their privacy had not been respected, one said the dispensary staff were unhelpful and another said the dispensary staff had made mistakes when issuing medication. These comments were brought to the attention of the practice manager to be addressed.

Data from the National GP Patient Survey January 2016 (data collected from January-March 2015 and July-September 2015) showed that patients responses about whether they were treated with respect and in a compassionate manner by clinical and reception staff were comparable to local and national averages for example:

- 87% said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.

Good

Are services caring?

- 85% said the GP gave them enough time compared to the CCG average of 90% and national average of 87%.
- 90% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.
- 81% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 96% said the nurse was good at listening to them compared to the CCG average of 92% and national average of 91%.
- 96% said the nurse gave them enough time compared to the CCG average of 94% and national average of 92%.
- 95% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 98% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and national average of 97%.

The partners were aware of patient feedback from the National Patient Survey. They had reviewed the outcome of any surveys undertaken to ensure that standards were being maintained and action could be taken to address any shortfalls.

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us that they felt health issues were discussed with them, they felt listened to and involved in decision making about the care and treatment they received.

Data from the National Patient Survey January 2016 showed patients responses to questions about their involvement in planning and making decisions about their care and treatment and results were generally in line with local and national averages. For example:

- 84% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 77% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 82%.
- 95% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.
- 93% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 85%.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 130 patients as carers (2% of the practice list). The practice was proactive in its efforts to promote patient awareness of the services available for carers. Written information was available to direct carers to the various avenues of support available to them. Clinical staff referred patients on to counselling services for emotional support, for example, following bereavement.

Outstanding

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice ensured that services were planned and delivered to take into account the needs of different patient groups and we found examples of outstanding practice:

- Due to the rural location of the practice, a number of community services could be difficult for patients to access. The practice had addressed this by providing a range of in-house services to patients. This included phlebotomy, pre-diabetic testing and lifestyle advice. Pre-diabetic and type 2 diabetes information packs had been devised by the practice nurse. These gave information to patients about lifestyle and diet. The practice was also a host-site for the rural community ultrasound service and to a range of community services such as drug and alcohol support services, podiatry and counselling.
- The GPs operated personal lists encouraging patients to see their named GP for their on-going routine needs, providing continuity of care to patients. Results from the National GP Patient Survey from January 2016 (data collected from January-March 2015 and July-September 2015) showed that 90% of respondents with a preferred GP usually got to see or speak to that GP compared to the CCG average of 59% and national average of 59%.
- The practice worked closely with social workers from learning disability services to support patients. We were given examples of how nursing staff had supported patients with a learning disability to ensure they received the services required. For example, a practice nurse had accompanied an anxious patient to the local hospital. A carer told us that they found the practice to be extremely supportive of patients with a learning disability.
- The practice had recently initiated a weekly teleconference call with the local hospital to improve speed and quality of patient discharge.
- The practice visited a local nursing home four times a week reviewing the needs of patients and managing acute conditions presented to them on the day.
- One of the GPs and one of the practice nurses were Dementia Champions and they had been involved in training staff, Patient Participation Group members and employees of local shops, in support of the village becoming prepared to support people with dementia. Four training sessions had been provided since 2014. The GP continues to provide Dementia training to external bodies.
- The nursing team were recently involved in a healthy living promotion which focused on making the local community more aware of the causes of diabetes. This had involved the nurses visiting a local school and working with the children to produce posters supporting healthy eating.
- The practice worked closely with the Patient Participation Group (PPG) who had set up events and services to support the local community. For example members of staff and the PPG had set up a local walking group which organised weekly walks for a group of over 50 local patients and residents which helped to support socially isolated patients and improve health. The PPG and practice team had organised local fairs in May 2013 and April 2014 with the aim of raising the profile of a number of community health and social care services and the promotion of healthy living, with a particular focus on prevention of diabetes. The practice had a sixth form student in their Patient Participation Group (PPG) who had worked with one of the GPs to set up a Facebook page to engage younger patients.
- In addition:-
- Alerts were placed on patient records to prioritise and identify needs. The practice used the term "Golden Pass" for patients who had palliative care needs, were vulnerable or recently bereaved and signalled the need for them to be seen without delay. The term "Purple Pass" was used to identify potentially abusive or violent patients.
- An extended hour's service was provided on site three times a week to support the local community (two evenings from 6.30pm to 8pm and on Saturday mornings).
- The practice was open from 8am to 6:30pm Monday to Friday allowing early morning and evening appointments to be offered to working patients.
- Urgent access appointments were available for children and those with serious medical conditions.

Are services responsive to people's needs?

(for example, to feedback?)

- Longer appointments were offered to patients who required them, for example, patients with a learning disability.
- Home visits were made to patients who were housebound or too ill to attend the practice.
- GPs completed a brief written record of their consultation for patients who may need this.
- A dispensary service was provided by the practice that included a free weekly repeat prescription delivery service to 140 patients unable to collect their prescriptions.
- Translation services and an audio hearing loop were available if needed.
- The staff had received training in dementia awareness to assist them in identifying patients who may need extra support.
- The practice referred patients who were over 18 and with long term health conditions to a well-being co-ordinator for support with social issues that may be having a detrimental impact upon their lives. It was reported that this service was beneficial in reducing access to the out of hours and accident and emergency services.
- The practice was piloting the Physio First service which provided physiotherapy appointments for patients without the need to see a GP for a referral.
- Clinical staff referred patients on to counselling services for emotional support, for example, following bereavement.
- The practice advertised and sign-posted patients to services set up by Bright Life Initiative. This service was provided by Age UK and worked in partnership with older people and a range of local agencies from across the voluntary, public and private sectors. The aim being to identify, design and implement a wide range of solutions to address isolation and loneliness in older people across Cheshire. Some of the activities provided included bee keeping and nature walks.

The practice worked with the local CCG to improve outcomes for patients in the area. For example, the practice offered a range of enhanced services including a minor injury service where patients were treated, including suturing, to save them travelling to hospital. Point of care testing for patients prescribed warfarin (oral anticoagulant) and they operated a hub for D-Dimer testing (D-dimer tests are used to help rule out the presence of an inappropriate blood clot) for all CCG patients. One of the GP partners had led the establishment of the Rural Community Ultrasound Service which had benefitted patients from all rural areas.

The practice was working with neighbourhood practices and the Clinical Commissioning Group (CCG) to provide services to meet the needs of older people. For example, they had piloted a community practice nurse for the frail elderly since October 2015 who visited frail housebound patients who have difficulty accessing the service. A survey completed by 54 patients receiving the service indicated that 100% would rate the service as extremely good, very good or good.

The practice had multi-disciplinary meetings to discuss the needs of young children, palliative care patients and patients with complex needs.

Access to the service

Appointments could be booked up to four weeks in advance and booked on the day. Telephone consultations were also offered. Patients could book appointments in person, on-line or via the telephone. Repeat prescriptions could be ordered on-line, by fax, posting the completed order form in boxes at the local pharmacy or at the practice, by telephone or by visiting the practice.

There was a comprehensive system of monitoring appointment and clinical staff availability. The GP partners had increased their working hours to ensure that the agreed level of access and continuity of care was achieved. The GPs operated personal lists encouraging patients to see their named GP for their on-going routine needs, providing continuity of care to patients. If patients were acutely unwell or needed to be seen the same day the practice provided an appointment but not necessarily with the patient's usual GP.

Results from the National GP Patient Survey from January 2016 (data collected from January-March 2015 and July-September 2015) showed that patient's satisfaction with access to care and treatment was in line with or significantly above local and national averages. For example:

Are services responsive to people's needs?

(for example, to feedback?)

- 93% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 87% and national average of 85%.
- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 94% of patients found the receptionists at this surgery helpful compared to the CCG average of 87% and national average of 87%.

The following results were significantly above local and national averages:

- 90% of respondents with a preferred GP usually get to see or speak to that GP compared to the CCG average of 59% and national average of 59%.
- 99% of patients said they could get through easily to the surgery by phone compared to the CCG average of 71% and national average of 73%.
- 93% patients described their experience of making an appointment as good compared to the CCG average of 74% and national average of 73%.

We received 43 comment cards and spoke with 11 patients. Patients said that they were able to get an appointment when one was needed, they were able to get through to the practice by phone easily and were happy with the opening hours. A number of patients commented on how they valued the personal list service offered by the practice.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Information about how to make a complaint was available for patients to refer to in the waiting room, in the patient information booklet and on the practice website. This included details of who the patient should contact if they were unhappy with the outcome of their complaint.

The practice kept a record of written and verbal complaints. We reviewed two complaints received within the last 12 months. Records showed they had been investigated, patients informed of the outcome and action had been taken to improve practice where appropriate. A log of complaints was maintained which allowed for patterns and trends to be easily identified. The records showed openness and transparency with dealing with the complaints. A patient who had made a complaint told us how well this had been managed by the practice.

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 statement of purpose which outlined its aims and objectives. These included providing a high standard of safe and effective medical services, providing continuity of care and involving patients in making decisions about their care and treatment. Written information was provided to patients about the standards they could expect from the practice. Staff spoken with were clear about the values of the practice and it's aims and objectives.

Governance arrangements

There was a clear staffing structure and staff were aware of their own roles and responsibilities. There were clear systems to enable staff to report any issues and concerns.

The practice had a number of policies and procedures in place to govern activity and these were available to staff electronically.

The practice had systems in place for identifying, recording and managing risks.

Staff had access to appropriate support. They had received the training needed for their roles. There was a system in place to ensure regular appraisals took place to identify performance issues and training needs.

The practice used the Quality and Outcomes Framework (QOF) and other performance indicators to measure their performance. The practice had completed clinical audits to evaluate the operation of the service and the care and treatment given.

Leadership and culture

The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

There were clear lines of accountability at the practice. We spoke with clinical and non-clinical members of staff and they were all clear about their own roles and responsibilities. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings or as they occurred with the practice manager or a GP partner. Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Meetings took place to share information, look at what was working well and where any improvements needed to be made. The practice closed one afternoon per month which allowed for learning events and staff meetings. GPs met weekly to discuss new protocols, significant events, to review complex patient needs, keep up to date with best practice guidelines and review significant events. GPs also met every Monday morning to briefly review the work for the week ahead. The nursing team met monthly and a GP attended this meeting to ensure exchange of important information. The reception and administrative staff met monthly to discuss their roles and responsibilities and share information. Partners met to look at the overall operation of the service and future development. The practice manager told us that opportunities to meet as a whole team had been limited in the last 12 months and that they had taken steps to address this.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and submitted proposals for improvements to the practice management team. For example, the PPG had recommended that changes be made to the waiting area such as the provision of a water cooler and a television screen to publicise services and announce appointments. The practice had worked with the PPG to make the changes identified. The PPG members spoken with felt they were listened to and kept informed and consulted about changes and developments at the practice.

Are services well-led?

Good

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

- The practice sought patient feedback by utilising the Friends and Family test. The NHS friends and family test (FFT)is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1 December 2014.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice was working with neighbourhood practices and the Clinical Commissioning Group (CCG) to provide services to meet the needs of older people. For example, they had piloted a community practice nurse for the frail elderly since October 2015 who visited frail housebound patients who have difficulty accessing the service. Each of these patients had a care plan which could be given to any visiting clinician. The practice continually reviewed its services with a view to making changes to better support patients. For example, the practice was introducing an "EConsult" service which would provide self-care advice for patients and an email facility for queries. The practice had a clear plan for its future development which included a rural treatment hub which would enable better access to secondary care services.