Ashley Surgery

Quality Report

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Ashley
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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	Outstanding ☆
Are services safe?	Good ●
Are services effective?	Outstanding ☆
Are services caring?	Outstanding ☆
Are services responsive to people's needs?	Good ●
Are services well-led?	Outstanding ☆

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 Ashley Surgery on 16 November 2016. Overall the practice is rated as outstanding.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example, a member of staff had completed the 'Walk Leader' training and set up a monthly 'Walking for Health' group to reduce social isolation. In collaboration with the health visiting service, there were plans to start a pram walk for rurally isolated new mothers.
- Feedback from patients about their care was consistently positive.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, a practice nurse studying for a diploma in frailty worked with Age UK North Staffordshire to provide the Senior Plus service, providing extra support to older patients to help them to continue to live independently at home.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, to overcome problems for older adults living in a rural community in accessing phlebotomy services, the practice provided a blood test monitoring service for patients on a long-term medicine used to prevent the formation of blood clots.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- There was a clear leadership structure and staff felt supported by the management.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.

We saw two areas of outstanding practice:

- The practice was proactive and effective in reducing the number of emergency hospital admissions and A&E attendances for all population groups. Comparison of data for 2014/15 and 2015/16 demonstrated an ongoing downward trend in the number of A&E admissions.
- A health care assistant (HCA) at the practice offered smoking cessation support for patients. A 74% smoking cessation rate had been achieved at four weeks with a 56% cessation rate at 12 weeks. Due to the effectiveness of this service, the HCA had been presented with an award from the 'Time to Quit NHS Stop Smoking Service' for the 'Most Consistent Quit Smoking Advisor' in North Staffordshire for 2014/15.

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.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from the risk of abuse.
- Risks to patients were assessed and well managed.
- Care plans for patients with long-term conditions were not always dated to ensure that staff carried out care in line with the most up to date information.
- The practice had trained staff and appropriate equipment available to act in emergency situations.

Are services effective?

Outstanding

The practice is rated as outstanding for providing effective services.

- Data showed that the practice performed highly when compared to practices nationally. Data for 2015/16 from the Quality and Outcomes Framework (QOF) showed that the practice had achieved 100% of the total number of available QOF points.
- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff were proactively supported to acquire new skills to meet the needs of patients. For example, to meet the needs of the higher than average older population registered with the practice, a practice nurse was being supported to complete a diploma in frailty.
- There was evidence of appraisals and personal development plans for all staff.

Summary of findings

- Staff worked collaboratively and professionally with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice was proactive and effective in reducing the number of emergency hospital admissions and A&E attendances for all population groups. Comparison of data for 2014/15 and 2015/16 demonstrated an ongoing downward trend in the number of A&E admissions.
- The practice used innovative and proactive methods to improve patient outcomes and working with other local and national providers to share best practice. For example, a practice nurse was a member of a university research group that had shared their findings with the Clinical Commissioning Group (CCG) and published their findings in a professional nursing journal regarding the benefits to the health economy in the use of tap water rather than sterile water for the cleansing of non-surgical wounds.
- A health care assistant (HCA) at the practice offered smoking cessation support for patients. A 74% smoking cessation rate had been achieved at four weeks with a 56% cessation rate at 12 weeks. Due to the effectiveness of this service, the HCA had been presented with an award for the 'Most Consistent Quit Smoking Advisor' in North Staffordshire for 2014/15.

Are services caring?

Outstanding

The practice is rated as outstanding for providing caring services.

- Data from the national GP patient survey published in July 2016 showed patients rated the practice higher than others for many aspects of care.
- Information for patients about the services available was easy to understand and accessible.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We observed a strong patient-centred culture and staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this.
- The practice had identified 4% of its patients as carers.
- Patients' emotional and social needs were seen as important as their physical needs. Staff at the practice had trained to be dignity champions to promote compassionate and person centred services.

Summary of findings

- The practice had worked with the Patient participation group (PPG) to organise a PPG awareness week and a Macmillan afternoon tea and wellbeing event for partner organisations such as Age UK, the Beth Johnson Foundation and Healthwatch to promote services available for patients.
- A monthly 'Walking For Health' group had been established at the practice to reduce social isolation.
- The practice was in the process of arranging regular meetings for carers to meet at the practice with the North Staffordshire Carers Association.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example, a member of staff had completed the 'Walk Leader' training and set up a monthly 'Walking for Health' group to reduce social isolation. In collaboration with the health visiting service, there were plans to start a pram walk for rurally isolated new mothers.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, a practice nurse studying for a diploma in frailty worked with Age UK North Staffordshire to provide the Senior Plus service, providing extra support to older patients to help them to continue to live independently at home.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Patients could access appointments and services in a way and at a time that suited them. For example, the practice provided a daily sit and wait service for children under five years of age.
- Twenty minute appointments were routinely provided for patients who had one of seven identified conditions, for example, depression, as identified in the standard operating procedures for receptionists.
- The practice employed a female locum GP one day a week to ensure that patients who wished to be seen by a female GP were supported to do so.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- There were disabled facilities, a hearing loop and translation services available. Access to the practice for patients with a disability was available at the main patient entrance through electronic doors.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Outstanding ☆

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- The partners showed leadership through proactively managing and working with others to improve performance and outcomes for all population groups.
- There was a clear leadership structure and staff felt supported by the management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was very 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

Outstanding ☆

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

- The practice provided care and treatment to a higher proportion of patients aged over 65 (26%) and 75 (10%) when compared with the national averages of 17% and 8% respectively. This could mean increased demand for GP services.
- To meet the needs of this population group, a practice nurse was supported to undertake a diploma in frailty.
- The practice proactively worked with Age UK North Staffordshire to provide the Senior Plus service. The service provided extra support to older patients to help them to continue to live independently at home.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- To overcome some of the barriers for older adults living in a rural community in accessing phlebotomy services, the practice provided a blood test monitoring service for patients on a long-term medicine used to prevent the formation of blood clots.
- The practice had hosted an awareness week and a Macmillan afternoon tea and wellbeing event for partner organisations such as Age UK, the Beth Johnson Foundation and Healthwatch to promote alternative services available for patients.

People with long term conditions

Outstanding ☆

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes in all five related indicators was above the Clinical Commissioning Group (CCG) and national averages. For example, the percentage of patients with

diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 90% which was higher than the CCG average of 77% and the national average of 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and 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.
- The practice provided a blood test monitoring service for patients on a long-term medicine used to prevent the formation of blood clots.
- The practice used a text messaging system that sent patients with long-term conditions such as high blood pressure reminders and health tips tailored to their individual needs.
- Data for 2014/15 demonstrated that emergency admissions for chronic obstructive pulmonary disease per 100 patients on the disease register was four. This was seven patients per 100 lower than the CCG average of 11.
- Care plans for some long-term conditions such as diabetes were not always dated.

Families, children and young people

Outstanding ☆

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

- There were systems in place to identify children and young people who had a high number of A&E attendances.
- Immunisation rates were high for all standard childhood immunisations.
- Children and young people were treated in an age-appropriate way.
- The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG and national averages of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.
- Same day appointments were available for children and young people. At 12.30pm Monday to Friday, the practice offered a daily sit and wait surgery for under five year olds to provide parents with rapid and continuous access to appointments for young children.

Summary of findings

- Data for 2014/15 demonstrated that emergency admissions for children with a lower respiratory tract infection per 1000 patients was three. This was below the CCG average of five patients per 1000 population.
- The practice was working with the local health visiting service to establish a pram walk for rurally isolated new mothers.

Working age people (including those recently retired and students)

Outstanding 

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- 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.
- Extended opening hours were available until 8pm on Tuesdays and Saturday flu clinics were provided for the working age people.Telephone consultations were also available for working age people.

People whose circumstances may make them vulnerable

Outstanding 

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- 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. For example, the Integrated Local Care Team (ILCT), a team that included health and social care professionals and the palliative care team.
- The practice was proactive in informing vulnerable patients about how to access various support groups and voluntary organisations. For example, the practice had hosted an awareness week and a Macmillan afternoon tea and wellbeing event for partner organisations such as Age UK, the Beth Johnson Foundation and Healthwatch to promote alternative services available for patients.
- The practice ran a Carers Awareness month throughout August 2016 to identify patients who were carers and to offer support.

Summary of findings

Consequently, the practice had identified 151 patients as carers (4% of the practice list). The practice was in the process of arranging regular meetings for carers to meet at the practice with the North Staffordshire Carers Association.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- A monthly 'Walking for Health' group had been established at the practice to reduce social isolation.
- The practice used a risk stratification tool and their knowledge of patients to identify and support their 2% most vulnerable patients. These patients were supported through care plans and a practice nurse worked with Age UK North Staffordshire to provide the Senior Plus service.

People experiencing poor mental health (including people with dementia)

Outstanding ☆

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

- The percentage of patients with a diagnosed mental health condition who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months was 100%. This was above the CCG and national averages of 89%.
- Eight-one per cent of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months. This was comparable with the CCG average of 87% and national average of 84% however their exception reporting rate of 4% was below the CCG average of 9% and the national average of 7% meaning more patients had been included.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- All staff had received dementia friendly training and had a good understanding of how to support patients with mental health needs and dementia.
- A community psychiatric nurse (CPN) visited the practice weekly to provide a counselling service to patients experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with or above local and national averages. Two hundred and fourteen survey forms were distributed and 119 were returned. This represented a 56% return rate.

- 91% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and the national average of 85%.
- 88% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 83% and the national average of 80%.
- 95% of patients said the GP was good at listening to them compared to the CCG and national averages of 89%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 92% 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 85%.
- 85% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national averages of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.
- 76% of patients found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) average of 72% and the national average of 73%.
- 75% 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 78% and the national average of 76%.

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 15 comment cards which were all positive about the standard of care and treatment received. Patients told us staff were friendly, caring, helpful and kind. They told us they were treated with respect and staff went above and beyond for patients. There were two negative comments regarding access to appointments at the practice.

We spoke with 10 patients during the inspection. All 10 patients said they were satisfied with the care they received and thought staff were friendly, caring, respectful and professional. There were two negative comments regarding access to appointments but the remaining eight patients interviewed commented on the ease of getting an appointment, especially for children. Data from the Friends and Family test showed that 98% of respondents were extremely likely or likely to recommend the practice to friends and family.

Outstanding practice

The practice was proactive and effective in reducing the number of emergency hospital admissions and A&E attendances for all population groups. Comparison of data for 2014/15 and 2015/16 demonstrated an ongoing downward trend in the number of A&E admissions.

A health care assistant (HCA) at the practice offered smoking cessation support for patients. A 74% smoking cessation rate had been achieved at four weeks with a 56% cessation rate at 12 weeks. Due to the effectiveness of this service, the HCA had been presented with an award from the 'Time to Quit NHS Stop Smoking Service' for the 'Most Consistent Quit Smoking Advisor' in North Staffordshire for 2014/15.

Ashley Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) lead inspector**.** The team included a GP specialist adviser and an Expert by Experience. Experts by Experience are members of the inspection team who have received care and experienced treatments from a similar service.

Background to Ashley Surgery

Ashley Surgery is registered with the Care Quality Commission (CQC) as a partnership provider in Market Drayton, Shropshire. The practice holds a General Medical Services (GMS) contract with NHS England. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract. The practice is a training practice for GP registrars and medical students to gain experience, knowledge and higher qualifications in general practice and family medicine.

The practice area is one of low deprivation when compared with the national and local Clinical Commissioning Group (CCG) area. At the time of our inspection the practice had 3989 patients. Demographically there is a higher proportion of patients aged over 65 (26%) and 75 (10%) when compared with the national averages of 17% and 8% respectively. There is a lower proportion of younger patients. The percentage of patients with a long-standing health condition is 63% which is above the CCG average of 57% and national average of 54%. This could mean increased demand for GP services.

The practice is open between 8am and 6pm Monday to Friday except Thursday afternoons when it closes at 1pm. It provides extended opening hours until 8pm on a Tuesday. Patients can book appointments up to six weeks in advance. At 12.30pm, Monday to Friday, the practice offers a sit and wait surgery for under five years old. The practice does not routinely provide an out-of-hours service to their own patients but patients are directed to the out of hours service, Staffordshire Doctors Urgent Care when the practice is closed.

The practice staffing comprises of:

- Two male GP partners
- A female locum GP
- A female GP Registrar
- A female nurse practitioner
- Three female practice nurses
- A female health care assistant (HCA)
- A practice manager
- An assistant practice manager
- A team of administrative staff working a range of hours
- Three dispensary staff

The practice provides a number of specialist clinics and services. For example long-term condition management including asthma, diabetes and high blood pressure. It also offers services for family planning, childhood immunisations, travel vaccinations and phlebotomy (the taking of blood from a vein for diagnostic purposes).

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as

Detailed findings

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

How we carried out this inspection

Before our inspection, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We also spoke with a member of the patient participation group (PPG) prior to our inspection. We carried out an announced inspection on 16 November 2016. During our visit we:

- Spoke with a range of staff including GPs, a GP Registrar, a medical student, members of the practice nursing team, a practice manager, members of the dispensary team and administrative staff.
- Observed and talked with patients about the care they received. We also spoke with a member of the PPG.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events. Staff we spoke with were aware of their individual responsibility to raise concerns appropriately. On receipt of a significant event, the practice management team investigated the occurrence and shared learning with practice staff through practice meetings and when appropriate, with the Clinical Commissioning Group (CCG) and medicine's management team.

- We saw that when significant events were raised the occurrence was investigated thoroughly and measures were put in place to minimise the opportunity of less positive events reoccurring. The significant event recording forms used at the practice supported the recording of 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 identified nine significant events in the preceding 12 months prior to our inspection. We found that the practice had carried out a thorough analysis of the significant events. One example of learning was a significant event following a discrepancy in the number of tablets kept at the practice for a prescription only pain relief medicine. We saw that a lockable cupboard had been purchased to store the medicine in and weekly stock checks undertaken. There had been no further discrepancies since this system had been put in place.

The practice had a process in place to act on alerts that may affect patient safety, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). We saw that the practice had systems in place to record the actions they had taken in response to alerts.

Overview of safety systems and processes

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

- All staff understood their individual responsibility for safeguarding children and vulnerable adults from the increased risk of harm. All staff had received role appropriate training to nationally recognised standards. For example, the GPs had attended level three training in safeguarding children. There was a lead member of staff for safeguarding. There were systems in place to identify children and young people who had a high number of A&E attendances but a formal system was not in place to identify children who frequently attended other out of hours services. Policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. We saw that the policy for safeguarding vulnerable adults needed to be updated to reflect updated categories or definitions of the types of abuse such as modern slavery. The practice agreed to do this.
- Patients with long-term conditions such as diabetes had care plans in place however they were not always dated to ensure that staff carried out care in line with the most up to date information.
- Notices were displayed in the clinical and waiting rooms informing patients that chaperones were available if required. All nursing staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. Two receptionists had also been trained to carry out chaperone duties. A risk assessment had been put in place to protect patients from any risk of harm until the DBS checks for these members of staff had been completed.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead 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. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The practice told us that staff had received immunisations to protect them from the risk of healthcare associated infections however on the day of inspection the practice was unable to demonstrate that two members of staff had received a required immunisation. The day after the inspection the practice sent us evidence to confirm that the two members of staff had received this immunisation.

Good

Are services safe?

- Arrangements for managing emergency medicines and vaccines were in place. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The healthcare assistant had received training to administer certain medicines under specific circumstances. To enable this, the practice had a template to gain authorisation by a GP under a Patient Specific Direction (PSD). Blank prescriptions were securely stored and there were systems in place to monitor their use.
- We saw that patients who took medicines that required close monitoring for side effects had their care and treatment shared between the practice and hospital. The hospital organised assessment and monitoring of the condition and the practice prescribed the medicines required. The practice had a process in place to ensure that the patient had received appropriate blood monitoring before the medicines were prescribed.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had an effective system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). The dispensary was signed up to the annual Dispensing Services Quality Scheme (DSQS) and had attained a rating of excellent in the most recent DSQS audit. The DSQS rewards practices for providing high quality services to their dispensing patients. A recent audit carried out by NHS England demonstrated there were clear and effective procedures in place for the management of controlled medicines.
- We reviewed five personnel files 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. Where DBS checks were not in place for non-clinical staff, a risk assessment had been carried out to ensure the safety of patients until the checks had been completed.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available for staff to refer to for guidance and support. The practice had up to date fire risk assessments and carried out regular fire drills. The practice had a variety of other risk assessments in place to monitor safety of the premises. For example, a health and safety inspection report had been completed in November 2016. Where issues were identified changes had been implemented, for example, the updating of risk assessments for the Control of Substances Hazardous to Health (COSHH). A legionella risk assessment had been completed and regular water and temperature testing had been carried out (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The office manager had responsibility and oversight of staffing arrangements for clinical and non-clinical staff. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training. 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. We found that an emergency medicine needed to treat diabetic patients with low blood glucose levels was not available. This was available in the practice's dispensary however and was added to the emergency medicine grab box on the day of our inspection.

Good

Are services safe?

- The practice had an automated external defibrillator (AED), (which provides an electric shock to stabilise a life threatening heart rhythm), oxygen with adult and children's masks and pulse oximeters (to measure the level of oxygen in a patient's bloodstream).

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

Outstanding ☆

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.
- The practice monitored that these guidelines were followed through risk assessments, random sample checks of patient records and clinical audits.

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 showed the practice had achieved 100% of the total number of points available. This was above the Clinical Commissioning Group (CCG) average of 96% and the national average of 95%. Their overall clinical exception reporting rate was 6% which was lower than the CCG average of 9% and the national average of 10%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

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

- Performance for diabetes in all five related indicators was above the CCG and national averages. For example, the percentage of patients with diabetes, on the register, whose last measured total cholesterol was within recognised limits, was 87% which was higher than the CCG average of 81% and national average of 80%. The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 90% which was higher than the CCG average of 77% and the national average of 78%.
- Performance for mental health related indicators was significantly above the CCG and national averages. For example, the percentage of patients with a diagnosed mental health condition who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months was 100%. This was above the CCG and national averages of 89%. Their exception reporting rate of 0% was below the CCG average of 10% and the national average of 13% meaning more patients had been included.
- Eighty-one per cent of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months. This was comparable with the CCG average of 87% and national average of 84% however their exception reporting rate of 4% was below the CCG average of 9% and the national average of 7% meaning more patients had been included.
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had had a review in the preceding 12 months was 92%. This was above the CCG average of 89% and the national average of 90%.

There was evidence of quality improvement including clinical audit:

- The practice showed us four clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored. Findings were used by the practice to improve services. For example, an audit of patients on a long-term medicine used in the treatment of night time leg cramps was carried out. The audit identified that 55 patients were regularly prescribed this medicine. Following changes to the way in which the medicine was prescribed and increased patient education, the practice reduced the number of patients to three.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Due to strict adherence to national guidelines and patient education, data from September 2014 to August 2015 demonstrated that the practice had the lowest overall antibiotic medicine prescribing rate in the CCG.

Outstanding ☆

Are services effective?

(for example, treatment is effective)

We saw that the local CCG had acknowledged the practice was proactive and effective in reducing the number of emergency hospital admissions and A&E attendances due to:

- The practice's daily sit and wait surgery for under five years olds, home visits for older patients and patients who had clinical needs which made attending the practice difficult.
- The practice worked with Age UK North Staffordshire to provide the Senior Plus service.

Data for 2014/15 from the QOFXL, a local framework used by NHS North Staffordshire CCG to improve the health outcomes of local people, demonstrated that:

- Emergency admissions for children with a lower respiratory tract infection per 1000 patients was three. This was below the CCG average of five.
- Emergency admissions per 1000 population were 85. This was 15 patients per 1000 lower than the CCG average of 100.
- Emergency admissions for chronic obstructive pulmonary disease per 100 patients on the disease register was four. This was seven patients per 100 lower than the CCG average of 11.
- A&E attendances per 1000 population were 189. This was 48 patients per 1000 lower than the CCG average of 237.
- A&E attendances per 1000 population during GP opening hours was 83. This was 18 patients per 1000 lower than the CCG average of 101.

Data from the CCG demonstrated there was a continuing downward trend in the number of patients attendances to A&E. Comparison of data over a three month period in 2104/15 and 2015/16 showed that the number of attendances fell from 200 to below 150 patients during this time period. This had an associated health economy cost saving of £5000.

Information about patients' outcomes was used to make improvements to patient care internally and externally to the practice. For example, a practice nurse was a member of the Critically Appraise Topics research group within Keele University. The groups aim was to identify, appraise and use best evidence to challenge traditional methods of delivering nursing care and treatment. Following a review of literature for the cleansing of non-surgical wounds with tap water rather than sterile water and a dressings audit, they were able to demonstrate the benefits to patients and the health economy. A report was written by the practice nurse and submitted to the CCG to influence and change local practice and the findings were published in a well-known professional nursing journal in March 2016.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. There was a higher proportion of patients aged over 65 (26%) and 75 (10%) registered with the practice when compared with the national averages of 17% and 8% respectively. To meet the needs of this population group, a practice nurse was supported to undertake a diploma in frailty.
- Staff administering immunisations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, monthly training away events, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months or a three month review if they had not worked at the practice for 12 months.
- The practice manager had implemented a training matrix to monitor and record the mandatory training staff had completed and when updates were required. Staff had received training that included: safeguarding,

basic life support, infection control and information governance. All staff had received dementia friendly training. 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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice provided us with feedback from the district nursing team, a midwife and health visitor who worked with the practice. The statements demonstrated that the practice worked collaboratively and professionally with appropriate professionals sharing and responding to relevant information to ensure effective treatment was provided to patients.
- The practice shared information with the out of hours service through the palliative care co-ordination centre for patients nearing the end of their life and if they had a 'do not attempt cardiopulmonary resuscitation' (DNACPR) plan in place.

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. Meetings took place with other health care professionals on a six weekly basis when care plans were routinely reviewed and updated for patients with complex needs. This involved close working with the Integrated Local Care Team (ILCT), a team that included health and social care professionals and the palliative care team.

Consent to care and treatment

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

- Staff had received training and 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, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- We saw that signed consent forms explaining the risks associated with minor surgery interventions were scanned into patients' records.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. 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.
- Smoking cessation advice was available at the practice from a health care assistant (HCA) who had received appropriate training to carry out this role. Data for 2014/15 showed that 34 patients had accessed this service. The practice had achieved a 74% cessation rate at four weeks with a 56% cessation rate at 12 weeks. Due to the effectiveness of this service the HCA had been presented with an award from the 'Time to Quit NHS Stop Smoking Service' for the 'Most Consistent Quit Smoking Advisor' in North Staffordshire for 2014/15.
- The practice had achieved the highest flu vaccination uptake in the CCG.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG and national averages of 82%. There was a system in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data from Public Health England for 2014/15 showed that 67% of patients aged 60-69 year had been, screened for bowel cancer in last 30 months which was

Outstanding ☆

Are services effective?

(for example, treatment is effective)

higher than the national average of 58%. Eighty percent of women aged 50-70 years had been screened for breast cancer in last 36 months which was higher than the national average of 72%.

Data from NHS England for the time period 1 April 2015– 31 March 2016 showed that childhood immunisation rates for the vaccinations given were comparable or above the CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 100% and five year olds from 97% to 100%.

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.

Outstanding ☆

Are services caring?

Our findings

Kindness, dignity, respect and compassion

Members of staff were compassionate and 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 so that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- To maintain patient confidentiality, the dispensary reception was designed in a way that only one patient at a time could approach the dispensary reception desk.

As part of our inspection we asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 15 comment cards which were all positive about the standard of care and treatment received. Patients told us staff were friendly, caring, helpful and kind. They told us they were treated with respect and staff went above and beyond for patients.

We spoke with 10 patients during the inspection. All 10 patients said they were satisfied with the care they received and thought staff were friendly, caring, respectful and professional. Data from the Friends and Family test showed that 98% of respondents were extremely likely or likely to recommend the practice to friends and family.

We spoke with a member of the patient participation group (PPG). They told us the best thing about the practice was the friendly, supportive care provided by staff. They told us the PPG felt very valued by the practice who respected and worked in partnership with them.

Results from the national GP patient survey published in July 2016 supported our findings above and showed patients felt highly satisfied with how they were treated. For example:

- 91% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and the national average of 85%.
- 95% of patients said the GP was good at listening to them compared to the CCG and national averages of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 92% 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 85%.
- 85% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national averages of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Patients shared their individual experiences with us which was consistently highly positive. Prior to the inspection, a patient had shared their experience with the Care Quality Commission informing us of the support they had received during the days prior to their close relative's death. They told us they had been supported throughout by not only the GPs but also the reception and dispensary staff. They told us their relative had been supported to die with dignity, at home and in their own bed.

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.

Results from the national GP patient survey published in July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above or in line with local and national averages. For example:

Are services caring?

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 92% 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%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- Seasonal newsletters were produced by the practice to highlight additional services offered to patients, for example flu immunisations. These were available in large print for patients who were visually impaired.

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. Patients' emotional and social needs were seen as important as their physical needs.

The practice had run a Carers Awareness month throughout August 2016 to identify patients who were carers and to offer support, for example signposting to support agencies and immunisation against the flu. The practice had identified 151 patients as carers (4% of the practice list). There was a system in place in the practice's computer system that alerted GPs if a patient was also a carer. The practice was in the process of arranging regular meetings for carers to meet at the practice with the North Staffordshire Carers Association.

Staff at the practice had trained to be dignity champions. Dignity champions believe that care services must be compassionate, person centred, as well as efficient, and are willing to try to do something to achieve this. We saw examples of services provided by the practice that were underpinned by some of the '10 Dignity Do's'. For example, the practice had worked in partnership with the PPG to help to meet the emotional needs of older patients and carers who were socially isolated. A monthly 'Walking For Health' group had been established at the practice to reduce social isolation. A member of the PPG told us they had received positive comments from carers who used the walks as a form of respite from their caring responsibilities. A PPG awareness week and a Macmillan afternoon tea and wellbeing event for partner organisations such as Age UK, the Beth Johnson Foundation and Healthwatch had also been hosted by the practice to promote services available for patients.

Staff told us that if families had suffered bereavement, their usual GP contacted them and directed them to bereavement support services such as Dove.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice used a risk stratification tool and their knowledge of patients to identify and support their 2% most vulnerable patients. These patients were supported through care plans and a practice nurse worked with Age UK North Staffordshire to provide the Senior Plus service. The service provided extra support to older patients to help them to continue to live independently at home.
- One of the practice nurses was studying for a diploma in frailty to improve the effectiveness of how the practice met the needs of older patients.
- Twenty minute appointments were routinely provided for patients who had one of seven identified conditions ,for example, depression, as identified in the standard operating procedures for receptionists.
- The practice had established a monthly 'Walking For Health' group to reduce social isolation. Due to the success of the group, the practice was working with the local health visiting service to establish a pram walk for rurally isolated new mothers.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice had regard to the social and emotional needs of their patients. The practice offered a daily sit and wait surgery for under five years olds to provide parents with rapid and continuous access to appointments for young children.
- Extended opening hours were available until 8pm on Tuesdays and Saturday flu clinics were provided. Telephone consultations were also available for working age people.
- The practice employed a female locum GP one day a week to ensure that patients who wished to be seen by a female GP were supported to do so.
- To overcome some of the barriers for older adults living in a rural community in accessing phlebotomy services, the practice provided a blood test monitoring service for patients on a long-term medicine used to prevent the formation of blood clots.
- The practice used a text messaging system that sent patients with long-term conditions such as high blood pressure reminders and health tips tailored to their individual needs.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately such as yellow fever.
- There were disabled facilities, a hearing loop and translation services available. Access for patients with a disability was available at the main patient entrance through electronic doors.
- A community psychiatric nurse (CPN) visited the practice weekly to provide a counselling service to patients experiencing poor mental health.

Access to the service

The practice was open between 8am and 6pm Monday to Friday except Thursday afternoons when it closed at 1pm. Appointments were from 8.30am to 12pm every morning and 3pm to 6pm daily except Thursdays when it closed at 1pm. It provided extended opening hours until 8pm on a Tuesday. Patients could book appointments six weeks in advance, urgent appointments were also available for people that needed them. At 12.30pm, Monday to Friday, the practice offered a sit and wait surgery for under five years olds. We spoke with a parent who used the service on the day of our inspection. They told us how reassuring and supportive they found this service to be and felt that it should be provided in all GP practices. The practice did not routinely provide an out-of-hours service to their own patients but patients were directed to the out of hours service, Staffordshire Doctors Urgent Care when the practice was closed.

Results from the national GP patient survey published in July 2016 showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 83% and the national average of 80%.
- 76% of patients said they could get through easily to the practice by phone compared to the CCG average of 72% and the national average of 73%.

Most people told us on the day of the inspection that they were able to get appointments when they needed them. There were two negative comments regarding access to appointments but the remaining eight patients we interviewed commented on the ease of getting an appointment, especially for children.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system on the practice website and in the waiting room. Patients we spoke with on the day of our inspection were aware of how to raise a complaint.

The practice had only received one complaint throughout 2015/16. We looked at the complaint received and found it was satisfactorily handled, dealt with in a timely way with openness and transparency. As a result of the complaint, the practice secured funding from the Clinical Commissioning Group (CCG) for the phlebotomy service to be recommissioned within the practice. Phlebotomy is the taking of blood from a vein for therapeutic testing.

Are services well-led?

Outstanding ☆

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

Our findings

Vision and strategy

The practice had a clear vision to deliver personalised, effective and high quality care and promote good outcomes for their patients.

- The practice had a mission statement which was displayed on the practice's website that stated, 'Ashley Surgery aims to deliver safe, effective medical care and health promotion, working as a team, with well trained and motivated staff, to a high standard of care for allour patients. We offer a personal and friendly service and encourage our patients to take an active interest in their health and wellbeing.' Staff told us their vision for the practice to provide high quality patient centred care. The staff we spoke with were engaged, confident and aware of their responsibilities.
- The practice had a supporting business plan in place which reflected the vision and values of the practice. We saw that the plan addressed some of the challenges the practice had faced. Through our conversations with the GP partners it was clear that they were aware of the current and future challenges to the practice and had discussed how they planned to respond to these, for example, the development of a new housing estate near to the practice.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff on the practice's intranet.
- A comprehensive understanding of the performance of the practice was maintained.
- There was a clear emphasis on providing a safe effective and caring service based on the identified needs of the local population.
- A programme of clinical and internal audit was used to monitor quality and to make improvements.
- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, a detailed health and safety inspection report had been completed. Risks to the service had been identified and most actions had been completed.

Leadership and culture

The GP partners in the practice and the practice manager clearly demonstrated they had the skills, experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and responsive care. Staff told us the GP partners and the practice manager were very approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. This included support and training for all staff on identifying and reporting significant events. The GP partners and the practice manager strongly encouraged a culture of openness and honesty. We saw there was an open culture within the practice in which all safety concerns raised by staff were highly valued as integral to learning and improvement.

We saw that the leadership team sent messages to staff which positively reinforced and praised staff who proactively reported and managed significant events.

The leadership team had taken positive action where they had identified gaps in the social and care needs of patients. For example, the practice had established a monthly walking for health group to reduce the social isolation of patients and carers. This group had grown to over 30 members. Due to the success of the group, the practice was working with the local health visiting service to establish a pram walk for rurally isolated new mothers.

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

- Staff told us the practice held regular team meetings. We saw there was an annual programme of monthly staff meetings that included training for all staff.

Are services well-led?

Outstanding ☆

(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.
- There were high levels of staff satisfaction amongst all the staff we spoke with. Staff were proud to work at the practice, felt respected, valued and supported, and spoke positively about the enthusiasm of the management team, especially the practice manager. All staff were involved in discussions about how to run and develop the practice, and the GP partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. Practice team away events were held regularly for staff to reflect on what was working well and the challenges they faced.

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

The practice fully engaged with patients in the delivery of the service. The practice actively encouraged and valued feedback from patients, the public and staff. It used the feedback it received to improve the services it delivered.

- The patient participation group (PPG) was very active and met quarterly. There was also an additional virtual PPG where members received minutes from the PPG meetings and fed back their comments. The practice had gathered feedback from patients through the PPG surveys and worked in partnership with the PPG to make improvements to patients' care. For example, the PPG had recognised that the practice had a high number of older patients and a high number of carers. To meet the needs of these groups of patients, the practice had supported the PPG in hosting an awareness week for partner organisations such as Age UK, the Beth Johnson Foundation, and Healthwatch to work together.
- The practice had gathered feedback from staff through staff away events and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

Education was integral to the practice The practice was a teaching practice for medical students studying to become qualified doctors and GP registrars to gain experience, knowledge and higher qualifications in general practice and family medicine. To support and challenge the GP registrars, regular sessions were held whereby the registrar observed consultations between the GPs and patients and the GPs observed consultations carried out by the registrar. Training opportunities had also been provided to other healthcare professionals. For example due to the high number of older patients registered with the practice, a practice nurse was being supported to complete a diploma in Frailty. Reception staff were also being trained in dispensary to support staff development and greater mobilisation of staff.

One of the practice nurses was a member of the Critically Appraise Topics research group within Keele University which aimed to identify, appraise and use best evidence to challenge traditional methods of delivering nursing care and treatment. For example, following a review of literature for the cleansing of non-surgical wounds with tap water rather than sterile water and a dressing audit, they were able to demonstrate the benefits to patients and the health economy. A report had been written by the practice nurse and submitted to the CCG to influence and change local practices and the findings had been published in a well-known professional nursing journal in March 2016. The practice nurse has been shortlisted for the '2016 Innovators of the Year Awards'.