

The Great Sutton Medical Centre - Blue

Quality Report

Old Chester Road
Great Sutton
Ellesmere Port
Cheshire
CH66 3SP

Tel: 0151 339 3079

Website: www.greatsuttonmedicalcentre.co.uk

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Great Sutton Medical Centre - Blue on 9 March 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the March 2016 inspection can be found by selecting the 'all reports' link for The Great Sutton Medical Centre - Blue on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection on 14 March 2017. Overall the practice is now rated as good with requires improvement for providing safe services

Our key findings were as follows:-

- There were systems in place to reduce risks to patient safety, for example, equipment checks were carried out, there were systems to protect patients from the risks associated with insufficient staffing levels and to control infection and keep the premises clean.

- 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.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Staff felt supported. They had access to training and development opportunities.
- Overall patients said they were treated with compassion, dignity and respect. 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.
 - There was a system in place to manage complaints.
 - There were systems in place to monitor and improve quality and identify risk.

The areas of practice where the provider should make improvements are:

Summary of findings

The provider should:

- Make a record of their periodic analysis of significant events and include further information in clinical meeting minutes showing how decisions in relation to these events were reached. Ensure that significant events are shared with all relevant staff and records show any events reported externally.
- Further training on the new electronic system (Intradoc) to record and share information about the operation of the practice should be provided to staff.
- The system for ensuring medication is reviewed when patients do not attend for an appointment should be improved.
- Ensure that a record is maintained of the reason why fridge temperatures are outside the recommended temperature range and the action taken.
- Ensure that emergency medication in glass containers is secure to guard against breakage.
- The systems for using alerts on records should be reviewed to cover patients at risk of self-harm and carers of relatives receiving palliative care.
- The salaried GP should have an in-house appraisal in addition to the external appraisal process.
- Encourage the uptake of carers on the practice register.
- Ensure that patient notes are updated following multi-disciplinary meetings.
- The practice should look at a representative from the nursing team attending their GP clinical meetings which would enable them to feedback to the regular nursing meetings that are now held.
- A survey should be undertaken to establish the current levels of patient satisfaction with access given the number of changes introduced. Surveys should be specific to patients from this practice.

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?

At our previous inspection on 9 March 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of the management of significant events and for ensuring the required staff recruitment checks were undertaken prior to employment were not sufficiently robust. These arrangements had improved when we undertook a follow up inspection on 14 March 2017. A new system had been introduced for the recording and sharing of information relating to significant events, the significant event policy had been reviewed and all staff spoken with were aware of how to report a safety incident. Meetings between all staff teams were regularly occurring. However, we found that although there had been improvements further work was needed to ensure consistent sharing of information with all relevant staff.

We identified areas where the provider should make improvements. An analysis of significant events to enable the effectiveness of actions taken and any trends to be identified had taken place but was not recorded. Records of weekly GP meetings were very brief and did not show how decisions relating to significant events had been reached. Some staff were not able to efficiently use the new electronic system (Intradoc) which was introduced to record and share information about the operation of the practice should be provided to staff. Improvements to the management of medication were identified.

There were appropriate systems in place to ensure that equipment was safe to use. The premises were safely maintained. There were systems to protect patients from the risks associated with insufficient staffing levels, medicines management and infection control. Staff were aware of procedures for safeguarding patients from the risk of abuse.

Good



Are services effective?

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. All staff apart from the salaried GP had received an annual in-house appraisal. The salaried GP had received an external appraisal.

Good



Summary of findings

Are services caring?

The practice is rated as good for providing caring services. We saw that staff treated patients with kindness and respect. Patients spoken with and who returned comment cards were overall positive about the care they received from the practice. They commented that overall they were treated with respect and dignity and that staff were caring, supportive and helpful. Responses to the National Patient Survey (July 2016) relating to the caring approach of the practice were comparable to local and national averages.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. Services were planned and delivered to take into account the needs of different patient groups. The practice had a complaints policy which provided staff with guidance about how to handle a complaint. Access to the service was monitored and improvements made to meet the needs of patients and to improve patient satisfaction.

Good



Are services well-led?

At our previous inspection on 9 March 2016, we rated the practice as requires improvement for providing well-led services as the arrangements in respect of the governance of the practice were not sufficiently robust. Improvements were needed to the management of significant events, the systems to ensure staff received the training required for their roles, the systems for ensuring policies and procedures were reviewed and to the systems for ensuring that staff employed were suitable for their roles. These arrangements had improved when we undertook a follow up inspection on 14 March 2017.

There had been an improvement to the records and processes for safely recruiting staff and identifying staff training needs. A system had been established to ensure policies and procedures were reviewed and were up to date. Systems had been introduced to ensure staff were aware of the significant event reporting process and that learning from these events was shared. We found some further improvements were needed to the systems for sharing and recording information relating to significant events.

There was a clear leadership structure and staff felt supported by management. Regular meetings were held to encourage communication and keep all staff up to date. We found that further improvements to communication between GPs and the nursing team should be made. The practice sought feedback from staff and patients, which it acted on. There was an active PPG which met

Good



Summary of findings

regularly to discuss the operation of the service and any new developments. The PPG represented all three practices and survey results and minutes of PPG meetings did not distinguish between the three practices.

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 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 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 advanced nurse practitioner provided an early visiting service to improve patient access to clinical services and to the resources needed to support patients at home. This service had the aim of reducing emergency admissions to hospital and use of emergency services. There was a system in place to identify patients over 75 discharged from hospital following an unplanned admission. This enabled the patient to be contacted by a clinician to discuss support needed to prevent a readmission. The Patient Participation Group had co-ordinated an information giving event around care of the elderly which was attended by a number of local health and social care services.

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), cardiovascular 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 recall patients for reviews of long term conditions. The practice was a pilot site for the year of care and as a consequence was streamlining its management of long term conditions and minimising the number of appointments patients had to attend. A monthly diabetic specialist nurse clinic was held which reviewed patients with complex or poorly controlled diabetes which meant that these patients did not have to go to hospital for appointments. The specialist nurse also met with the clinical staff to provide advice and guidance. Quality and Outcome Framework (QOF) data showed the practice was overall performing in-line with other practices locally and nationally in the monitoring of long term conditions. The practice encouraged patients to monitor their long term conditions where possible. For example, through the use of blood pressure monitoring machines at home or by using a monitor at the practice. Patients were able to access

Good



Summary of findings

questionnaires for asthma, depression and alcohol use to help identify if clinical services were required. 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 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

The practice is rated as good for the care of families, children and young people. Newly pregnant patients were provided with an information pack and booked in to see the midwife. Post-natal and new baby checks were offered. Baby immunisations were available and the practice ensured that any non-attenders were recalled. Baby change facilities were on site. The website contained information for pregnancy and health care after birth and through childhood. Contraceptive and family planning services were provided. The practice website and information in the waiting room directed young people to sources of support such as “My Wellbeing” an online service for 11-19 year olds run by Cheshire and Wirral Partnership NHS Foundation Trust offering emotional and psychological support. Sexual health screening to patients under 25 was offered and posters were displayed sign posting patients to screening for chlamydia.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). The practice had a triage system where all patients received a telephone call from a GP to ensure they received the right type of consultation to meet their needs. This system provided flexibility as the GP was able to offer a time convenient to the patient if a face to face consultation was required. Patients could order repeat prescriptions on-line and text reminders were sent for some test results. The practice was open from 08:00 to 18:30 Monday to Friday allowing early morning and late evening appointments to be offered. An extended hour's service for routine appointments was commissioned by West Cheshire CCG. The practice website provided information around women and men's health and self-care and local services available for patients. Health checks were offered to patients to promote patient well-being and prevent any health concerns. This included blood pressure checks, diabetes and cholesterol screening and smoking

Good



Summary of findings

and alcohol advice. A phlebotomy service was hosted at the practice with early morning appointments available. Referrals were made to services to support patients with their health, such as weight management programmes.

People whose circumstances may make them vulnerable

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, if a patient had a learning disability to enable appropriate support to be provided. A register of patients with a learning disability was maintained to support the practice in offering an annual health check. The practice referred patients to local health and social care services for support, such as drug and alcohol services and to the wellbeing coordinator. There was a lead member of staff for carers. A record was made on patients' notes if they were a carer to enable appropriate support to be offered. Services for carers were publicised and information packs were given to carers to ensure they had access to appropriate services.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). GPs worked with specialist services to review care and to ensure patients received the support they needed. The practice attended quarterly meetings with the mental health team to review the needs of patients on the mental health register. 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. Staff who had been in post over 12 months had attended training in dementia to highlight the issues these patients may face.

Good



Summary of findings

What people who use the service say

Data from the National GP Patient Survey July 2016 (data collected from July-September 2015 and January-March 2016) showed that the practice had distributed 244 forms, 113 (38%) were returned which represents approximately 1.9% of the total practice population. The results showed that overall patients responses about whether they were treated with respect and in a compassionate manner by clinical and reception staff were in-line with local and national averages. For example results showed:

- 91% of respondents said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 95% said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and national average of 92%.
- 91% said the nurse gave them enough time compared to the CCG average of 94% and national average of 92%.
- 91% 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%.
- 90% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

Patient responses regarding satisfaction with access to care and treatment were generally comparable with local and national averages with waiting times and experience of making an appointment being 10% below the national average. Results show:

- 89% of patients said the last appointment they got was convenient compared to the CCG average of 94% and national average of 92%.
- 69% of patients stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment compared to the CCG average of 77% and national average of 76%.
- 67% of patients were satisfied with the surgery's opening hours compared to the CCG average of 75% and national average of 76%.

- 79% of patients found the receptionists at this surgery helpful hours compared to the CCG average of 86% and national average of 87%.
- 70% of respondents would recommend this surgery to someone new to the area compared to the CCG average of 80% and national average of 78%.
- 63% patients described their experience of making an appointment as good compared to the CCG average of 75% and national average of 73%.
- 55% of respondents usually waited 15 minutes or less after their appointment time to be seen compared to the CCG average of 67% and national average of 65%.

Patient responses to getting through to the practice by phone were significantly below local and national averages:

- 40% of respondents find it easy to get through to this surgery by phone compared to the CCG average of 71% and national average of 73%.

The last National GP Patient Survey was undertaken at the time when a number of changes were being made to improve patient satisfaction such as staff training, staff redeployment, employment of new staff, review of the appointment system and the installation of a new phone system and additional phone lines. The provider told us that the responses from patients may as a result not reflect the improvements made.

In response to the National Patient Survey feedback and following consultation with the PPG the practice introduced a GP triage system in August 2016. A plan was in place to undertake a survey to find out patients views about this new system.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received eight comment cards seven of which were positive about the standard of care received. We spoke with three patients during the inspection. They said that clinical staff listened to their concerns and treated them with compassion and empathy. Two of the three patients spoken with said they had not experienced a problem making an appointment and the waiting area was not as

Summary of findings

busy at it used to be and one said there could be a delay getting through on the telephone. One comment card indicated that it was sometimes hard to book an appointment in advance or on the day.

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. Results for the last three months showed 249 responses. One hundred and seventy three were either extremely likely or likely to recommend the practice. However, these responses were for all three practices located at the premises and so we were not able to determine which related specifically to Great Sutton Medical Centre – Blue.

Areas for improvement

Action the service **SHOULD** take to improve

- Make a record of their periodic analysis of significant events and include further information in clinical meeting minutes showing how decisions in relation to these events were reached. Ensure that significant events are shared with all relevant staff and records show any events reported externally.
- Further training on the new electronic system (Intradoc) to record and share information about the operation of the practice should be provided to staff.
- The system for ensuring medication is reviewed when patients do not attend for an appointment should be improved.
- Ensure that a record is maintained of the reason why fridge temperatures are outside the recommended temperature range and the action taken.
- Ensure that emergency medication in glass containers is secure to guard against breakage.
- The systems for using alerts on records should be reviewed to cover patients at risk of self-harm and carers of relatives receiving palliative care.
- The salaried GP should have an in-house appraisal in addition to the external appraisal process.
- Encourage the uptake of carers on the practice register.
- Ensure that patient notes are updated following multi-disciplinary meetings.
- The practice should look at a representative from the nursing team attending their GP clinical meetings which would enable them to feedback to the regular nursing meetings that are now held.
- A survey should be undertaken to establish the current levels of patient satisfaction with access given the number of changes introduced. Surveys should be specific to patients from this practice.

The Great Sutton Medical Centre - Blue

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.

Background to The Great Sutton Medical Centre - Blue

The Great Sutton Medical Centre – Blue is responsible for providing primary care services to approximately 5825 patients. The practice is situated in Ellesmere Port in Cheshire. The Great Sutton Medical Centre – Blue is one of three group practices based within the same building. The three practices share a practice manager, nursing team and administrative and reception staff. The practice is based in an area with average levels of economic deprivation when compared to other practices nationally.

The staff team includes four partner GPs, one salaried GP, one advanced nurse practitioner, five practice nurses, four health care assistants, practice manager, administration and reception staff. There are both male and female GPs. The nursing team has one male nurse and the health care assistants are female.

The Great Sutton Medical Centre – Blue is open from 8am to 6.30pm Monday to Friday. An extended hour's service for routine appointments and an out of hour's service are commissioned by West Cheshire CCG and provided by Cheshire and Wirral Partnership NHS Foundation Trust. Patient facilities are located on the ground floor. The practice has a small car park for on-site parking.

The practice has a General Medical Service (GMS) contract. The practice offers a range of enhanced services including minor surgery, timely diagnosis of dementia, preventing unplanned hospital admissions and flu vaccinations.

We undertook a comprehensive inspection of The Great Sutton Medical Centre – Red on 9 March 2016. The practice was rated as requires improvement for providing safe and well led services.

Why we carried out this inspection

We undertook a comprehensive inspection of The Great Sutton Medical Centre – Blue on 9 March 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe and well led services. The full comprehensive report on the March 2016 inspection can be found by selecting the 'all reports' link for The Great Sutton Medical Centre – Blue on our website at www.cqc.org.uk.

We undertook a further announced comprehensive inspection of The Great Sutton Medical Centre – Red on 14 March 2017. This inspection was carried out to ensure improvements had been made.

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:

Detailed findings

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

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

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

- People experiencing poor mental health (including people with dementia)

Before 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 14 March 2017. 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.

Are services safe?

Our findings

At our previous inspection on 9 March 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of the management of significant events and for ensuring the required staff recruitment checks were undertaken prior to employment were not sufficiently robust.

These arrangements had improved when we undertook a follow up inspection on 14 March 2017. However, the practice continues to be rated as requires improvement for providing safe services as we identified some further improvements were needed to the management of significant events.

Safe track record and learning

There was a system in place for reporting and investigating significant events. Staff spoken with knew how to identify and report a significant event. The practice had revised its significant event monitoring policy to provide clearer guidance for staff. A significant event recording form was accessible to all staff via computer. The practice carried out an analysis of significant events and this also formed part of the GPs' individual revalidation process.

There had been an improvement to how learning from significant events was shared with staff. Staff meetings were taking place more regularly amongst reception and administrative staff and significant events were a standing agenda item. Meetings of the nursing staff were also taking place regularly and minuted and although not all significant events had been recorded this was now an agenda item to ensure this was consistently addressed. GPs met weekly and discussed significant events at these meetings. We found that the records of these meetings could be more detailed. A new computer based system enabled learning to be shared with all staff via a notification system which recorded if the information sent had been read. This meant that this learning could be shared easily with any staff unable to attend meetings. This system had been introduced in the last three months and staff were familiarising themselves with how to use it. We looked at a sample of significant events and found that action had been taken to improve safety in the practice where necessary.

We found that some further improvements were needed to the management of significant events. One significant

event concerning the management of emergency medication (which was shared across the three practices) had not been shared with the other two practices or with the nursing team who would be able to support the GPs in an emergency situation. Following our visit this was addressed as we found that the action arising from this event had been implemented in the other two practices. We found that one safety event had been sent off to the Clinical Commissioning Group (CCG) but not recorded internally which would enable internal monitoring. We were told that an analysis of significant events had occurred within the last 12 months that would enable the effectiveness of actions and any trends to be identified. However, this had not been recorded.

There was a system in place for the management of patient safety alerts and we were given examples of the action taken. Staff told us they received alerts and there was a system to ensure action was taken. However we noted that some staff were not able to find a record of alerts and significant events (once they had been read) on the new electronic system that was in operation and further training should be provided to enable this. The practice manager told us that they would arrange some further training to ensure that all staff had the same level of understanding.

Overview of safety systems and processes

- The practice had policies and procedures for staff to refer to concerning safeguarding children and vulnerable adults from abuse. Staff spoken with were aware of who to report safeguarding concerns to and the procedure to follow. A printed flowchart with telephone numbers was on display outlining the process of making a child and adult safeguarding referral. There were lead members 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 they had received safeguarding children and adult training relevant to their role. The practice liaised with the school health team, midwives and 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. We identified that the guidance for staff on using alert codes contained incorrect information and

Are services safe?

should be reviewed. The practice manager informed us that this had been addressed following the inspection. We noted that alerts were not always placed on patient records where there was a risk of self-harm.

- A notice was displayed in the waiting room 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 and non-clinical staff who currently 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. There was a lead nurse for infection control who liaised with the local infection prevention teams to keep up to date with best practice. There were infection control protocols in place which were accessible to staff. The nursing team had undertaken infection control training. Refresher training and introductory training in infection control was arranged for staff to undertake in March 2017. An infection control audit was undertaken in August 2016 which identified actions to be taken to address any shortfalls. An external cleaning company was responsible for the overall cleanliness of the premises. Spot checks of the standards of cleaning were provided by the cleaning company. Similar checks were not carried out by the practice. Following the inspection we were provided with evidence that these checks were now taking place. We saw that some sharps bins were not dated which would indicate a timescale for replacement. We were informed that the sharps bins were replaced by cleaners. This should be undertaken by a suitably trained member of staff. This was addressed following the inspection. We found that the phlebotomy chair had some damage to the cover which would not promote good infection control. Following the inspection the practice manager told us they had taken action to have this chair re-covered.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice overall kept patients safe. Medication audits were carried out with the support of the local Clinical Commissioning Group (CCG) pharmacy teams to ensure

the practice was prescribing in line with best practice guidelines for safe prescribing. The practice was also a pilot practice for an audit of medication wastage commissioned by the CCG. There was a system in place for the safe storage and management of prescription forms and pads. We noted that the plug to the vaccine fridge had a sign to indicate this was not to be removed from the socket. However, hardwiring this would guard against this being accidentally unplugged. Following the inspection we were informed that this work had been planned. The records of vaccine fridge temperatures showed that the temperature had risen slightly above the recommended guidelines on occasion however the reason for this and any action taken was not recorded. There was an independent means of verifying that the correct temperature was consistently maintained. We found that a sign to indicate that oxygen was stored needed to be placed on the door of the minor surgery room. This was attended to following our visit. We also found that the oxygen was not secured to the wall. Following the inspection the practice manager informed us that this had been addressed. A repeat prescribing protocol was in place which outlined the system for reviewing medication. However there was not a clear system for ensuring medication was reviewed when patients did not attend for an appointment. We found that two patient records indicated that a timely review of their medication had not taken place.

- We reviewed the personnel files of five staff employed within the last 12 months. Records showed that overall improvements had been made to ensure that the required information was available before staff commenced their employment at the practice. Two records contained no evidence of information having been gathered about any physical or mental conditions which were relevant (after reasonable adjustments) to the role the person was being employed to undertake. A proforma to record this information had been introduced and was on the records of the three more recently recruited staff members. The practice manager informed us that they would ensure that this information was completed for all further staff employed. A system had been put in place to carry out periodic checks of the General Medical Council (GMC) and Nursing and Midwifery Council (NMC) to ensure the continued suitability of staff.

Monitoring risks to patients

Are services safe?

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Evidence that the electrical wiring of the building had been routinely inspected was available. The practice had a fire risk assessment completed in February 2016. This included an action plan to ensure safety was maintained. This had been scheduled for an annual review. Evidence that the emergency lighting and smoke detectors were routinely inspected to ensure they were in good working order was available. In-house checks of the fire alarm took place however there was not a system to ensure in-house checks of emergency lighting were carried out. This was addressed following the inspection.
- The practice also had other risk assessments in place to monitor the safety of the premises such as control of legionella. Health and safety assessments of the premises were undertaken. A system had been put in place to ensure premises and equipment checks took place at appropriate intervals.
- 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. Staff attended annual 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. There were emergency medicines available which were in date. We noted some out of date syringes which were removed during the inspection. We noted that the storage of emergency equipment and medicines held in a publicly accessible area should be reviewed to ensure this is the most appropriate location. Following the inspection we were informed that this review had been undertaken by partners across the three practices and an alarm was to be installed in addition to the warning light that flashed when the door was opened. We looked at medication taken on home visits and found some loose glass containers of medication that could be broken on transportation. We also found that emergency medication dosing instructions had been completed for one type of emergency medication but not for all emergency medication available for use. This was undertaken following our visit.

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

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 9 March 2016, we rated the practice as good for providing effective services. At this follow up inspection on 14 March 2017 the practice continues to be rated as good for providing effective services.

Effective needs assessment

Clinical staff we spoke with told us they used best practice guidelines to inform their practice and they had access to National Institute for Health and Care Excellence (NICE) guidelines on their computers. Clinical staff attended training and educational events to keep up to date with best practice. GPs we spoke with confirmed they used national standards for the referral of patients for tests for health conditions, for example patients with suspected cancers were referred to hospital via a system which ensured an appointment was provided within two weeks. Reviews took place of prescribing practices to ensure that patients were provided with the most appropriate medications.

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. Current results (data from 2015-2016) showed the practice had achieved 94% of the total number of points available which was comparable to local (98%) and national (95%) averages. The practice had an 6% exception reporting rate in the clinical domain (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) compared to the Clinical Commissioning Group (CCG) (8%) and national (10%) averages. Data from 2015-2016 showed that outcomes were comparable to other practices locally and nationally. For example:

- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months was 72% compared to the CCG average of 75% and the national average of 76%.

- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 79% compared to the CCG average of 83% and the national average of 80%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in the record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate was 91% compared to the CCG average of 92% and the national average of 89%.

The practice was slightly lower than local and national averages for blood pressure readings in patients with hypertension:

- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was 73% compared to the CCG average of 84% and the national average of 83%.

The practice had taken steps to address this and the results so far for QOF 2016-2017 showed an improvement.

We saw that audits of clinical practice were undertaken. Examples included an audit of glycaemic control and an audit of steroid injections. Audits of medication such as antibiotic prescribing were also undertaken. The audits showed changes had been made to practice where this was appropriate. For example, the audit for glycaemic control had led to changes in the protocols for patient recall.

The GPs and nursing team had key roles in monitoring and improving outcomes for patients. These roles included the management of long term conditions, palliative care, care of older people, safeguarding and meeting the needs of patients with poor mental health. 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 to discuss the needs of patients with complex and palliative care needs. Patient notes were updated following these meetings however we identified that one patient record had not been updated following a recent

Are services effective?

(for example, treatment is effective)

meeting. 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. The practice maintained a list of all patients who received palliative care and clinicians told us they supported patients to die in their preferred place. We noted that an audit had not taken place to establish how many patients had died in their preferred place of death.

Effective staffing

- The practice had an induction programme for all newly appointed staff. This covered such topics as fire safety, health and safety and confidentiality. The induction record was being revised to provide a more comprehensive record of the policies and procedures covered. Newly employed staff worked alongside experienced staff to gain knowledge and experience.
- 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. An appraisal system was in place to ensure staff had an annual appraisal. The advanced nurse practitioner told us they received informal supervision from one of the GPs and was able to approach a GP partner for advice, guidance and support. Formal arrangements for supervision were being finalised. Doctors had appraisals, mentoring and facilitation and support for their revalidation. The salaried GP met with a partner GP for supervision however they did not have an in-house annual appraisal.
- The system for identifying staff training needs had been improved since the last inspection. Training records showed that all staff received training that included: safeguarding adults and children, fire procedures, basic life support, infection control and information governance awareness. Clinical and non-clinical staff told us they were provided with specific training dependent on their roles. A sample of records were seen to confirm this. Clinical staff told us they had received training to update their skills and that they attended training events provided by the Clinical Commissioning Group to keep up to date. Staff had access to and made use of e-learning training modules, in-house training and training provided by external agencies.

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.

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. Some non-clinical staff had not received recent training on the Mental Capacity Act 2005. The practice manager confirmed this was being addressed through an on-line training resource.

Supporting patients to live healthier lives

New patients completed a health questionnaire and were asked to attend a health assessment with the practice nurse. 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.

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 2015 to March 2016 showed outcomes relating to health promotion and ill health prevention initiatives for the practice were overall comparable to other practices nationally. The practice encouraged its patients to attend national screening programmes for cervical, bowel and breast cancer screening and wrote to patients who did not attend to encourage them to do so.

Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were comparable to CCG averages and in some instances above national averages. For example, childhood immunisation rates for the vaccinations given to under two

year olds ranged between 92% and 96% which was above the national expected rate of 90%. There was a system to ensure that any missed immunisations were followed up with parents or the health visitor.

Are services caring?

Our findings

At our previous inspection on 9 March 2016, we rated the practice as good for providing caring services. At this follow up inspection on 14 March 2017 the practice continues to be rated as good for providing caring services.

Kindness, dignity, respect and compassion

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. To further promote privacy telephones were answered away from the reception desk where possible.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received eight comment cards seven of which were positive about the standard of care received. We spoke with three patients during the inspection. They said that clinical staff listened to their concerns and treated them with compassion and empathy.

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

- 91% of respondents said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 91% said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.
- 95% said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and national average of 92%.
- 92% said the nurse was good at listening to them compared to the CCG average of 92% and national average of 91%.
- 91% said the nurse gave them enough time compared to the CCG average of 94% and national average of 92%.

- 99% 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 practice reviewed National GP Survey results and discussed these with the Patient Participation Group (PPG) to ensure patients were satisfied with the service provided and to look at how any issues raised could be addressed.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that overall they felt health issues were discussed with them. Overall they also felt listened to and involved in decision making about the care and treatment they received.

Data from the National GP Patient Survey July 2016 showed patients responses to questions about their involvement in planning and making decisions about their care and treatment were overall comparable to local and national averages. For example:

- 91% 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%.
- 86% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 82%.
- 94% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and national average of 90%.
- 90% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care. For example, translation services were available and information could be made available in large print if needed. A hearing loop was available.

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 support groups and organisations. Information about support groups was also available on the practice website.

Are services caring?

Written information was available to direct carers to the various avenues of support available to them. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 48 (approximately 0.8%) of patients as carers. As a result the Carers Trust had provided these carers with information about support groups and referred them on to support services. The practice was working to identify further carers to ensure they had access to the support services available.

Clinical staff referred patients on to counselling services for emotional support, for example, following bereavement. We noted that alerts were not routinely placed on the notes of relatives of patients receiving palliative care.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 9 March 2016, we rated the practice as good for providing responsive services. At this follow up inspection on 14 March 2017 the practice continues to be rated as good for providing responsive services.

The practice worked with the local Clinical Commissioning Group (CCG) to improve outcomes for patients in the area. For example, the practice offered a range of enhanced services such as flu vaccinations, health checks for patients with a learning disability and minor surgery. The practice had multi-disciplinary meetings to discuss the needs of young children, palliative care patients and patients with complex needs.

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

- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- The advanced nurse practitioner provided an early visiting service to improve patient access to clinical services and to the resources needed to support patients at home. This service had the aim of reducing emergency admissions to hospital and use of emergency services.
- There were longer appointments available for patients, for example patients with a long term condition and patients experiencing poor mental health.
- The practice sent text message reminders of appointments and test results.
- There was a system in place to identify patients over 75 discharged from hospital following an unplanned admission. This enabled the patient to be contacted by a clinician to discuss support needed to prevent a readmission where possible
- A phlebotomy service was hosted at the practice so patients did not have to travel to hospital to receive this service.

- 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.
- A quarterly newsletter was available for patients informing them about changes at the practice, services available and providing useful health information.
- Travel vaccinations and travel advice were provided by the nursing team.
- Reception staff sign posted patients to local resources such as Pharmacy First (local pharmacies providing advice and possibly reducing the need to see a GP) and Physio First service (this provided physiotherapy appointments for patients without the need to see a GP for a referral).
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- The Patient Participation Group had co-ordinated information giving events around the care of the elderly and men's health which were attended by a number of local health and social care services.

An audit to assess the accessibility of the premises was due to be reviewed and the practice manager had a date to undertake this. This should include an assessment of the couches in operation in treatment and consultation rooms as there was a limited number of couches with adjustable heights.

Access to the service

Appointments were booked through a triage system operated on a twice daily basis by all available GPs from the practice. GPs booked on the day and advance appointments for patients and also provided telephone consultations. There was a system for prioritising appointments. Appointments with the nursing team could be booked up to three months in advance. Repeat prescriptions could be ordered on-line or by attending the practice. Mobile phone texts were made to remind patients about appointments and reduce missed appointments and for some test results. An extended hour's service for routine appointments and an out of hour's service were commissioned by West Cheshire CCG and provided by Cheshire and Wirral Partnership NHS Foundation Trust.

Results from the National GP Patient Survey from July 2016 (data collected from July-September 2015 and

Are services responsive to people's needs?

(for example, to feedback?)

January-March 2016) showed that patient responses regarding satisfaction with access to care and treatment were generally comparable with local and national averages with waiting times and experience of making an appointment being 10% below the national average. Results show:

- 69% of patients stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment compared to the CCG average of 77% and national average of 76%.
- 89% of patients said the last appointment they got was convenient compared to the CCG average of 94% and national average of 92%.
- 67% of patients were satisfied with the surgery's opening hours compared to the CCG average of 75% and national average of 76%.
- 79% of patients found the receptionists at this surgery helpful hours compared to the CCG average of 86% and national average of 87%.
- 71% of respondents would recommend this surgery to someone new to the area compared to the CCG average of 80% and national average of 80%.
- 63% patients described their experience of making an appointment as good compared to the CCG average of 75% and national average of 73%.
- 55% of respondents usually waited 15 minutes or less after their appointment time to be seen compared to the CCG average of 67% and national average of 65%.

Patient responses to getting through to the practice by phone were significantly below local and national averages:

- 40% of respondents find it easy to get through to this surgery by phone compared to the CCG average of 71% and national average of 73%.

The last National GP Patient Survey was undertaken at the time when a number of changes were being made to improve patient satisfaction such as staff training, staff redeployment, employment of a salaried GP, review of the appointment system, including encouraging internet access and maintaining Skype consultations and the installation of a new phone system and additional phone lines. The provider told us that the responses from patients to the National GP Patient Survey may as a result not reflect the improvements made.

In response to the latest National Patient Survey feedback the practice reviewed patient access to ensure that patients were given the right type of appointment to meet their needs. An audit had been carried out that identified that many patients were making GP appointments when they could have been seen by another practitioner or had a telephone consultation. As a consequence a triage system was introduced in August 2016. The practice had discussed the implementation of this new system with the Patient Participation Group (PPG) to gather their views.

We were informed that an initial review of the triage system indicated that there had been an increase in the number of patients that had access to a GP by over 30%. The system allowed for the GP to factor in the length of appointment to ensure that the right amount of time was allocated and reduce the need for multiple appointments. The number of patients requiring a face to face appointment had reduced. It was reported that less face to face appointments and realistic length of appointment has had an impact on the length of time patients waited for their appointment. It was anticipated that these changes would also have an impact on the demand for the telephone system. In addition the practice had recently employed a full time advanced nurse practitioner expanding the range of appointments available and access to a clinician.

The last National Patient Survey was undertaken at a time when there were a number of new reception staff a number of whom had little previous experience in this role. Since this time they have received on-going training and supervision and are now established in their roles. Three new experienced staff members had also been employed to work in reception.

The Patient Participation Group (PPG) carried out a survey across the three practices in August 2016 which received 27 responses. This showed improvements, for example 60% of patients found it easier to get through on the phone. However, the number of patients who responded was small and the survey was not specific to Great Sutton Medical Centre – Blue. A further survey should be undertaken to establish the current levels of patient satisfaction for this practice given the changes introduced.

We received eight comment cards and spoke with three patients. Feedback from patients indicated that overall they were satisfied with the service provided. Two of the three patients spoken with said they had not experienced a problem making an appointment and the waiting area was

Are services responsive to people's needs?

(for example, to feedback?)

not as busy at it used to be and one said there could be a delay getting through on the telephone. One comment card indicated that it was sometimes hard to book an appointment in advance or on the day.

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 to patients by asking a member of the reception team. This included

the timescale for when the complaint would be acknowledged and responded to and details of who the patient should contact if they were unhappy with the outcome of their complaint. Information signposting patients to this and briefly explaining the process was available on the practice website and was displayed in the waiting area.

The practice kept a record of written complaints. We reviewed a sample of three complaints. Records showed they had been investigated, patients informed of the outcome and action had been taken to improve practice where appropriate. A record was kept of verbal complaints.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 9 March 2016, we rated the practice as requires improvement for providing a well-led service as the arrangements in respect of the governance of the practice were not sufficiently robust. Improvements were needed to the management of significant events, the systems to ensure staff received the training required for their roles, the systems for ensuring policies and procedures were kept up to date and to staff recruitment.

These arrangements had improved when we undertook a follow up inspection on 14 March 2017. The practice is now rated as good for providing well-led services.

Vision and strategy

The practice had a statement of purpose which outlined its aims and objectives. These included striving to improve the quality of services, to treat patients with respect and involve them in decision making, providing effective and safe care and treatment and ensuring clinicians had the skills to provide the services required. We noted that the aims and objectives of the practice were not publicised for patients. Staff spoken with understood the objectives of the practice.

Governance arrangements

There had been an improvement to the management of significant events. Guidance about the reporting process was in place and all staff spoken with knew how to report a safety incident. The processes for disseminating learning and actions from significant events with staff had also been improved. A new computer based system enabled learning to be shared with all staff via a notification system which recorded if the information sent had been read. This meant that this learning could be shared easily with any staff unable to attend meetings. This system had been introduced in the last four months and staff were familiarising themselves with how to use it. Staff meetings were taking place more regularly and staff told us they felt information to improve the safety of the practice was shared. Meetings of the nursing staff were minuted and although not all significant events had been recorded this was now an agenda item to ensure this was consistently addressed. The minutes of GPs meetings were not very detailed to provide a further means of sharing information relating to safety events. We looked at a sample of significant events and found that action had been taken to

improve safety in the practice where necessary. We found however that some further improvements were needed as one event had not been shared across the three practices (this was addressed following our visit and appropriate action had taken place). A further event had been reported to the CCG but not recorded internally for monitoring purposes. We were told an analysis of significant events had occurred within the last 12 months that would enable the effectiveness of actions and any trends to be identified. However this was not recorded.

Since the last inspection on 9 March 2016 the systems for ensuring all policies and procedures were regularly reviewed and provided clear, up to date guidance had been improved. We reviewed a sample of procedures identified as needing review and found that this had been addressed. A new computer based system was in operation which provided the date policies were implemented and their review date to enable regular updates.

We found that some staff were more familiar with how to use the new electronic system for accessing information about the operation of the practice than others. The practice manager told us that they would arrange some further training to ensure that all staff had the same level of understanding.

The system for identifying staff training needs had been improved since the last inspection. A new computer based system had been introduced which clearly showed which staff were due or needed training in a particular area. There had been an improvement to the training provided to staff.

Overall improvements had been made to ensure that the required information was available before staff commenced their employment at the practice. We looked at five recruitment records and found two records contained no evidence of information having been gathered about any physical or mental conditions which were relevant (after reasonable adjustments) to the role the person was being employed to undertake. A proforma to record this information had been introduced and was on the records of the more recently recruited staff members.

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

Are services well-led?

Good 

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

We spoke with clinical and non-clinical members of staff and they were all clear about their own roles and responsibilities. The partners were visible in the practice and staff told us they were approachable.

Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at meetings or as they occurred with the practice manager, compliance manager or a GP partner. Staff said they felt respected, valued and supported.

Meetings took place to share information, look at what was working well and where any improvements needed to be made. There were weekly clinical meetings of the GPs at the Great Sutton – Blue practice. The practice worked closely with the two other practices in the building, exchanging ideas and working collaboratively. The nurses and health care assistants and administration and reception staff held regular meetings which were now documented.

All staff spoken with reported that there had been improvements to communication and team working over the last 12 months. This had resulted in staff morale improving and staff feeling more valued and supported. The nurses spoken with told us that although there had been improvements to communication they considered this could be further improved with more opportunities to get together with the GPs for learning events and/or meetings. At present the advanced nurse practitioner, nurses and health care assistants provided a service to patients across the three GP practices. The practice should look at a representative from the nursing team attending their clinical meetings which would enable them to feed back to the regular nursing meetings that were now held.

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

The practice encouraged and valued feedback from patients, the public and staff. It 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. There was an active PPG which met regularly to discuss the operation of the service and any new developments. The PPG submitted proposals for improvements to the practice management team. For example, the PPG had

recommended that changes be made to the information available to patients about the services provided. We spoke to two members of the PPG who said they felt they were listened to and changes had been made to the practice as a consequence. They said they were kept informed about any changes at the practice and worked with the practice to find solutions to issues raised by patients. The PPG had initiated and run events for patients with support from the practice. For example they had co-ordinated an information giving event around care of the elderly which was attended by a number of local health and social care services. They had also recently co-ordinated a men's health event. The PPG also carried out surveys on behalf of the practice. The PPG represented all three practices and survey results and minutes of PPG meetings did not distinguish between the three practices.

- The practice gathered feedback from staff through staff meetings and informal discussion. Staff told us they would give feedback and discuss any concerns or issues with colleagues and management. Staff spoken with told us that in the last 12 months communication at the practice had improved and there was better team working.

Continuous improvement

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 minor surgery, timely diagnosis of dementia, preventing unplanned hospital admissions and flu vaccinations. The practice was working to ensure it met the needs of its patient population. For example, the advanced nurse practitioner provided an early visiting service to improve patient access to clinical services and to the resources needed to support patients at home. This service had the aim of reducing emergency admissions to hospital and use of emergency services. The practice was a pilot site for the year of care and as a consequence was streamlining its management of long term conditions and minimising the number of appointments patients had to attend. A monthly diabetic specialist nurse clinic was held which reviewed patients with complex or poorly controlled diabetes which meant that these patients did not have to go to hospital for appointments. The specialist nurse also met with the clinical staff to provide advice and guidance.

Are services well-led?

Good 

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

The practice was aware of patient feedback regarding access and was working to identify sustainable improvements. This had included introducing a new triage system. The practice was aware of the limitations of the present premises and was looking at a re-development of

the existing premises or a new build to allow for the provision of further community based services for patients. The practice was also investigating the possibility of merging with the other two practices located at the premises.