

# Mickleover Medical Centre

## Quality Report

Vicarage Road  
Mickleover  
Derby  
DE3 0HA

Tel: 01332 519 401

Website: [www.mickleovermedicalcentre.co.uk](http://www.mickleovermedicalcentre.co.uk)

Date of inspection visit: 30 August 2017

Date of publication: 05/02/2018

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 Mickleover Medical Centre on 30 August 2017. Overall, the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting, recording and investigating significant events. We saw evidence of applied learning relating to these events.
- Risks to patients were assessed and monitored on an on-going basis. This included infection control and staffing levels.
- The practice had clearly defined and embedded systems in place to safeguard children and vulnerable adults.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge, and experience to deliver effective care and treatment.
- The practice used clinical audit to drive quality improvement within the practice.
- The practice worked effectively with the wider multi-disciplinary team to plan and deliver effective and responsive care for patients with complex care needs.
- Feedback from patients about their care and interactions with staff was very positive. Patients said they were treated with compassion, dignity, and respect and they were involved in their care and decisions about their treatment.
- The majority of patients said they could usually get an appointment when they needed one, with further improvements suggested. The practice continually sought to improve access for patients and systems were in place to monitor the demand for appointments.

# Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had a clear vision, which had quality and safety as its top priority. The strategy to deliver this vision was regularly reviewed and discussed with most staff.
- There was a clear leadership structure and staff felt supported by management.

However there were areas of practice where the provider should make improvements:

- Continue to ensure effective systems are in place to review, monitor and act upon patient experience data to continually drive service improvement. This includes access to the service.
- Improve access to health checks for people with learning disabilities.
- Embed identified improvements to ensure good communication across all staffing groups.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- The practice had an effective system for reporting and recording significant events. Learning was based on a thorough analysis and investigation of significant events. Most staff told us lessons were shared to ensure appropriate action was taken to improve safety within the practice.
- When there were unintended or unexpected safety incidents, people received an apology, support and were told about any actions to improve processes to prevent the same thing happening again.
- Safeguarding arrangements were comprehensive, well embedded and recognised as the responsibility of all staff.
- Medicines including vaccines were stored safely with good systems in place to monitor and control stock levels.
- Risks to patients were well assessed and managed within the practice. Procedures for fire safety and infection control were effective with remedial action taken promptly after our inspection.
- The practice had effective systems in place to deal with medical emergencies.
- The practice had experienced significant staff turnover since our last inspection in 2015, and this had affected service provision. However, staffing levels had recently been improved following the recruitment of new staff and use of locum GPs. Appropriate recruitment checks had been carried out on recently recruited staff.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence guidelines and locally agreed guidelines.
- We saw evidence to confirm that the practice used these guidelines to improve practice and outcomes for patients.
- Published data from the Quality and Outcomes Framework showed the practice was performing highly when compared to practices nationally. The practice had an overall achievement of 100% compared to a local average of 98% and the national average of 96%. High exception reporting rates were reviewed to ensure they were appropriate.

Good



# Summary of findings

- Clinical audits were used to review practice performance and enhance patient outcomes.
- Multi-disciplinary working was taking place with other health care professionals to ensure patients with complex needs including those with life-limiting progressive conditions, were supported to receive coordinated care.
- Staff had the skills and knowledge to deliver effective care and treatment. A system was in place to support staff with training, supervision and annual appraisals.
- Patients were offered health promotion advice, health reviews and screening checks to enable them to live healthier lives.

## Are services caring?

The practice is rated as good for providing caring services.

- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. For example, staff went the extra mile by facilitating “coffee and chat” sessions to enable patients to meet socially on a Saturday morning at the practice. The sessions were held every six to eight weeks and used to promote patient education with external guests being invited. This outstanding feature was identified at our previous inspection and staff had continued with the activities. Patient feedback was also consistently positive about the impact it had on their wellbeing and promoting social stimulation.
- Patients we spoke with and comments cards received showed that people were treated with compassion, dignity, and respect. They felt involved in decisions about their care and treatment.
- The national GP patient survey results showed patients rated the practice in line with or marginally lower than others for some aspects of care. For example, 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the local and national averages of 86%.
- The practice was proactive in providing care for carers and had identified 3% of its patients as carers. The practice team and attached care coordinator were proactive in providing information and personalised support for each carer.
- Information for patients about the services available was easy to understand and accessible.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



# Summary of findings

- The practice reviewed the needs of the local population and delivered services to meet their needs. This included chronic disease management, online services and extended opening hours in the evening and on a Saturday morning.
- Regular ward rounds were carried out in local care homes by a named GP to ensure patients were reviewed on a regular basis.
- Patients we spoke with and comment cards received highlighted people could access appointments and services in a way and at a time, that suits them on most occasions. Some patients felt further improvements were required in respect of telephone access and the availability of routine appointments.
- At the time of inspection, the practice demonstrated systems were in place to proactively review and embed improvements made to telephone access and the appointment system. Improvements made included installing a new telephone system and the use of a triage system. The outcomes of these improvements had not yet been audited.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Patients could access information about how to complain in a format they could understand. Learning from complaints was shared with staff and the patient participation group.

## Are services well-led?

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

- The practice team was committed to the delivery of high quality care and promoting good outcomes for their patients.
- A mission statement and a business development plan supported the practice's vision.
- Policies and procedures were in place to govern activity and regular management meetings were held to review the practice's performance.
- 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.
- There was a clear leadership structure which had been strengthened and senior staff had key areas of responsibility.
- Most staff felt well supported and valued by the management team. A whole practice communication pathway had been developed in response to staff feedback.
- The practice had a very engaged patient participation group, which influenced practice development within the practice and locality.

Good



# Summary of findings

- There was a focus on continuous learning and development with staff being encouraged to undertake additional training and to develop their roles.

# 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.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- Every patient over the age of 75 years had a named GP.
- Regular multi-disciplinary meetings were held to review frail patients and those at risk of hospital admission to ensure the delivery of integrated care to meet their needs.
- The nationally reported data showed most of the patient outcomes for conditions commonly found in older people, including osteoporosis and heart failure were above local and national averages.
- Influenza and shingles vaccinations were offered in accordance with national guidance.
- The practice was proactive in identifying older people who may need palliative care as they were approaching their end of life and involved them in decisions about their care.
- The practice accommodated the needs of older patients by offering home visits, longer appointments and urgent appointments for those who needed them.
- A named GP carried out care home visits for regular monitoring of patients identified by staff as requiring an appointment/ review.

Good



### People with long term conditions

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

- The practice nurses had lead roles in long-term disease management and were able to offer expert advice and support. This included prescribing of specific medicines, monitoring of patients with diabetes and the initiation of insulin treatment within the practice.
- Nationally reported data for most of the clinical indicators related to long term conditions were above local and national averages. For example, performance for diabetes related indicators was 100% compared to the local average of 95% and the national average of 91%.

Good



# Summary of findings

- An effective system was in place to recall patients for a structured annual review to check their health and medicines needs were being met. The review was also used to promote patient education and self-care on the management of their condition.
- Patients with complex health needs and at risk of hospital admission were identified as a priority. The practice team worked closely with relevant health and care professionals including the attached care coordinator to deliver a multidisciplinary package of care.
- Staff followed up patients discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were processes in place to facilitate urgent care and treatment for patients who experienced a sudden deterioration in health.
- Patients could book longer appointments if they wished to be seen for multiple conditions or had complex health issues to discuss. Home visits were also offered for patients that were unable or had difficulties attending the practice.

## Families, children and young people

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

- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Children living in disadvantaged circumstances, at risk of abuse or deteriorating health were regularly discussed and monitored at monthly safeguarding meetings held with the health visitor.
- The practice team had established communication links to promote joint working with midwives, health visitors and school nurses. This included child health surveillance clinics and the provision of antenatal and post-natal care.
- The practice offered adolescent vaccinations and immunisation rates were relatively high for most of the standard childhood immunisations.
- A flexible appointment system including the use of telephone triage was utilised to ensure children could be seen on the same day when this was indicated. Appointments were also available outside of school hours.
- The practice had emergency processes for acutely ill children and young people, as well as processes for monitoring patients presenting at accident and emergency (A&E) services.

Good



# Summary of findings

- The premises were suitable for children and babies. Baby changing facilities were available and the practice accommodated mothers who wished to breastfeed.

## **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 adjusted the services it offered to ensure these were accessible and flexible. This included access to telephone appointments as well as evening and Saturday morning appointments. Evening appointments were available between 6.30pm and 8pm at least two days a week.
- The practice was proactive in offering online services, which included appointment booking, prescription services, access to summary care records and coded patient records.
- A range of health promotion and screening services were offered and promoted. For example, the practice's uptake rates for cervical, breast and bowel cancer screening were above the local and national averages.
- The practice provided travel vaccinations and was a registered yellow fever centre.
- A range of services were offered at the practice including minor surgery and joint injections.
- A virtual patient participation group was in place to accommodate the views of patients who could not attend the face to face meetings.

Good



## **People whose circumstances may make them vulnerable**

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

- Staff went the extra mile by facilitating “coffee and chat” sessions to enable patients to meet socially on a Saturday morning at the practice. The sessions were held every six to eight weeks and used to promote patient education with external guests being invited. This outstanding feature has consistently been facilitated since our last inspection in 2015. Patient feedback was also consistently positive about the impact it had on their wellbeing and promoting social stimulation.
- The practice worked with multi-disciplinary teams including the attached care coordinator, in the case management of vulnerable people and informed patients how to access various support groups and voluntary organisations.

Good



# Summary of findings

- End of life care was delivered in a coordinated way, and professionals involved took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including informal carers and those with a learning disability. Records reviewed showed 25% of patients with a learning disability had received an annual review in the last 12 months.
- Staff interviewed knew how to recognise signs of abuse in adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- A hearing loop and translation services were available.

## 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).

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Published data showed 96% of patients with a mental health condition had a documented care plan in the preceding 12 months compared to the local average of 92% and national average of 90%.
- The practice told patients experiencing poor mental health about how to access services including talking therapies, various support groups and voluntary organisations.
- The practice had a system in place for monitoring repeat prescribing for patients receiving medicines for mental health needs as well as following up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- The practice considered the physical health needs of patients with poor mental health and dementia.
- Published data showed 73% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the preceding 12 months, which was below the local and national averages of 84%.
- Patients at risk of dementia were identified and offered an assessment.
- Advance care planning was incorporated in the reviews for patients with dementia.

Good



# Summary of findings

- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2017. The results were mixed and showed the practice was performing in line with local and national averages for interactions with most of the staff, and lower values were linked to telephone access, appointments and continuity of care. A total of 230 survey forms were distributed and 119 were returned. This represented a 52% completion rate and 1% of the practice's patient list.

- 87% of patients described their overall experience of this GP practice as good compared with the clinical commissioning group (CCG) average of 86% and the national average of 85%.
- 79% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared to the CCG and national averages of 84%.
- 75% of patients said they would recommend this GP practice to someone new to the local area compared to the CCG average of 79% and the national average of 77%.
- 55% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.
- 41% of patients said they could get through easily to the practice by phone compared to the CCG average of 67% national average of 71%.

As part of our inspection, we asked for CQC comment cards to be completed by patients prior to our inspection. We received 32 completed comment cards and 24 of these were wholly positive about the standard of care received. Patients highlighted that an excellent service was offered and staff were described as being compassionate, helpful and respectful. Some of the patients detailed specific examples of how their individual preferences and choices were acted on by staff.

We spoke with 11 patients during the inspection including two patient participation group members. Most of the patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

The less positive feedback received from patients and comment cards related to specific aspects of the patient's individual care, staffing and the availability of appointments. The practice was aware of these concerns, action had been taken to improve the experience of patients, and this was under regular review.

Surveys undertaken by the practice showed the majority of patients were happy with the service they received. The results of the NHS Friends and Family test in August 2017 showed 89.5% of patients would recommend the practice to their friends or family.

## Areas for improvement

### Action the service SHOULD take to improve

- Continue to ensure effective systems are in place to review, monitor and act upon patient experience data to continually drive service improvement. This includes access to the service.
- Improve access to health checks for people with learning disabilities.
- Embed identified improvements to ensure good communication across all staffing groups.

# Mickleover Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector and an Expert by Experience.

## Background to Mickleover Medical Centre

Mickleover Medical Centre provides primary medical services to approximately 11,530 patients through a general medical services contract (GMS). The practice is located in purpose built premises within the residential suburb of Mickleover. The practice has car parking facilities and is accessible by public transport.

The registered practice population is predominantly of white British background. The practice is ranked in the tenth least deprived decile meaning that it has a lower proportion of people classed as deprived when compared to the national average.

The practice is managed by four GP partners (two female and two male) and they are supported by two salaried GPs (both female). The nursing team comprises of a team leader, two triage nurses, two practice nurses and a health care assistant. Two of the nurses are also prescribers.

Mickleover Medical Centre is a teaching practice providing placements for medical students from the University of Nottingham and the University of Derby.

The management team comprises of a practice manager, an operations manager, a staff training and development manager, and a management support officer. They are supported by a team of reception (care navigators), secretarial and administrative staff.

The practice is open between 8am and 6.30pm Monday to Friday, and 9am to 12midday on a Saturday. Consulting times are generally from 8.30am to 10.30am and from 3pm to 6pm daily. Some late surgeries are held on a Tuesday, Wednesday and Thursday evening between 6.30pm and 8pm. Extended hours surgeries are available on Saturday morning from 9am to 12 midday.

The practice has opted out of providing out-of-hours services to its own patients. This service is provided by Derbyshire Health United and is accessed via 111.

## Why we carried out this inspection

We undertook a comprehensive inspection of Mickleover Medical Centre on 7 and 16 December 2015 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 services and was issued a Requirement Notice in respect of safeguarding service users from abuse and improper treatment. The full comprehensive report on the December 2015 inspection can be found by selecting the 'all reports' link for Mickleover Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We carried out a second comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check that improvements had been made to comply with legal requirements and regulations

# Detailed findings

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 provider under the Health and Social Care Act 2008 and associated regulations.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. This included Southern Derbyshire clinical commissioning group (CCG) and Healthwatch. We carried out an announced visit on 30 August 2017. During our visit:

- We spoke with a range of staff including GPs, nurses, the management team (practice manager, operations manager and training and development manager), receptionists, administrators and medical secretaries.
- We spoke with eleven patients who used the service including two members of the patient participation group.
- We observed how patients were being cared for in the reception area.
- We reviewed 32 comment cards where patients shared their views and experiences of the service.
- We reviewed a sample of treatment records of patients and looked at information the practice used to deliver care and treatment plans.

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

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

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

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people living with dementia).

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

# Are services safe?

## Our findings

At our previous inspection on 7 and 16 December 2015, we rated the practice as requires improvement for providing safe services because some of the safeguarding arrangements were not operated effectively to protect children and vulnerable adults from the risk of harm and abuse.

We undertook a follow up inspection on 30 August 2017 and found the safeguarding arrangements requiring improvement had been fully addressed. The practice is now rated as good for providing safe services.

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager or one of the GP partners of any significant event or incident in the first instance. Following this, the appropriate staff member completed the reporting form, which was available on the practice's computer system.
- Records reviewed showed 23 significant events had been reported in the last 12 months and the practice had carried out a thorough analysis of each event. Most staff told us they were involved in discussions about the lessons learnt and action points required to drive improvement.
- We found some significant events were also used to inform the review of patient care and selection of practice audit topics. This included auditing patients with a repeat prescription who had not requested their medication within six months.
- Staff told us they were encouraged to discuss minor incidents and near misses that were not treated as significant events and such events were recorded in a designated book accessible to staff.
- Patients received an apology and appropriate support when there had been an unintended or unexpected incident. The practice informed us they would either meet with the individual concerned or write to them, and apologies were offered where appropriate.
- Significant events were periodically reviewed to identify any themes or trends and to evaluate the remedial actions taken. The most recent annual review had been undertaken in June 2017 and 17 significant events had been discussed including the learning points.

The practice had an embedded process for managing patient safety alerts including Medicines Health and Regulatory Authority (MHRA) alerts. Records reviewed showed patient safety alerts were disseminated to relevant staff and discussed at weekly staff meetings also attended by the pharmacist employed by the clinical commissioning group (CCG). Our review of the system and samples of patient records showed effective action was taken by the clinicians to ensure patients were safe. For example, when concerns were raised about specific medicines, affected patients were identified and their medicines were reviewed. Records reviewed also showed a clear audit trail of when the alert was received, the action taken and date of completion.

### Overview of safety systems and processes

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

Arrangements for safeguarding children and vulnerable adults from abuse had been strengthened and embedded to ensure they were in line with local requirements and national legislation.

- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received up to date training. For example, GPs and nurses were trained to level three for safeguarding children and other staff were trained to an appropriate level for their roles and responsibilities.
- Policies in place supported staff to fulfil their roles and outlined whom to contact for further guidance if they had concerns about patient welfare.
- There was a GP lead for safeguarding children and vulnerable adults, and staff were aware of who this was. The lead GP was supported in their role by the operations manager and we saw evidence to demonstrate that a proactive approach was taken in following up any active safeguarding concerns.
- Monthly meetings took place between the safeguarding GP lead, the health visitor and administrator (as a minimum); and discussions held were comprehensively recorded.
- Quarterly meetings also took place between the GP partners, practice and school nurses, and the health visitor, which ensured effective management and oversight of child safeguarding.
- There were 78 children on the safeguarding register and a traffic light rating system (red, amber and green) was

## Are services safe?

used to assess the severity of the safeguarding concerns. The ratings were reviewed at each meeting to ensure it reflected the current needs and / or safeguards in place to protect the child.

- Significant improvements had been made following our previous inspection to ensure children and vulnerable adults were correctly coded and flagged on the practice's electronic record. This ensured that all staff were aware of the safeguarding concerns and relevant information when patients contacted the practice or attended appointments.
- Vulnerable adults including those at risk of deteriorating health were discussed at a wide range of meetings including the monthly multi-disciplinary meetings. Detailed records of the actions taken to mitigate the risks of harm or abuse were maintained.

Nursing staff acted as chaperones if required. The practice had a chaperone policy in place and notices were displayed in the waiting area to make patients aware this service was available. Some of the patients we spoke with told us they had been supported by a chaperone and this had been a positive experience. All staff who acted as chaperones were trained for this role and had received a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

The maintenance of appropriate standards of cleanliness and hygiene was effective.

- We observed the premises to be clean and tidy.
- The practice had a cleaning contract with an external company and cleaning schedules were in place. Monthly audits were conducted to ensure the practice maintained oversight of the standards of work.
- There was an infection control policy in place and training had been provided for staff at a level relevant to their role.
- One of the nurses was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice.
- Regular infection control audits were undertaken and records reviewed showed action was taken to address identified improvements. The IPC lead undertook weekly checks for infection control in between the

annual audit. Although staff told us the infection control action plan was monitored, records reviewed showed this was not always updated to reflect the improvements made.

- Routine hand hygiene audits were also undertaken and the outcome was shared with individual staff.
- A waste audit had been undertaken in March 2017. However, we found the arrangements for storing and disposing clinical waste was not in line with recommended practice. The practice used disposable clinical waste boxes instead of foot pedal operated clinical waste bins in all treatment rooms. Relevant staff were informed and this was addressed following our inspection.

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

- Blank prescription forms and pads were securely stored and there were systems to monitor their use.
- The processes for handling repeat prescriptions were effective.
- There was a system in place for monitoring high-risk medicines such as warfarin and methotrexate.
- The practice carried out regular medicines audits, with the support of the CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Records reviewed showed the practice had a low antibiotic prescribing rate in the CCG.
- Two of the nurses were qualified as Independent Prescribers and could therefore prescribe medicines for clinical conditions within their expertise. The prescribing of nurses was audited on a monthly basis and they received mentorship and support from the nurse lead and GPs for this extended role.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- The health care assistant was trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced when needed.

We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence

## Are services safe?

of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

### Monitoring risks to patients

Most risks to patients and staff were assessed and well managed.

- The practice had procedures for assessing, monitoring, and managing risks to patient and staff safety. This included a health and safety policy, which identified local health and safety representatives.
- The safety and suitability of the premises was assessed on a monthly basis and remedial action was taken to address any identified risks. The assessments covered areas such as the individual rooms within the practice, security alarms, the control of substances hazardous to health, Legionella and the monitoring of water outlets. Legionella is a term for a particular bacterium, which can contaminate water systems in buildings.
- The practice carried out regular fire safety checks including weekly testing of the fire alarm system and servicing of the fire extinguishers. We received written confirmation of an up to date fire risk assessment being completed a week after our inspection and a fire drill being implemented to ensure all staff were aware of the fire evacuation plans.
- Arrangements were in place to carry out the calibration of clinical equipment and portable appliance testing for electrical equipment. This ensured all equipment was maintained in good working order and safe to use.

### Staffing

Since our last inspection in December 2015, the practice had experienced a high turnover of staff due to the retirement and resignation of long serving GPs and 15 non-clinical staff members. Some of the current staff and patient feedback highlighted this had in part affected the delivery of the service in the last 18 months. This included the availability and waiting times for non-urgent GP appointments and some aspects of the practice administration.

At this inspection we found the provider had implemented the following measures to address the staffing needs:

- A recruitment drive had resulted in the appointment of new doctors, nurses and reception staff. The practice had also employed nurse practitioners with different specialities such as prescribing and diabetes management to widen the skill mix of the clinical team and improve access.
- There were arrangements for planning and monitoring the number and skill mix of staff needed to meet patients' needs. This included a rota system and a "workload review meeting" for all clinicians to ensure enough staff were on duty to meet the needs of patients. Staffing arrangements were also reviewed at the weekly management meetings.
- Three regular locum GPs were used over the last three years in an effort to promote continuity in care.
- The management team told us the above arrangements had increased staffing levels and enabled the smooth running of the practice.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms, which alerted staff to any emergency.
- All staff received annual basic life support training with most staff having refreshed their training in June 2017.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location.
- Emergency medicines and medicines kept in the doctors' bags were checked weekly by the nurses to ensure they were safe to use.
- All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and copies were kept off-site.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed the needs of patients and delivered care in line with relevant and current evidence based guidance and standards. This included the National Institute for Health and Care Excellence (NICE) best practice guidelines and local guidelines.

- The practice had systems in place to keep all clinical staff up to date. For example, changes and updates to guidelines were regularly discussed at clinical meetings and we saw evidence of information being used to deliver care and treatment that met patients' needs.
- Staff had access to templates within their computer system that were linked to NICE guidelines. This helped to ensure that evidence based assessments and care was provided.
- The practice monitored that these guidelines were followed through risk assessments and audits of patient records. For example, the NICE quality standard for cardiovascular risk assessment and lipid modification treatment of people with cancer.

### 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 2016/17 results were published after our inspection. The results showed the practice had achieved 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 96%.

The practice has consistently maintained a track record of high QOF performance since our last inspection in 2015. This was achieved through an effective recall system and regular monitoring of QOF achievements by the management team.

The 2016/17 data showed:

- Performance for diabetes related indicators was 100%, which was above the CCG average of 95% and the national average of 91%. Ninety two percent (92%) of patients on the diabetes register had a record of a foot

examination and risk classification within the preceding 12 months compared to a CCG average of 90% and national average of 90%. This was achieved with an exception reporting rate of approximately 19%, which was above the CCG average of 10% and the national average of 8%.

- Approximately 86% of patients with hypertension had received a regular blood pressure test in the preceding 12 months compared to the CCG average of 84% and the national average of 83%. This was achieved with an exception reporting rate of 11%, which was above the CCG and the national averages of 4%.
- Performance for mental health related indicators was 100%, which was above the CCG average of 96% and the national average of 94%. Ninety six percent (96%) of patients with a mental health condition had a documented care plan in the preceding 12 months compared to the CCG average of 92% and the national average of 90%. This was achieved with an exception reporting rate of 32%, which was above the CCG average of 20% and the national average of 13%.
- Performance for dementia related indicators was 100%, which was above the CCG average of 99% and the national average of 97%. Seventy three percent (73%) of patients diagnosed with dementia had their care reviewed in a face to face meeting in the preceding 12 months, which was below the CCG and national averages of 84%. This was achieved with an exception reporting rate of 26%, which was above the CCG average of 9% and the national average of 7%.

Our pre-inspection data (2015/16) showed exception reporting for the above clinical indicators including rheumatoid arthritis and cancer were significantly above the CCG and national averages. The practice was aware of the high exception reporting rates and this had been reviewed to assure the clinicians that recommended guidance had been followed before taking the decision to exception report or exclude a patient.

A sample of the records we reviewed and discussions held with practice staff showed the decision to exception report was based on appropriate clinical judgement with clear and auditable reasons recorded on the patient record. Examples of exclusions included:

- Patients who had not attended their health reviews in spite of being invited on three occasions.

# Are services effective?

## (for example, treatment is effective)

- Patients for whom prescribing a specific medicine or treatment was not clinically appropriate.
- The practice also showed us data that was slightly different to published data in respect of exception reporting rates.

There was evidence of quality improvement including clinical audit.

- The practice shared seven clinical audits undertaken in the last two years. Two of these were completed audits where the practice was able to demonstrate the improved changes since the initial audit was completed.
- The practice participated in local audits and benchmarking to drive improvement to patient outcomes.

### Effective staffing

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

- Newly appointed staff were provided with a role specific induction programme. This covered topics such as safeguarding, fire safety, health and safety, information governance and confidentiality. Information packs were provided for GP locums working within the practice.
- A training and development manager had recently been recruited and an enhanced package of staff training was introduced.
- Staff had access to and made use of e-learning training modules, in-house and external training. Staff were supported to undertake additional courses to meet their learning needs and to cover the scope of their work.
- Systems were in place to ensure relevant staff attended role-specific and updated training. For example, nursing staff undertook training to support them in reviewing patients with long-term conditions such as diabetes and respiratory conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training, which had included an assessment of competence. Staff stayed up to date with changes to the immunisation programmes through access to online resources and discussion at practice nurse meetings.
- The practice ensured that staff received ongoing support in the form of one-to-one meetings, mentoring, clinical supervision, and revalidation of GPs and nurses. Staff we spoke with reported this was supportive, helpful and gave them assurance that they were delivering care to patients safely.

- Appraisals and ongoing reviews of the practice's development needs were used to identify the learning needs of practice staff. Records reviewed showed most staff employed for over a year had received an appraisal or a date to complete the appraisal had been scheduled.
- The GP partners supported the continuing development of staff skills, competence and knowledge. For example, one of the nurses was undertaking an additional course to become an advance nurse practitioner, a GP was undertaking a post-graduate diploma in dermatology and the practice manager was undertaking level five national vocational qualifications in management.
- The practice facilitated periodic educational meetings for clinicians and external guest speakers including consultants for a wide range of specialities were occasionally invited.

### Coordinating patient care and information sharing

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

- This included medical records, test results and care plans.
- The practice shared relevant information with other services. For example when referring patients to secondary care services and when patients moved between services.

The practice staff worked with other health and social care professionals to assess, review and plan the ongoing care and treatment of patients' individual care needs. This ensured that a multi-disciplinary approach was taken to understanding and meeting the range and complexity of patients' needs. For example, the community support team met on a monthly basis to discuss patients with complex care needs and at risk of significant deterioration in their health and wellbeing. This enabled the team to focus on preventative care to prevent a crisis, an unplanned hospital admission, or an admission to a care home.

Care plans were routinely reviewed and updated for patients with complex needs. These meetings were attended by a range of professionals including GPs, a care coordinator, social worker and community based specialist nurses. Records reviewed showed follow-up consultations also took place with patients following hospital discharge and care plans were updated to reflect any additional needs.

# Are services effective?

(for example, treatment is effective)

The practice hosted weekly palliative care meetings to ensure that end of life care was delivered in a coordinated way and took into account the individual needs of patients. We saw evidence of end of life care plan reviews and sharing of information with other services including the out of hours service.

## Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance. This included the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Written consent was sought for specific procedures such as insertion or change of intrauterine contraceptive devices and minor surgery.
- Staff we spoke with demonstrated an awareness of Gillick and Fraser guidelines and the need to carry out assessments when providing care and treatment for children and young people.
- 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.
- The process for seeking consent was monitored through patient records audits.

## Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients at risk of developing a long-term condition and dementia, those requiring advice on their diet, smoking and alcohol cessation.
- Patients could also self-refer for psychological therapy services.
- One of the GPs supported patients and local residents to remain active as part of a running club.
- Patients had access to appropriate health assessments and checks. These included health checks for people

aged over 75 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.

- The practice had undertaken an annual health review for nine out of 36 (25%) of their patients with a learning disability at the time of our inspection.
- The practice had an uptake rate of 73% for the seasonal flu vaccination for people aged 65 years and over which was in line with the CCG average.
- The practice's uptake for the cervical screening programme was 85%, which was above the CCG average of 83% and the national average of 81%. Reminders were offered for patients who did not attend for their cervical screening test. Systems were in place to ensure results were received for all samples sent and the practice followed up women who were referred because of abnormal results.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The published data (2015/16) showed the uptake rates were above CCG and national averages.

- Bowel cancer screening in the preceding 2.5 years was 69% compared to the local average of 61% and national average of 58%.
- Breast cancer screening in the last three years was 84% when compared to the local average of 77% and national average of 73%.

Published data (2015/16) showed immunisation rates for three out of four vaccinations given to children aged up to two years old ranged from 99% to 100%, which was above the national expected coverage of 90%. The immunisation rate for infant pneumococcal conjugate booster vaccine was 74%, which was below the expected national average of 90%.

- CCG supplied data (2015/16) showed immunisation rates for children aged two years and under ranged from 69% to 100% which was comparable to the CCG range of 71% to 97%.
- CCG supplied data (2015/16) showed immunisation rates for five year olds ranged from 69% to 100%, which was comparable to the CCG range of 72% to 100%.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

During our inspection, we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect. This was in line with the practice's mission statement, which included the following statement - "we strive to provide a service which puts patient welfare at the heart of all we do, by respecting their dignity and diversity of the community we serve".

- 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 and conversations taking place in these rooms could not be overheard.
- Patients could be treated by a clinician of the same sex.

Twenty four out of 32 patient Care Quality Commission comment cards we received were wholly positive about the service experienced. Patients said the practice offered an excellent service and staff were attentive, caring and treated them with dignity and respect. Some of the comment cards included examples of support provided by named staff who had responded compassionately when the patients and in some cases their carers had needed help. This included specific aspects of care provided by GPs, nurses and receptionists for patients with a diagnosis of dementia and cancer.

Six out of 32 comment cards contained mixed feedback and two comments were wholly negative. The less positive feedback related to specific aspects of the patient's individual care, staffing and the availability of appointments. The leadership of the practice were aware of these concerns and action had been taken to improve the experience of patients. This was under regular review.

We spoke with 11 patients including two members of the patient participation group (PPG). Most patients told us they were very much satisfied with the care received and their privacy and dignity was respected by reception and medical staff.

We observed that conversations taking place at the reception desk could be overheard on some occasions, due

to the limited space and layout of the reception / waiting area. However, staff we spoke with were mindful of maintaining patient's privacy and confidentiality and some measures were employed to address this. For example:

- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Signs and posters related to maintaining patient confidentiality and managing patient flow/queues within the reception area were displayed.

The national GP patient survey results published in July 2017 showed the majority of patients felt they were treated with compassion, dignity and respect. The practice had comparable satisfaction scores for consultations with clinical staff with higher scores achieved for nursing staff. For example:

- 93% of patients said they had confidence and trust in the last GP they saw compared to the clinical commissioning group (CCG) average of 96% and the national average of 95%.
- 85% of patients said the GP was good at listening to them compared with the CCG average of 90% and the national average of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 86%.
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and national averages of 86%.
- 96% of patients said they had confidence and trust in the last nurse they saw compared with the CCG and national averages of 97%.
- 90% of patients said the nurse was good at listening to them compared with the CCG average of 92% and the national average of 91%.
- 90% of patients said the nurse gave them enough time compared with the CCG and the national averages of 92%.
- 88% 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%.

## Are services caring?

The satisfaction scores for reception staff was in line with CCG and national averages. Eighty two percent (82%) of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

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

The majority of patients told us they felt involved in decision making about the care and treatment they received. This included references to children and young people being treated in an age-appropriate way and recognised as individuals during their interactions with staff.

Patients 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. Feedback from the comment cards we received were also positive and aligned with these views.

The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.

We saw examples of personalised care plans, which took account of the individual needs and circumstances of the patient. This included care plans for people living with dementia and those with complex physical health needs.

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

- 80% 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%.
- 79% 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%.
- 89% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and the national average of 90%.

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

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

- Staff told us that interpretation services were available for patients who did not have English as a first language although the vast majority of the practice population did not require these. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available to patients in a range of format in line with the “accessible information standard”. The aim of the standard is to make sure that people who have a disability, impairment, or sensory loss get information that they can access and understand, and any communication support that they need.

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

A wide range of patient information leaflets and posters were available in the patient waiting area and on the practice website. Patients could access information relating to local and national support groups.

At our previous inspection in December 2015, we identified an outstanding feature, which included support for older people, people whose circumstances made them vulnerable and carers. Staff went the extra mile by facilitating “tea/coffee and chat” sessions at the practice to enable people to meet socially on a Saturday morning. These sessions were also used to promote patient education with external guests being invited. The practice staff held the meetings in their own time and transport was provided for patients that needed it.

At this inspection, we found staff (GPs, nurses and reception staff) continued to facilitate these meetings and attendance had increased from 14 to 50 people since the meetings started in 2015. Activities undertaken by the staff and patients included baking and cooking, celebration of events such as the summer season and Christmas, as well as fundraising activities for charities. Funding for food items and these activities were provided by the practice and some local businesses.

External speakers that had attended included representatives from the fire brigade, guide dogs for the

## Are services caring?

blind, carers association, and Parkinson's Trust. Staff we spoke with, patient feedback and complimentary cards reviewed reinforced these meetings had a positive impact on patients mental well-being by promoting social stimulation and reducing the risk of isolation. The coffee and chat sessions were also open to patients living in care homes. Patient participation groups from other local practices had observed the morning sessions to inform the development of a similar session in their own practices.

Carer identification was a priority within the practice. The practice had identified 363 patients as carers, which equated to 3% of the practice list. A care coordinator attached to the practice acted as a carers' champion to

ensure carers were able to access additional support. Written information was available to direct carers to the various avenues of support available to them. The carers register was also used to review the health needs of carers.

The practice had a system in place to ensure relevant staff were made aware of bereavements and follow-up action was taken. This included notifying professionals involved in the patient's care, contacting the next of kin and giving them advice on how to find a support service and arranging a bereavement visit or suitable appointment to meet the family's needs. Some of the comment cards received praised the practice staff for their care and compassion following the death of their family members.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different population groups and to help ensure flexibility, choice and continuity of care. For example:

- Clinical staff had lead roles in chronic disease management and patients could access specific clinics for long-term conditions such as asthma and diabetes.
- The practice offered a range of treatment room services, which included phlebotomy, ear syringing, secondary care post-operative, wound care and suture removal.
- Clinicians who were skilled in specialist areas used their expertise to offer additional services to patients. This included insulin initiation and the carrying out of minor surgery, joint and carpal tunnel injections.
- The practice had some patients living in nine local care homes and a named GP undertook regular planned visits to review their health and medicines.
- Longer appointments were available for patients with additional needs including patients with a learning disability.
- 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 aged five years and under, as well as patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately. The practice was also a registered yellow fever centre.
- The practice had considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate.
- Consultation rooms were accessible and disabled facilities were available.
- The premises were suitable for children and babies. Baby changing facilities were available and the practice accommodated mothers who wished to breastfeed.
- The practice provided maternity and contraception services including sexual health services.
- The practice provided neonatal checks, six-week post-natal checks for new mothers and eight-week baby

checks. Letters were sent out to new mothers to congratulate them on the birth of their child, and this included a date and time for their post-natal appointment.

- A range of online services were available including online appointment booking, prescription ordering, and access to summary care records and detailed coded records.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday, and 9am to 12 midday on a Saturday. GP appointments were available from 8.30am to 10.30am and from 3pm to 6pm daily. Some late surgeries were held on a Tuesday, Wednesday and Thursday evening between 6.30pm and 8pm. Extended hours surgeries were available on Saturday morning from 9am to 12 midday.

Most of the patients that we spoke with told us they were generally able to access appointments when they needed them. Less positive feedback related to telephone access, "long" waiting times to access a non-urgent appointment or an appointment with a specific GP. This feedback was aligned with the comment cards we received.

The national GP patient survey results represented 1% of the practice population's views. The results were mixed. For example:

- 87% of patients described their overall experience of this surgery as good compared with the CCG average of 86% and the national average of 85%.
- 79% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared to the CCG and national averages of 84%.
- 75% of patients said their last appointment was convenient compared with the CCG and national averages of 81%.
- 55% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.
- 41% of patients said they could get through easily to the practice by phone compared to the CCG average of 67% national average of 71%.
- 36% of respondents usually get to see or speak to their preferred GP compared to the CCG average of 50% and the national average of 56%.

# Are services responsive to people's needs?

## (for example, to feedback?)

The practice continually reviewed its telephone access and availability of appointments in response to feedback from patients and the patient participation group. For example:

- The practice had invested in a new telephone and interactive voice response system to improve access for patients.
- The management team used call monitoring data to determine patient demand for services and to inform staffing levels within the practice.
- The availability of appointments was regularly reviewed during weekly management meetings and adjustments were made where possible. In addition, the most recent half-yearly review had been undertaken in July 2017.
- The practice had introduced telephone triage and the new system meant all patients requiring a same day appointment were either offered an appointment or placed on a call backlist. Call-backs were dealt with in order of clinical priority. The new system had led to a reduction in patient complaints and increased the number of face to-face appointments with a clinician following a telephone clinical assessment.
- Reception staff had completed relevant training and had access to protocols to support them in their role of active signposting and care navigation.
- In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

The practice had systems in place to effectively manage complaints and concerns.

- The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- The practice manager and a lead GP were responsible for handling all complaints in the practice and the most appropriate member of staff would assist in investigating complaints when required. For example, a GP would lead on a complaint related to clinical care.

Information was available to help patients understand the complaints system. For example, leaflets for patients wishing to make a complaint about the practice were available from the reception. Information including posters about the complaints process were visibly displayed in the waiting area and website. Patients we spoke with told us they had not had cause to complain but would be confident in accessing the relevant information should they require this.

We found the practice had established an effective system for managing informal concerns in response to our previous inspection. This enabled staff to identify any patterns and to ensure that appropriate improvements took place.

We looked at six complaints received in the last 12 months and found they were acknowledged and responded to in an open and transparent manner. People making complaints were provided with explanations, apologies and told about actions taken to improve the quality of services provided. Where appropriate, meetings were offered to discuss and resolve issues.

Complaints were regularly discussed within the practice including weekly management meetings. The most recent annual review was carried out in June 2017 and 37 complaints were reviewed. Lessons were learned from individual concerns and complaints. An annual review of complaints was undertaken to detect any themes or trends and to ensure any identified learning and had been embedded. Learning from complaints was shared with the practice team and members of the patient participation group (PPG) where appropriate. The PPG are a group of patients who work with the practice to improve services provided to patients.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement, which outlined their aim to provide person centred and “high quality care in a responsive, supportive, courteous manner, through the continuous professional development of a highly motivated team”. This was shared with patients on the practice’s website and in the waiting area.
- Most staff we spoke with knew, understood, and supported the values of the practice.
- The practice had a business development plan which reflected their mission and values. Weekly meetings were held by the GP partners and the practice management to review the delivery of services and business related matters. The practice’s business plan covered areas such as patient services, service development, staffing and information technology.
- Staff were engaged with the practice vision and were aware of the importance of their roles in delivering it.

### 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.
- Clinical and managerial staff took lead leadership roles in a range of clinical and non-clinical areas. Weekly meetings were held which provided an opportunity for staff to learn about the performance of the practice.
- Practice specific policies and protocols were implemented and were available to all staff through the practice’s computer system. These were regularly reviewed and updated.
- A comprehensive understanding of the performance of the practice was maintained. This included monitoring access to the service and patient satisfaction.

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were effective arrangements in place to identify, record and manage risk within the practice, and to implement mitigating actions.
- We saw evidence from minutes of a weekly meetings structure that allowed lessons to be learned and shared following significant events and complaints.

### Leadership and culture

The leadership team had been strengthened following the resignation and retirement of some GP partners in the last 18 months. On the day of inspection, the GP partners and management within the practice demonstrated they had the capability to run the practice and ensure improvements were made to the quality of care delivered.

Some members of the leadership team were involved in external engagement within the locality and the clinical commissioning group (CCG). For example, the practice manager, GP partners and nursing staff attended CCG periodic meetings, which included learning and development events.

The partners and management team told us they prioritised safe, high quality and compassionate care. Most staff told us the partners were approachable and took the time to listen to them.

The partners encouraged a culture of openness and honesty. Systems were in place to ensure that when things went wrong with care and treatment:

- The practice offered affected people support, information, and apologies.
- The practice kept written records of verbal interactions as well as written correspondence.
- There was a clear leadership structure and most staff felt supported by management.
- Staff said they felt respected, valued and supported in their roles. Staff described the team as cohesive and working with a shared sense of purpose.
- Most staff we spoke with told us they were involved in discussions about how to run and develop the practice and they were encouraged to identify opportunities to improve services.

# Are services well-led?

Good 

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

- Staff told us there was an open culture within the practice and most of them had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Most of the meetings held were minuted and available for practice staff to view.
- Non-clinical staff acknowledged that informal meetings held with the management team were not always minuted. Some members of staff felt communication could be improved. The leadership team had already identified this as an improvement area and a whole practice communication pathway had been developed as a result.
- The practice partners and leadership team encouraged staff development. For example, the nursing staff attended learning forums related to diabetes care and intrauterine contraception devices (IUD).
- The practice monitored monthly feedback from the Family and Friends Test (FFT). The August 2017 data showed 89.5% of patients would recommend the practice to their friends or family.
- Feedback from patients was sought on their satisfaction with IUD, which demonstrated high levels of patient satisfaction.
- Staff highlighted that a team approach to working was promoted within the practice and some staff told us it was like being part of a family. The practice held at least one social event for staff and their families.
- Most staff told us they felt involved and engaged to improve how the practice was run and they were kept informed about the plans of the practice and that their opinions were invited.

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

The practice encouraged and valued feedback from patients and staff.

- The practice had proactively sought feedback from patients through the patient participation group (PPG), surveys and compliments received.
- The PPG had a core membership of 12 patients who attended regular meetings in the practice and a virtual membership of about 80 patients. The PPG had a demonstrable record of accomplishment of driving improvement within the practice and engaging with other local PPGs.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice had participated in the productive general practice programme and modules undertaken included workforce planning. The practice was able to make changes to staffing arrangements as a result. In addition, the practice had recently purchased a machine to allow point of care testing for patients with suspected lower respiratory tract infections to help guide antibiotic use.