

Drs Berni and Vitty

Quality Report

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

Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services well-led?	Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Drs Vitty, Pfeiffer and Berni on 10 February 2016. Breaches of legal requirements were found. We found breaches of four of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (the regulations). Warning Notices were issued in respect of Regulation 12 and Regulation 17 of the regulations. Requirement Notices were issued in respect of Regulations 18 and 19 of the regulations. The provider was required to make improvements and to submit an action plan detailing how they would make those improvements by 27 May 2016.

This focussed inspection on 15 June 2016 was to check that improvements required had been implemented and that the terms of each Warning Notice and the Requirement Notices had been met.

This report only covers our findings in relation to these requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Drs Vitty, Pfeiffer and Berni on our website at www.cqc.org.uk.

The reference to the practice throughout this report refers to the practice now known as Drs Berni and Vitty, following the retirement of one of the GP partners, Dr Pfeiffer.

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

The provider had met the requirements to improve.

- Improvements to protect patients from harm had been implemented. We found systems and processes in place that promoted patient safety. For example, recruitment checks had been reviewed and checks required on all staff were now in place. Essential training for staff had been delivered and a comprehensive training matrix was in use which identified when staff were due for follow-up or refresher training.
- Significant events were now being routinely reported, recorded and investigated. The subject of significant events was now a standing agenda item for practice meetings and clinical meetings. All staff had received training in significant events and understood that reporting and recording these promoted safety within the practice.

Summary of findings

- Improvements to the practice treatment and consulting rooms had been made to enable the practice to better comply with infection control standards. All rooms and the patient waiting and reception areas were fitted with sealed flooring; all consulting and treatment rooms were fitted with compliant sinks. Privacy curtains that were disposable were fitted round all examination couches. We saw that cleaning schedules were in place for all areas of the practice and the standard of cleaning was reviewed on a daily basis by the infection control lead or the appointed deputy.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

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.

- There was an effective system in place for reporting and recording significant events. All staff had a good understanding of what constituted a significant event and how learning from events should be shared.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Patients medications were being reviewed systematically; staff raised queries with GPs where there was evidence of patients non-compliance with medicines regimes.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Recruitment checks had been reviewed and checks required on all staff were now in place.
- Training for all staff had been delivered
- Risks to patients were assessed and well managed.
- Work had been carried out on the practice premises to ensure patient and staff safety.
- Upgrades to clinical rooms had been carried out to enable better compliance with infection control requirements.
- All vaccines and emergency medicines were safely and securely stored.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Improvements to the way in which patient correspondence was handled had been embedded and all staff followed a clearly defined protocol.
- Effective systems were in place to monitor the standard of cleaning at the practice.
- Clinical audits demonstrated quality improvement; the practice had done repeat audit cycles which demonstrated that care of patients in relation to weight management, lifestyle and diabetes management had provided positive results.

Good



Summary of findings

- We saw evidence of positive working with the CCG medicines management teams which contributed to effective medicines management.
- Staff had the skills, knowledge and experience to deliver effective care and treatment; all required training had either been received or was planned for delivery imminently.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services well-led?

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

- There were sufficient processes and procedures in place for staff to follow and to keep patients safe. The governance framework at the practice had been improved.
- There had been a change in Registered Manager at the practice; the new Registered Manager fully understood the scope of their responsibilities.
- Patient information leaflets had been updated to provide information on surgery hours as well as opening hours of the practice. Results of the Friends and Family Test each month were made available in patient information areas.
- There was a plan for regular staff and clinical meetings at the practice which included multi-disciplinary meetings. These meetings were minuted and minutes were available for review by any staff members unable to attend.
- There was a clear leadership structure and staff felt supported by management.
- Plans for a merger with another practice were in place and the updating of systems, processes and procedures had taken account of this.

Good



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

Good



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

- Our previous inspection findings from February 2016 showed that aspects of the safe, effective and well-led domains impacted on the care of all population groups. Improvements made since then have improved patient care in all population groups.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The skills of the clinical staff, including the recruitment of the two salaried female GPs and the planned addition of a female partner, provided patients with improved access to female GPs.
- A systematic system of review of patients longer term medications was in place, which kept patients safe.

People with long term conditions

Good



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

- Our previous inspection findings from February 2016 showed that aspects of the safe, effective and well-led domains impacted on the care of all population groups. Improvements made since then have improved patient care in all population groups.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Nursing staff had the skills, qualifications, experience and training needed to meet the needs of this patient group.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were

Summary of findings

being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

- Where previously we had found medication errors in the treatment of patients with long term conditions, we found improvements had been made. These patients were systematically reviewed to ensure the prescribed treatment met their needs, that they understood the importance of compliance with the course of treatment and that they took medicines safely.

Families, children and young people

Good



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

- Our previous inspection findings from February 2016 showed that aspects of the safe, effective and well-led domains impacted on the care of all population groups. Improvements made since then have improved patient care in all population groups.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Recruitment of the two salaried female GPs and the planned addition of a female GP partner, provided patients with improved access to female GPs.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Good



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

Summary of findings

- Our previous inspection findings from February 2016 showed that aspects of the safe, effective and well-led domains impacted on the care of all population groups. Improvements made since then have improved patient care in all population groups.
- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Good



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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good



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

Summary of findings

- Our previous inspection findings from February 2016 showed that aspects of the safe, effective and well-led domains impacted on the care of all population groups. Improvements made since then have improved patient care in all population groups.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff 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

As this was a focussed follow-up inspection we did not speak directly to patients. However, patients did complete comment cards to express their views on the service. In total, 25 comment cards were completed. The majority, 23 cards, expressed positive views on the

service. Patients commented that reception staff were helpful and that they were treated with dignity and respect. Two cards recorded less positive views around waiting times when arriving for an appointment and with difficulty booking an appointment with a female GP.

Drs Berni and Vitty

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 and a practice manager specialist adviser.

Background to Drs Berni and Vitty

The practice of Drs Berni and Vitty, formerly known as Drs Vitty, Pfeiffer and Berni, was first inspected in February 2016. The practice was rated as requires improvement, specifically in the areas of safe, effective and well-led. Since our last inspection, one of the GP partners, Dr Pfeiffer has retired and the practice is now known as Drs Berni and Vitty. A copy of our previous inspection report can be found at www.cqc.org.uk

This partnership GP practice is located in Waterloo, Merseyside and falls within South Sefton Clinical Commissioning Group (CCG). All services for this practice are delivered under a General Medical Services (GMS) contract. The practice has a list of approximately 6,500 patients.

The practice building is an extended, converted former domestic property which has been adapted over a number of years to provide GP consulting facilities and a treatment room. To the ground floor there are three GP consulting rooms, one nurses treatment room a patient toilet with disabled access and baby changing facilities, a reception and patient waiting area. On the first floor, there is a further GP consulting room, the practice manager's office, a further patient toilet and waiting area, a staff kitchen area and a

meeting room. The practice also provides an office for visiting midwives. There is limited parking outside the practice – three GP spaces and one disabled space. There are bus stops nearby.

There are two male partner GPs, supported by two salaried female GPs providing 25 clinical sessions. (A session is a morning or afternoon surgery). The practice has two part time female nurses who each work three days a week. The clinical team is supported by the practice manager and six administrative and reception staff. The practice is not a teaching or training practice. There are plans for a female GP partner to join the practice as part of a merger with a neighbouring practice, bringing a patient list of approximately 3,100 patients to the surgery.

The practice is open between 8am and 6.30pm Monday to Friday, and offers an extended hours surgery on Monday mornings, from 7am to 8am. Appointments are available each morning from 8.30am to 12pm, with appointments available on a Monday (following the extended hours surgery) from 8am to 8.30am. Afternoon appointments are available from 4pm to 6pm. A baby clinic is held at the practice on Thursday afternoon each week. The practice also hosts the community midwife service every two weeks. When the practice is closed, patients are diverted to the NHS 111 service, who triage calls and refer onwards to the locally appointed out of hours service, Urgent Care 24 (UC24).

Why we carried out this inspection

We carried out a focussed follow-up inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection

Detailed findings

was to check that improvements required had been made and implemented and whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

How we carried out this inspection

We carried out an announced, focussed inspection on 15 June 2016. We visited the practice and spoke with a partner GP, the practice nurse, the practice manager and a member of reception/administrative staff. We also met the prospective new partner.

In this focussed inspection we followed up on three key areas asking the practice:

- Is it safe?
- Is it effective?

- Is it well-led?

As aspects of these key lines of enquiry impacted on all population groups, we also looked at how well services were provided and what good care looked like for them. The population groups are:

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

Are services safe?

Our findings

Safe track record and learning

At our inspection of February 2016, we found the practice were not reporting and recording all significant events. We also found that staff did not fully understand that reporting significant events helped promote patient safety. The practice partners spoke of “setting the bar too high” for classification of incidents as significant events.

At our follow-up inspection of 15 June 2016 we found improvements had been made and implemented. There was an effective system in place for reporting and recording significant events. We found:

- Significant events were now being routinely reported, recorded and investigated. The subject of significant events was now a standing agenda item for practice meetings and clinical meetings. All staff had received training in significant events and understood that reporting and recording these promoted safety within the practice.
- The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. We saw that in the case of repeat prescribing, prescription clerks would highlight any possible non-compliance with medicines regimens to the relevant GP. This promoted patient safety and allowed GPs to review medication more frequently to ensure patients were taking medicines as prescribed.

Overview of safety systems and processes

At our inspection of in February 2016, we found the practice had limited systems, processes and procedures in place to keep patients safe. Policies had not been adapted for use in the practice and there was a considerable amount of work still required to ensure there were sufficient policies and protocols for staff to follow in delivery of their duties. At our follow-up inspection of 15 June 2016, we found a full suite of policies had been produced and that these were tailored to meet the needs of the practice.

- The infection control policy gave details of the infection control lead for the practice, their deputy, and who staff should contact for further advice if they had any concerns.
- The practice had implemented legionella checks. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Clinical waste bins were clearly labelled and lined with the correct yellow clinical waste sack.
- A patient toilet adjacent to the nurses treatment room was the designated sluice room and there was a policy and clear written protocol on the disposal of patient specimens.
- All staff had received infection control training.
- All consulting and treatment rooms had been fitted with compliant sinks, sealed flooring and wipe clean chairs.
- Chairs in patient waiting and reception areas had been replaced with wipe clean covered chairs.
- All consulting and treatment rooms had handwashing facilities with adequate supplies of soap in dispensers and hand sanitizer. All paper towels were in wall mounted dispensers.
- Hand sanitizer was available in patient areas such as the waiting room and in reception; patient and staff toilets were suitably stocked with hand washing and sanitizing supplies.
- An up to date health and safety information poster was displayed in the the practice.
- Vaccines were stored in locked fridges in the nurses treatment rooms.
- A recent infection control audit completed on 9 June 2016 showed the practice scored 98.6%.

Are services safe?

- The CCG infection control team had reviewed and approved the practice Handling of Specimens policy for the practice.
- All staff had received up to date training on infection control; the practice manager reviewed cleaning standards throughout the practice.

The practice GPs had carried out a significant amount of work, supported by the medicines management team, to identify, recall and review patients on long term medication. We saw that patients' compliance with medicines regimens was reviewed and that any shared care agreements were updated. Where a patients medication had not been reviewed correctly, we saw that a significant event had been reported, recorded and that analysis of why this had happened had taken place. Findings were recorded and shared. We noted that the practice patient record system had the correct amount of medication recorded for each patient, but that the length of the time the medication was prescribed for, was distorted by the entry of 168 days. The practice manager and one of the GP partners explained that this was a piece of work that needed to be completed but that they would do it with the support of the medicines management data facilitators.

We saw that the practice had completed audits of patients on high risk medication, and on those patients on more than four medications. Results showed that patients on high risk medications were being reviewed appropriately. The review of patients on four or more medications was on-going.

At our inspection of 10 February 2016, we found staff recruitment records were incomplete, and that all checks required by Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, were not in place. There was no effective recruitment policy in place. At this focussed follow-up inspection we saw that all staff references were in place and appropriate background checks had been completed. All recruitment documents were held by the practice manager and available for review. All staff had appropriate health screening checks in place and copies of insurance cover for all clinicians was held by the practice manager. A clear recruitment policy was in place.

Monitoring risks to patients

At our inspection of February 2016, we found risks to patients were not assessed and managed. We found there

was no health and safety risk assessment of the building; there was no COSHH information available in respect of cleaning products used at the practice; there was no fire risk assessment for the building and there had been no fire drill whilst the new practice manager had been in post; there was no electrical safety certificate for the building.

At our follow-up focussed inspection of 15 June 2016 we found improvements had been made and records to support these were in place.

- A full risk assessment on the building had been undertaken on 27 May 2016. All risks identified were recorded and action to address these had been undertaken or planned.
- All COSHH risk assessments were in place for cleaning products used and these were accessible to all staff.
- A fire risk assessment was undertaken on 21 April 2016 and all safety requirements had been actioned.
- An electrical safety test has been carried out; work to bring the building electrics to compliant standards had been completed and an electrical safety certificate had been issued on June 3 2016. All necessary signage around the building had been updated.
- A fire drill was completed on 18 May 2016. This was recorded and no further action was required to ensure staff were aware of evacuation procedures.

Arrangements to deal with emergencies and major incidents

When we inspected the practice in February 2016, we found the practice did not have a business continuity plan in place and some staff had not received mandatory training such as CPR training.

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

- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

Are services safe?

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

At our inspection of February 2016 we found examples of care for patients that did not follow recognised guidance and best practice.

At our follow-up inspection, we saw that each patient identified in our February 2016 inspection, had been contacted and had their medication reviewed appropriately. We saw that in each instance, a significant event had been raised, reported, recorded and analysed to understand why treatment did not follow best practice guidance. We also saw that where there was a recurring theme, the practice had run searches for patients on particular medicines, to ensure that all treatment mirrored best practice. A number of audits had been carried out by the practice, working with the CCG medicines management team. In one example, we saw that all patients receiving four medications or more were being reviewed by a CCG pharmacist.

Effective staffing

At our inspection of February 2016 we found the practice could not demonstrate that the learning needs of the non-clinical staff were effectively identified. There was no system of appraisals, staff meetings and review of practice development needs. As well as requiring CPR training, we saw that staff needed training on the functionality of the electronic patient record system. We also noted that surgery times were not in the practice patient information leaflet. The leaflet showed the opening times of the surgery, which was different to the surgery times.

At this focussed follow-up inspection we saw that the practice had made improvements in this area.

- All staff had been sent appraisal documentation for completion and all staff had been given dates from 23 June 2016 onwards for their performance review and objective setting.

- Regular monthly staff meetings were now in place.
- Staff one-to-one meetings were scheduled to follow on from the main appraisal date and objective setting for each staff member.
- Staff had received training in different elements of the computerised patient record system, in accordance with the scope of their duties.

Coordinating patient care and information sharing

At our inspection of February 2016 we found the practice held multi-disciplinary team meetings, for example, to support the care of palliative patients. However, patients discussed had no rating to indicate their level of need, so it was difficult to say whether the frequency of these meetings was sufficient.

At our focussed follow-up inspection of June 15 2016, we saw that palliative care meetings were being held monthly. We saw that patients were now being rated according to need and that these meetings were attended by palliative care nurses, district nurses and all GPs. The practice was also now maintaining a register of those patients thought to be within the last 12 months of life.

The practice had dedicated time to checking the accuracy of the practice mental health register. Checks with the local mental health liaison teams were aimed at ensuring details held about each patient were correct and that medication reviews with these patients benefitted from any input from local mental health care professionals.

The practice had identified all patients with a learning disability and these patients were being invited for health checks with the practice nurses. The nurses were using standardised templates to work through these health checks which helped ensure key areas were being covered with each patient.

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 inspection of February 2016 we found governance required improvement. At the time of our last inspection, there were insufficient policies and procedures in place to support staff in the delivery of their duties. Staff had not received an annual appraisal or any one-to-one meetings with their line manager to discuss their priorities for the new performance year. Staff training required updating in some key areas, for example, infection control and some staff needed updated safeguarding training. Standard operating processes for management of repeat prescriptions were not in place for staff to follow, which meant the timely recall and review of some patients did not take place.

Vision and strategy

At this focussed follow-up inspection on June 15 2016, we found improvements required had been made.

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Work was in place to manage the merger of the practice with another surgery, which would result in a further 3, 100 patients using the practice. All staff had been involved in preparing for this and staff were excited and positive about changes to facilitate the merger.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of good quality care. The practice manager had delivered a complete set of policies and procedures, personalised to meet the needs of the practice. Where these required review and endorsement by partner organisations, this had been completed. For example, we saw that the infection control policy had been read by all staff; an infection control lead and deputy had been appointed and were fully aware of their roles and responsibilities. An infection control audit had been completed by the CCG infection control team, which scored the practice as 98% compliant. The policy on handling and disposal of patients specimens (urine) had been reviewed and passed by the CCG infection control team.

This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.

- Practice specific policies were implemented and were available to all staff.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- An up to date training matrix was in place for all staff at the practice, detailing when refresher training was due for each staff member.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

The practice had reviewed systems in place for checking repeat prescribing. Where staff saw that a patient did not take their medicines as instructed, this was brought to the prescribing GP's attention for review before authorizing a repeat prescription. This contributed to making prescribing safer, particularly with more high risk medicines.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and

Are services well-led?

Good 

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

supported in doing so. Plans for away days were in place, were the staff would be involved in assisting with the merger of their practice with a smaller, local practice.

- Staff said they felt respected, valued and supported, particularly by the partners in the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback. We saw that the practice now displayed the results of the monthly Friends and Family Test, in patient reception and waiting areas. These results had previously not been collaged and shared with either staff or patients.

Continuous improvement

There was a renewed focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and saw the retirement of one of the partners and the planned merger with another local practice as an opportunity to introduce changes for the benefit of patients. For example, two salaried female GPs had been recruited, improving access to female GPs for patients. A new female GP was due to join the practice as a partner. The practice had plans to further develop facilities to ensure the premises continued to meet the needs of patients. Patients had commented in CQC comment cards that they appreciated the recent improvements to the practice.