

Woodley Village Surgery

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 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 Woodley Village Surgery on 6 June 2017.

The practice had undergone changes in its registration and the current GP single provider took over the leadership and management at the practice in September 2015. However the data referred to in this report for the Quality and Outcomes Framework (QOF) refers to data collected and collated between April 2015 and March 2016. Data for the GP patient survey is from between July 2015 and March 2016. This was a period of significant change at the practice.

Overall the practice is rated as good.

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

- The practice had a strong vision, which put working with patients to ensure high quality care and treatment as its top priority.
- The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.

- There was a clear leadership structure and staff felt supported by management. The practice had undergone a period of change which had resulted in improved services for patients. The practice proactively sought feedback from staff and patients, which it acted on.
- The GP ensured all staff were supported to develop their skills and abilities and undertook a quarterly analysis of the different aspects of the service provided. Action was implemented to ensure improvements were undertaken. As a result, all business and clinical matters were delivered effectively at the practice.
- The practice had clearly defined and embedded systems to minimise risks to patient safety. The culture of the practice had changed so that there was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice was committed to evidence based practice to improve the quality of care and treatment. Clinical auditing was based on up to date guidance and research to reflect innovation and the changing clinical needs of patients.

Summary of findings

- Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care. The practice had reviewed its appointment system. The improvements undertaken had reduced the waiting time for a routine appointment from up to four weeks to between one and three days.
- The practice had an active patient participation group (PPG) who were supported and encouraged to participate in the development and improvement of the practice.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The GP was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The area where the provider should make improvement included:

- Continued implementation of the planned programme to identify those patients who were also a carer.

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.

Good



- Evidence was available that demonstrated the practice culture had changed from one of not reporting significant incidents to one of regular reporting, responding and learning. From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, 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.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff. For example systems were in place so that patients were prescribed medicines appropriately and high risk medicines were monitored regularly to ensure all the required health care checks were undertaken.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above average or similar when compared to the local and national average. However exception reporting (where patients are excluded from the data because of non-attendance or the type of medicines they are prescribed) was also considerably higher. The data referred to in this report refers to data collected between April 2015 and March 2016. The current GP was registered in September 2015 with CQC and therefore the results are not true reflection of the GP performance.
- The GP was committed to improving the effectiveness of the service they provided data that demonstrated a reduction in the number of patients attending emergency departments and improvements in medicine prescribing.

Summary of findings

- The GP had introduced a 'Health Passport' for patients considered at high risk of admission to hospital or those who had multiple health care needs.
- Staff were aware of current evidence based guidance.
- Clinical and administrative audits demonstrated quality improvement.
- Staff were supported to develop their skills and knowledge to deliver effective care and treatment.
- 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.
- End of life care was coordinated with other services involved.

Are services caring?

The practice is rated as good for providing caring services.

- Results from the national GP patient survey showed patients rated the practice in many aspects of its service delivery below that of the CCG and England average. However this data was collected between July 2015 and March 2016 and was published in July 2016. This was a period of significant change at the practice.
- The GP had worked hard since they took over at the practice to ensure patients received a quality service. This included responding to patient feedback.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- The GP had implemented a planned programme of change so that patient access to appointments had improved from up to a four week wait for a routine appointment to between a one and

Good



Summary of findings

three day wait. Patient feedback indicated 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.
- Information about how to complain was available and evidence we reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- Communication channels within the practice had been reviewed and streamlined to improve effectiveness and efficiency. A thorough structure of internal and external meetings were embedded and ensured information and learning was disseminated and feedback gathered proactively.
- Governance arrangements were effective and included a quarterly review of patient feedback, performance outcomes and significant events. Action was implemented where shortfalls or improvements were identified. This ensured patients received person centred, safe and effective care and promoted continuous learning and development within both clinical and administration teams.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction. Staff told us that they were encouraged to make suggestions and recommendations for the practice.
- The practice gathered feedback from patients and it had revitalised the patient participation group to seek feedback and improve service delivery further.
- There was a strong focus on continuous learning and improvement at all levels.

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

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.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage those older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- Planned weekly telephone calls to the local care home were undertaken by the GP to monitor their patients' health and wellbeing. This provided continuity of care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- The GP had introduced a 'Health Passport' for patients considered at high risk of admission to hospital or those who had multiple health care needs.

Good



People with long term conditions

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

- The practice was in the process of recruiting a permanent practice nurse. The GP, supported by the health care assistant reviewed and monitored patients with a long-term disease and those at risk of hospital admission were identified as a priority.
- The practice achieved higher or similar percentages for the diabetes indicators outlined in the Quality and Outcomes Framework (QOF) for 2015/16 when compared to local and national averages. However exception reporting (removal of patients from the total) was also much higher than local and national averages. Please note this data is from a period where the GP was not in post for the whole of the 12 month period. Therefore the data results are not a true reflection of the GP's performance.

Good



Summary of findings

- The practice followed up on patients with long-term conditions discharged from hospital and ensured that care records were updated to reflect any additional needs.
- Data provided by the GP showed a continuous reduction in the number of patients with a long term health condition attending emergency departments from when the GP took over the surgery in September 2015 to March 2017.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- From the sample of documented examples we reviewed we found there were systems 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 accident and emergency (A&E) attendances.
- Data from 2015/16 indicated that immunisation rates were similar to the local average for all standard childhood immunisations.
- Quality and Outcome Framework (QOF) 2015/16 data showed that 81% of patients with asthma on the register had an asthma review in the preceding 12 months compared to the local and England average of 75%. However the practice had a high rate of exception reporting at 23% compared to the local average of 4% and the England average 8%.
- The practice's uptake for the cervical screening programme at 79% was lower than the local and the national average of 82%. The practice had recently employed a female salaried GP to improve this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Good



Summary of findings

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 needs of these populations 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 offered flexible surgery times including, morning, afternoon and evening surgeries. Early morning appointments were available between 7 and 8am on Wednesdays.
- The GP had also introduced telephone appointments.
- 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.

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.

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- 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 had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and 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.

Good



People experiencing poor mental health (including people with dementia)

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

- Patients at risk of dementia were identified and offered an assessment.

Good



Summary of findings

- 100% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was higher than the CCG average of 85% and the England average of 84%. Exception reporting was lower and reflected the CCG and England averages.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan recorded in the preceding 12 months, which was higher than the CCG average of 92% and similar to the England average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

What people who use the practice say

What people who use the practice say

The national GP Patient Survey results were published on 7 July 2016. The results showed the practice was performing at a much lower level when compared to local and national averages. The practice had undergone changes in its registration and the current GP took over the management and leadership at the practice in September 2015. However the data referred to in this report for the GP patient survey refers to data collected and collated between March 2015 and March 2016.

A total of 264 survey forms were distributed, and 108 were returned. This was a return rate of 41% and represented approximately 3% of the practice's patient list.

- 50% of patients found it easy to get through to this practice by phone, compared to the Clinical Commissioning Group (CCG) average of 79%. The national average was 73%.
- 93% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 89% and the national average of 85%.
- 70% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and the national average of 85%.
- 57% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 83% and the national average of 78%.

As part of our inspection, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards, all of which were extremely positive about the standard of care received. Comment cards described the GPs and the health care assistant as being 'caring' and 'compassionate'; the reception staff were described as 'friendly', 'helpful' and 'respectful'.

We spoke with one patient just after the inspection. They were extremely complimentary about the quality of care they received from the GPs and their comments reflected the information we received from the CQC comment cards. Patients said they could get urgent appointments when needed, and they praised the staff team.

The practice collected Friends and Family feedback each month. We viewed these and found that these contained positive feedback. A random sample of these from March and April 2017 all contained positive feedback referring to the 'new' GP and the staff as 'excellent'. The six forms we reviewed all stated they were extremely likely to recommend the practice to friends and family.

The practice had a patient participation group (PPG) and the patient we spoke was a member of this group. They told us that they were kept up to date and attended regular face to face meetings which were useful.

Areas for improvement

Action the service SHOULD take to improve

- Continued implementation of the planned programme to identify those patients who were also a carer.

Woodley Village Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser.

Background to Woodley Village Surgery

Woodley Village Surgery, 1st Floor, Woodley Health Centre, Hyde Road, Woodley, Stockport is part of the NHS Stockport Clinical Commissioning Group (CCG). Services are provided under a general medical service (GMS) contract with NHS England. The practice has approximately 3424 patients on their register.

The practice building is a modern building maintained by NHS Property Services. The practice is located on the first floor. There are also three other GP practices located on the first floor. Patients can access the first floor via the passenger lift. A hearing loop to assist people with hearing impairment is available. Limited car parking is available at the practice, but additional parking is available close by.

The practice is registered to one male GP. The practice employs a part time salaried female GP, a male locum GP, a practice manager who is also the practice health care assistant, and three reception staff. The practice had recently employed a practice nurse who had not commenced employment; however the practice used regular locum practice nurses in the interim.

The practice reception is open from 8am until 6.30pm Monday, Tuesday, Thursday and Friday; and from 8am until 5.30pm on Wednesdays. Surgery telephone lines are closed

on Wednesday afternoon although the practice reception is open. Early morning appointments are also available on Wednesday morning between 7am and 8am with the GP and health care assistant.

When the practice is closed patients are asked to contact NHS 111 for Out of Hours GP care.

The practice provides online access that allows patients to book appointments and order prescriptions.

Information published by Public Health England rates the level of deprivation within the practice population group as 6 on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The average male life expectancy in the practice geographical area is 79 years and is reflective of both the England and CCG averages. Female life expectancy is 82 years which is below the CCG and England average of 83 years.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

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. We carried out an announced visit on 6 June 2017.

During our visit we:

- Spoke with a range of staff including the principle GP, the practice manager/health care assistant and the regular locum GP. We spoke with both reception staff who were on duty. After the inspection visit we spoke with the salaried GP and one of the regular locum practice nurses who worked at the practice.
- Spoke with one patient the day after the inspection.
- Observed how reception staff communicated with patients.
- Reviewed an anonymised sample of patients' personal care or treatment records.
- Reviewed comment cards where patients shared their views and experiences of the service.

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

- Is it safe?

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

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

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework (QOF) data, this relates to the most recent information available to the CQC at that time. However the practice had undergone changes in its registration and the current GP took over in September 2015. The data referred to in this report for the QOF refers to data collected and collated between April 2015 and March 2016.

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- The GP told us that when they took over at the practice there was poor communication with the former GPs not being accessible to staff and there was a culture of blame whereby staff were unable to accept responsibility for mistakes or errors due to a fear of criticism or repercussions. The GP told us that the attitude and culture of the staff team was a priority. They took action implementing staff training, reviewing and simplifying policies and discussing at team meetings the importance of recognising mistakes and errors as a tool to learn and develop from. Team meeting minutes were available that demonstrated these actions.
- Staff we spoke with confirmed they understood the importance of reporting incidents. They told us they would inform the practice manager of any significant incidents and there was a recording form available on the practice's computer system. 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 reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example pathology results had been sent to a GP who no longer worked at the practice. Following this incident the pathology results inbox was set to default to the GP provider.
- The GP reviewed and analysed the number of significant incidents and complaints received every quarter at a meeting with the practice manager.

Overview of safety systems and processes

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

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The GP was the lead member of staff for safeguarding. The GP gave example where they had raised safeguarding concerns to the external safeguarding teams. They confirmed that they attended safeguarding meetings when possible or provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.
- The GP had developed and implemented an administration risk assessment which identified potential risks to patient's health and welfare. Risks identified included failure to view blood test results, two week referrals not sent and GP misses or forget to undertake a home visit. The risk assessment identified actions in place to mitigate the risks.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice manager was the infection prevention and control (IPC) lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

Are services safe?

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

- There were processes for handling repeat prescriptions which included the review of high risk medicines such as disease-modifying anti-rheumatic drugs (DMARDs) and medicines to thin blood such as Warfarin. A sample check on patient records showed that these patients received all the required health checks such as blood tests to ensure the medicines were safe for continued use. The practice also maintained a spreadsheet of patients prescribed high risk medicines and this was reviewed monthly to ensure medicines were prescribed safely.
- Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred and a system to check prescriptions had been collected by patients was implemented.
- The GP upon taking over at the practice identified concerns regarding medicine prescribing to patients. They prioritised patient medicine reviews targeting initially those patients prescribed medicines identified as being no longer suitable for general use or those associated with addiction. Patients were asked to attend medicine reviews to discuss their health and their prescribed medicines. The GP told us that they recognised that changes to patient's prescriptions were not always welcomed by patients, but they stated their priority was patient safety. The GP carried out regular medicines audits. They were aware that the local clinical commissioning group (CCG) pharmacy teams were available to offer additional support if required.
- Blank prescription forms and pads were securely stored. Systems were in place to monitor their use.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

We reviewed four personnel files, including those for two locum GPs and the locum practice nurse and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification,

evidence 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

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice landlord supplied the practice copies of the building fire risk assessment and weekly fire alarm checks were undertaken.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice landlord supplied a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health, safe methods of working and legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs were established. The GP had reviewed the services it provided to patients and implemented changes to systems to streamline procedures, to improved efficiency and effectiveness. Staff had been involved in this process and had been supported and trained to achieve this. This had resulted in a smaller staff team.

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 and there were emergency medicines available in the treatment room.
- 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. All the medicines we checked were in date and

Are services safe?

stored securely. A comprehensive risk assessment was in place detailing the medicines identified as essential for responding to a medical emergency and those considered less essential.

- 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.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- Staff attended the Clinical Commissioning Group (CCG) training masterclasses when appropriate.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results from 2015/16 showed the practice achieved 98% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 95%. However clinical exception reporting overall was 13%, higher than the CCG of 7% and the England rate of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Please note the data referred to in this report for the QOF refers to data collected and collated between April 2015 and March 2016. The current GP was registered in September 2015 with CQC and therefore the QOF results are not a true reflection of the GP's performance.

Unverified data supplied by the practice for the period 2016/17 showed that the practice had achieved 100% of the total points available. However the practice were unable to obtain data regarding the level of exception

reporting they had. The practice manager confirmed that patients were contacted a minimum of three times to request their attendance for a review of their long term health care condition.

This practice was not an outlier for any QOF (or other national) clinical targets. However clinical exception reporting was higher than local and national averages. Data from 2015/16 showed:

- The percentage of patients with diabetes on the register in whom the last blood test (HbA1c) was 64 mmol/mol or less in the preceding 12 months was 87%, compared to the CCG average of 80% and the England average of 78%. The practice had a much higher rate of exception reporting at 22% compared to the CCG average of 11% and the England average 12 %.
- The percentage of diabetic patients with a blood pressure reading 140/80mmHG or less recorded within the preceding 12 months was 82%, which was similar to the CCG average of 81% and the England average of 78%. Exception reporting was higher at 11% (CCG 7% and England average 9%).
- The percentage of diabetic patients whose last measured total cholesterol was 5mmol/l or less within the preceding 12 months was 94%, which was above the CCG average of 85%, and the England average of 80%. However exception reporting at 21% was almost 10% higher than the CCG average and 8% above the England average.
- 72% of patients with diabetes registered at the practice received a diabetic foot check compared with the CCG average and the England average of 88%. Exception reporting was 27% compared to the CCG 9% and England 8% averages.

Other data from 2015/16 showed the practice performance was similar or better than the local and England averages. For example:

- 86% of patients with hypertension had their blood pressure measured as less than 150/90 mmHg in the preceding 12 months compared to the CCG average of 84% and the England average of 82%. Exception reporting was 3% compared to the CCG average of 2% and the England average of 4%.
- 81% of patients with asthma on the register had an asthma review in the preceding 12 months compared to the CCG and the England average of 75%, although exception reporting was very high at 23%.

Are services effective?

(for example, treatment is effective)

- 100% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was higher than the CCG average of 85% and the England average of 84%. Exception reporting was lower and reflected the CCG average of 6% and the England average of 7%.
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan recorded in the preceding 12 months, which was higher than the CCG average of 92% and similar to the England average of 89%. Exception reporting was higher at 17% compared to the CCG average of 8% and the England average of 13%.

There was evidence of quality improvement including clinical audit:

- The GP stated that there had been no clinical audits undertaken prior to their taking over the registration of the GP practice. However they had implemented a clinical audit plan and two completed two cycle audits were available as well as an annual steroid injection audit. One of the clinical audits reviewed patients prescribed a medicine requiring an annual blood test to check the patient's thyroid function. The initial audit identified that no patient had received the blood test. The re-audit showed that 100% of patients had had the required check undertaken. A second audit was undertaken to monitor the use of antibiotic prescriptions for conjunctivitis. This audit referred to a recent evidence based study which identified that the prescribed antibiotic treatment made little difference to the outcome. The re-audit six months later showed almost a 45% reduction in the prescribing of this medicine.
- The direct consequence of the patient medicine reviews the GP had undertaken resulted in a reduction of the practice's prescribing costs. Data available showed that during the year to September 2015 the prescribing costs per patient were almost £50. By March 2017 this had reduced to under £20. The CCG data showed the practice was the top performing practice with a reduction in expenditure of over £110,000 between March 2016 and February 2017.
- The GP provided data that demonstrated they had improved the effectiveness of the service they were delivering. For example:

- Data for October 2014 to September 2015 (under the previous GP s) showed that the practice had approximately 320 patients per 1000 attendances at A&E.
- Data for October 2015 to September 2016 showed a reduction in this figure to 300 patients per 1000 attendances at A&E.
- A further reduction was evident for the half year October 2016 to March 2017 with 140 patients per 1000 attendance at A&E.
- Other data provided showed similar reductions in a range of indicators including emergency admissions for patients with long term conditions and emergency admissions for all patients.
- In addition to the clinical audit plan the GP and practice manager had established an administrative auditing plan. This included a hand washing audit undertaken every quarter and a monthly audit on the pharmaceutical fridge temperatures to ensure vaccines were maintained within the correct temperature range.
- The GP as part of their review of the tasks undertaken by administrative staff had identified a way to improve staff skills, and improve efficiency and time management. A document sieving protocol was created and training was provided to the administration team to recognise, prioritise and 'sieve' information received by the electronic document management system. This ensured patient information was prioritised and appropriately allocated to the GP for assessment. Following implementation an audit to test the safety and effectiveness of the protocol was undertaken in December 2016. Out of 50 items reviewed three items were identified as being wrongly 'sieved'. Action points were shared with staff and following the re-audit on 16 January 2017 there was no errors identified out of the 50 items viewed.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The GP was committed to working with and developing the skills and abilities of the staff team. They were

Are services effective?

(for example, treatment is effective)

involved in training staff to change the culture to one of openness, learning and developing and in improving effectiveness by introducing protocols to improve efficiency.

- Staff told us about the regular ongoing training they had received including safeguarding, fire safety awareness, basic life support and information governance. Practice staff confirmed they had access to online training as well as face to face training.
- We spoke with one locum practice nurse who confirmed they were up to date with training to administer vaccines and take samples for the cervical screening programme. Certificates of this training were available.
- The GP had reviewed the appraisal process to ensure that it was meaningful and included staff development and performance review. Staff participated in team meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings and supervision.
- The GP confirmed they would become a GP training practice from September 2017.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The GP had introduced a system of providing a 'Health Passport' for all patients with multiple medical problems and those most at risk of hospital admission, including the 46 patients who lived in a care home. The purpose of the Health Passport was to ensure the patient could provide current and relevant information to clinical health care services if attending hospital or Out of Hours services. The GP had developed a protocol with clear criteria regarding the content of the Health Passport and an information leaflet for patients to explain the purpose of the document.
- Information such as NHS patient information leaflets were available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals including health visitors, school nurses and Macmillan nurses.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. The GP carried out increasingly regular reviews of patients' health care needs in response to their deteriorating condition. The practice had a policy of open access to appointments for all patients on the palliative care register.

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, including the Mental Capacity Act 2005 (MCA). Administrative staff had also received MCA training and training on associated legislation.
- The practice had 46 patients on its practice list who were living in a residential care setting. The GP had undertaken comprehensive reviews of these patient's health care needs and this included reviewing those patients with a Do Not Attempt Resuscitation (DNAR) order in place. The GP ensured that those patients with the DNAR in place had been consulted and or nominated next of kin were also aware of this order.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.
- The process for seeking consent was monitored through audits of patient records.

Supporting patients to live healthier lives

Are services effective? (for example, treatment is effective)

Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet and smoking were supported by the practice. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 79%, which was lower than the CCG and the national average of 82%.

The practice also encouraged its patients to participate in the national screening programmes for bowel and breast cancer screening. The practice patient uptake of these tests was similar or slightly below the CCG and national average. For example data from 2015/16 showed that 63% of females aged between 50 and 70 years of age were screened for breast cancer in the previous 36 months which was slightly lower than the CCG average of 70% and the England average of 72%. Data showed screening for bowel cancer at 55% was similar to 57% for the CCG and 56% for the England averages. Meeting minutes from February 2017 with the patient participation group included a discussion around the importance of bowel and breast screening.

Data available for childhood immunisation rates for the vaccinations given in 2015/16 indicated that the practice was achieving similarly to the CCG and England averages. For example data from 2015/16 showed childhood immunisation rates for the vaccinations given to under two year olds ranged from 63% to 90% compared to the CCG range of 69% to 92% and England range of 73% to 95%. Rates for five year olds ranged from 88% to 90% compared to the CCG range of 85% to 92% and the England range of 82% to 95%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 35–75. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

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.

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

All of the 20 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a compassionate and responsive service and staff were helpful, caring and treated them with dignity and respect.

Comments highlighted that staff responded compassionately when they needed help and provided support when required. Comment cards described the practice, GPs, the health care assistant as being responsive, caring and willing to listen. The service provided at the practice was described repeatedly as 'excellent'.

We spoke with one patient who was also a member of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They were complimentary about the quality of care they received from the GP and their comments reflected the information we received from the CQC comment cards. Patients said they could get urgent appointments when needed, that care and support was offered quickly to those with children and those that worked.

Results from the national GP patient survey showed patients rated the practice in many aspects of its service delivery below that of the CCG and England average. However the data recorded below refers to data collected

and collated between July 2015 and March 2016 for the GP patient survey published in July 2016. This was a period of significant change at the practice, including a change of GPs.

- 79% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 92% and the England average of 89%.
- 71% of patients said the GP gave them enough time compared to the CCG average of 91% and the England average of 87%.
- 89% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the England average of 95%.
- 73% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the England average of 85%.
- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the England average of 91%.
- 86% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 93% and the national average of 91%.
- 93% of patients said the nurse gave them enough time compared with the CCG average of 95% and the national average of 92%.
- 97% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the England average of 87%.

The practice collected Friends and Family feedback each month. We viewed these and found that these contained positive feedback. A random sample of these from March and April 2017 all contained positive feedback referring to the 'new' GP and the staff as 'excellent'. The six forms we reviewed all stated they were extremely likely to recommend the practice to friends and family.

In addition the GP had reviewed several sources of patient feedback including information and feedback from patients, the patient participation group, NHS choices and the GP patient survey to identify themes and concerns

Are services caring?

about the service provided at the practice. Themes identified included long waiting times for a GP appointment, unhelpful reception staff, poor call handling and lack of a female GP.

The GP implemented a programme of changes to address patient concerns and improve the patient safety. The changes implemented included the recruitment of a female salaried GP, specific staff training and staff development to improve the practice culture and support the administrative team and a comprehensive review and change to the patient appointment system.

Care planning and involvement in decisions about care and treatment

The patient we spoke with told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received and the Friends and Family test results we viewed was also positive and aligned with these views.

Children and young people were treated in an age-appropriate way and recognised as individuals.

Results from the national GP patient survey published in July 2016 and referring to data collected and collated between July 2015 and March 2016 showed patients responded less positively to questions about their involvement in planning and making decisions about their care and treatment when compared to local and national averages. For example:

- 72% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 88% and the national average of 86%.
- 61% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 85% and the national average of 82%.
- 89% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 92% and the national average of 90%.
- 79% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 85%.

The above results did not reflect the information recorded in the patient comment cards or those expressed in the returned Friends and Family Test.

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. We saw notices in the reception areas informing patients this service was available.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.)

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The GP had a high level of knowledge about the needs of patients and their individual circumstances.

The GP and practice manager confirmed that they were working to build up their carer's register. The GP stated that the initial priority upon taking over the service was to deliver a safe service and now that they had reviewed all registered patients with high dependency care needs and or prescribed multiple prescriptions there was now opportunity to further develop the practice's carer's list. The practice had identified 11 patients who were also carers. This equated to less than 0.5% of the patient population. The practice's computer system alerted the GPs if a patient was also a carer. The practice manager confirmed they contacted these patients on an annual basis to invite them in for a review of their healthcare needs. Written information was also available to direct carers to the various avenues of support available to them.

Staff told us that if families had received a significant diagnosis and or suffered bereavement, then the GP called the patient or the patient relative to offer support and advice in accordance with the patient's preference. The

Are services caring?

practice manager stated that they usually followed this up with a further call a few weeks after the bereavement to check whether the patient and or relative required more support.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- All patients could access extended hours appointments on Wednesday mornings between 7 and 8 am with either the GP or the health care assistant.
- The GP had introduced a health passport for all patients identified at risk of admission to hospital or requiring out of hours care. A paper copy of the patient's current medicines, and health care needs was provided to patients to support them should they have need of additional health care services outside normal GP practice hours.
- There were longer appointments available for patients with a learning disability or special health care need and home visits were available for older patients and patients who had clinical needs that resulted in difficulty attending the practice.
- The practice provided care and treatment to patients living a care home. Weekly telephone contact was made to the homes to discuss patients' needs. This reduced the number of requests by the care home for home visits and ensured continuity of care for patients. Visits to patients were undertaken as required and in an emergency.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The GP had introduced a failed encounter protocol so that patients who did not attend appointments were contacted to discuss the importance of their attendance.
- Patients were able to receive travel vaccines available on the NHS.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- The practice had promoted patient online access to book appointments and order prescriptions and had increased users of this service from 10% to 20%.

Access to the service

The GP had carried out a comprehensive review of the appointment system when they took over the GP practice. They told us that the usual waiting time for a routine appointment at that time was up to about four weeks.

Following the review the GP implemented a plan to improve patient access to routine appointments. The actions implemented included:

- Training the administrative team to sign post patients to the most appropriate health care service.
- Providing additional training for the health care assistant to expand their role and responsibilities to include additional clinical areas including spirometry and asthma
- The introduction of telephone consultations for routine and urgent appointments.
- Undertaking comprehensive patient reviews at one appointment reducing the need for multiple trips to the practice by patients.

In addition the practice responded to patient demand by ensuring Mondays and Friday afternoons had more urgent appointments slots available.

The GP confirmed the actions they had implemented had been effective and the average waiting time for a routine appointment was one to three days. We looked at the patient appointment availability and noted that there was still routine appointment availability. For example on the day of the inspection there were still five routine appointments slots available in addition to urgent appointment slots. There were also six routine appointment slots available two days after the inspection.

The practice reception was open from 8am until 6.30pm Monday, Tuesday, Thursday and Friday; and from 8am until 5.30pm pm on Wednesdays. Surgery telephone lines were closed on Wednesday afternoon although the practice reception was open. Early morning appointments were available on Wednesday mornings between 7am and 8am with the GP and health care assistant.

Results from the national GP patient survey showed patients rated the practice in many aspects of its service delivery below that of the CCG and England average. However the data recorded below refers to data collected and collated between July 2015 and March 2016 for the GP patient survey published in July 2016. This was a period of significant change at the practice, including a change of GPs.

Are services responsive to people's needs?

(for example, to feedback?)

- 63% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 76%.
- 50% of patients said they could get through easily to the practice by phone compared with the CCG average of 79% and the national average of 73%.
- 93% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 89% and the national average of 85%.
- 92% of patients said their last appointment was convenient compared with the CCG average of 93% and the national average of 92%.
- 65% of patients described their experience of making an appointment as good compared with the CCG average of 78% and the national average of 73%.
- 41% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 61% and the national average of 58%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. Patient feedback comment cards also referred to getting appointments when they needed one.

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Patients who requested a home visit were telephoned by the GP to discuss the issues affecting that patient. 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 a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

The practice manager logged all complaints both written and verbal. The complaints log recorded 12 complaints between April 2016 and May 2017, four of these were verbal complaints and eight were written. We reviewed three of these complaints and observed that they had been responded with openness and transparency and included an apology and a full explanation around the issues identified by the complainant.

The GP and the practice manager as part of the quarterly review analysed the complaints received to identify themes and areas for improvements. For example one quarterly review noted that the GP had arrived late for the start of surgery on occasion. This was discussed and a follow up review noted improvements.

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's vision 'To provide a service and quality of care we would expect for our own parents, children and siblings.' The leadership, governance and culture at the practice underpinned the drive and improvement of the delivery of a high-quality person-centred care.

- The practice objectives to provide a safe and effective GP service to patients was driven by the GP and supported by the practice manager. There was a clear understanding by all staff of the standard of service that was expected. Feedback from staff, patients and the meeting minutes we reviewed showed regular engagement took place to ensure all parties knew and understood the vision and values.
- There was a commitment by all the practice staff to deliver a high quality service. The practice's management strategy was supported by its governance framework which facilitated staff contribution to the aims and objectives and ensured it was inclusive.
- The practice held a range of regular meetings to review progress and this included regular team meetings

Governance arrangements

The practice had a strong overarching governance framework which supported the delivery of the strategy and good quality care. Governance and performance management arrangements were proactively reviewed and reflected best practice. The GP used Quality Improvement Activity (QIA) audit tool to review and improve services. QIA is a recognised audit tool which can be used to evaluate processes of care, spot weaknesses and implement organisational change. The governance structures and procedures ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities and how they contributed to the practice's vision of delivering patient centred care.
- Practice specific policies and protocols had been developed. These were easy read documents that supported staff to undertake their duties quickly and effectively. The GP was involved in staff training to

ensure they understood the purpose of policies and protocols. Examples included the document sieving protocol which enabled administrative staff to effectively prioritise and allocate all documentation.

- A comprehensive understanding of the performance of the practice was maintained. There was a strong commitment to patient centred care and effective evidence based treatment. The GP implemented improvement strategies and monitored and reviewed performance to evaluate effectiveness and identify further improvements. For example the GP was concerned that the staff culture prevented the reporting any significant incidents or concerns. Staff training was provided and this emphasised the learning and improvement aspect of reporting incidents. A quarterly analysis of significant events was undertaken and action taken as required. For example the quarterly analysis from April 2016 showed there had been no significant incidents reported. A staff meeting was organised to discuss this. The analysis for July 2016 identified one incident; however by October 2016 nine incidents had been reported.
- A comprehensive programme of continuous clinical and internal audit was in place which was used to monitor quality and to make improvements. Patients were central to the provision of care and services and protocol were implemented to ensure patients were contacted if they failed to attend appointments.
- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were effectively established and this included monitoring quarterly clinical audit, significant event analysis, complaint investigations, patient feedback and outcomes data for admissions, referrals and prescribing.
- The GP had reviewed administrative activities and introduced processes to streamline these so that a more effective service was provided. The GP included all staff members in the improvement and development of the practice and encouraged inclusive team work.

Leadership and culture

On the day of inspection the GP demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the GP and other GPs were approachable and always took the time to listen to all members of staff.

Are services well-led?

Good 

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

The GP 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 encouraged a culture of openness and honesty. The practice gave affected people reasonable support, truthful information and a verbal and written apology.

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

- The practice held and minuted a range of internal and multi-disciplinary meetings including meetings with district nurses, health visitors and school nurses to monitor vulnerable patients including families and safeguarding concerns.
- The GP provided in house staff training, monitored and recognised good performance and there was planned organised social activities undertaken on a regular basis.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes of meetings were available for practice staff to view.
- All staff were involved in discussions about how to run and develop the practice, and the GP encouraged all members of staff to identify opportunities to improve the service delivered by the practice. Staff spoke highly of working at the practice and felt proud to work there.

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

The practice encouraged and valued feedback from patients and staff.

The practice had a patient participation group (PPG) although this had not been active when the GP took over at the surgery. The practice manager and GP organised a meeting with the PPG members in October 2016 and minutes of a further meeting in February 2017 were also available. The minutes from the meetings detailed a range of different subjects discussed including updates on the changes the GP was making. At the meeting in February

2017 members of the PPG requested training on how to use a defibrillator. The practice manager identified a free course run by St Johns Ambulance service and two members of the PPG attended this training.

- Other areas discussed in the minutes of the February 2017 meeting included a section on where the GP and practice manager had responded to PPG requests “You said, We did”. We spoke with a member of the PPG who stated that the service being provided now was much better and that they were now having regular meetings, which the GP attended.
- The GP had reviewed several sources of patient feedback including information and feedback from patients, the patient participation group, NHS choices and the GP patient survey to identify themes and concerns about the service provided at the practice and recorded an action plan to improve each of the identified areas. Themes identified included long waiting times for a GP appointment, unhelpful reception staff, poor call handling and the lack of a female GP. Actions included improving reception staff performance, recruiting a female GP and improving the patient calling system.
- There was strong collaboration and support across the small staff team and a shared focus on improving quality of care and people’s experiences. The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff attended the Clinical Commissioning Group (CCG) training courses (Masterclasses) as required. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The GP and practice manager were forward thinking and implemented action to improve outcomes for patients in the area.

- The practice monitored its performance and benchmarked themselves with other practices to ensure they provided a safe and effective service. Data demonstrated they were effective in improving outcomes.
- The practice was aware of where they needed to develop and improve further. The practice was

Are services well-led?

Good 

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

implementing a plan to increase its list of patients who were carer's. A practice nurse had been recently recruited and the GP was to commence GP training from September 2017.