

Church Hill Surgery

Quality Report

Station Road
Pulham Market
Diss
IP21 4TX

Tel: 01379676227

Website: www.churchhillsurgery.co.uk

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	8
What people who use the service say	13
Areas for improvement	13
Outstanding practice	13

Detailed findings from this inspection

Our inspection team	15
Background to Church Hill Surgery	15
Why we carried out this inspection	15
How we carried out this inspection	15
Detailed findings	17

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Church Hill Surgery

on 2 May 2017. Overall the practice is rated as good.

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

- Since November 2016, the registered provider of Church Hill Surgery had changed and the principal GP was the sole provider. Practice staff we spoke with told us significant changes had been made, including the employment of three GPs who had previously worked as long term locums in the practice.
- There was a clear leadership structure, practice staff we spoke with told us that the principal GP and practice manager had involved them in developing their business plan to encourage future developments and offer greater services to their patients.
- The practice proactively sought feedback from staff and patients, which it acted on. The Patient Participation Group had recently been reformed and the members we spoke with were passionate about the changes and the greater involvement of patients.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had systems to minimise risks to patient safety. However, the practice had undergone extensive building works to extend the practice and a qualified person had not reviewed the previous risk assessment for the prevention of legionella disease. The previous risk assessment deemed the building to be low risk. The practice took immediate action and arranged for a qualified person to undertake a review.
- Practice staff were aware of current evidence based guidance, and had been trained to provide them with the skills and knowledge to deliver effective care and treatment. The clinical staff discussed these and patient cases at regular meetings. Clinical staff told us they always had access to a GP for advice. We noted

Summary of findings

the practice did not undertake formal one to one peer meetings with clinicians in protected time to review consultations and share learning. The practice told us with the addition of three new GPs in post, protected time would be given to formalise clinical supervision to enhance the support already in place. The practice took immediate action and arranged protected sessions for clinical staff to enhance the supervision already in place..

- Results from the national GP patient survey, published in July 2016, showed patients were treated with compassion, dignity, and respect and were involved in their care and decisions about their 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 very easy to make an appointment and there was continuity of care, with urgent appointments available the same day. The practice offered 12 minute appointments as standard and longer appointments if appropriate.
- The practice had achieved 100% for the standard childhood immunisations.
- In 2015, the practice had extended the premises providing additional clinical rooms had upgraded other clinical rooms to a high standard and provided more car parking. The practice was well equipped to treat patients and meet their needs.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

We saw one area of outstanding practice:

The practice directly employed an outreach team to manage patients that were vulnerable and needed additional care. The team consisted of a GP and three nurses, one community based, one nurse practitioner and a practice nurse. The team worked closely with other health professionals such as a care co-ordinator and social worker. All practice staff were engaged with this

team, including the dispensary drivers who delivered medicines five days per week to patients that needed them. Other local charities and support groups such as the Cinnamon Trust (a local charity that cared for patients dogs when needed) support the team to ensure patients were support to remain at home. The CCG had supported the project and data they provided showed a significant reduction of the number of avoidable admissions. The CCG planned to roll out this model of care to other practices in the locality.

We saw areas where the practice should make the following improvements:

- Embed the practice plan to provide protected time to undertake formal clinical supervision of all clinical staff enhancing the supervision already in place.
- Review and monitor the system used to record the results from regular safety checks undertaken and ensure that they are updated timely and any actions are investigated and completed.
- Update the risk assessment for the management of Legionella's disease and ensure any actions are completed in a timely way including those related to water temperature management.
- Collate the practice registers to identify all patients who are vulnerable to ensure there is comprehensive oversight enabling practice staff to be informed of patients with more complex needs.
- Review the system for recording all feedback including verbal to ensure trends can be identified and improvement encouraged.
- Review the systems and processes in place to ensure consistent coding of medical records is used to provide accurate performance data.

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



- 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, and a written explanation and 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 to minimise risks to patient safety. However, the practice risk assessment for the prevention of Legionella's disease needed to be reviewed and updated. The previous risk assessment deemed the building low risk. The practice took immediate action and arranged for a qualified person to re inspect.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework 2015/2016 showed patient outcomes were generally above average compared to the national average. However we noted that the practice exception reporting was above the CCG and national averages in some areas. The practice provided evidence that they had reviewed all these patients and informed us that some patients on the computer registered were outside of the indicator criteria and therefore exempt and the remainder had been exempted appropriately after a minimum of three contacts.
- The practice monitored and reviewed patient's medicines, and where possible completed all health checks for the patient during a single appointment.
- Staff were aware of current evidence based guidance and discussed this at the regular clinical meeting held every two weeks.

Summary of findings

- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff. However, there was scope to improve the support and learning to clinical staff by undertaking formalised clinical supervisions in protected time.
- 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 the practice outreach team and other services were involved.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey July 2016 showed patients generally rated the practice in line with others for several aspects of care. For example 87% of patients said the last GP they saw or spoke to was good at explaining tests and treatments compared with the CCG average of 88% and the national average of 86%.
- We reviewed 30 comment cards which showed that 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 that practice staff worked together as a cohesive team and treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 1% of the practice populations as carers, written information was available, and carers were sign posted to the local support group.
- Practice staff had received training in dementia awareness and demonstrated that they were a dementia friendly practice.

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 recognised that many patients worked some distance from their homes; therefore they offered patients flexibility when booking appointments for reviews such as those for long term conditions, minor surgery, or contraception.

Good



Summary of findings

- The practice offered an in house clinic to ensure patients who are taking an anticoagulation medicine (Warfarin) had easy access to regular blood test monitoring.
- 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.
- Patients we spoke with said they had not found it easy to make an appointment with a named GP. Three long term locums had recently been employed, we noted the starting date for the salaried posts was the day of the inspection. Patients told us that they could always make an appointment with a GP or nurse both in advance and on the same day. Early appointments were available on Tuesday mornings and to 6.30pm each 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 from three examples 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 and strategy to deliver high quality care and promote good outcomes for patients. Practice staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk such as fire safety, there was scope for the recording of findings to be further improved.
- Practice staff had received inductions, annual performance reviews, attended staff meetings, and training opportunities. We noted the practice did not undertake formal one to one peer meetings with clinicians, in protected time to review consultations and share learning. The practice took immediate action and arranged protected sessions for clinical staff to enhance the supervision already in place.
- All practice staff we spoke with told us that they had access to clinical colleagues for ad hoc discussions and regularly discussed cases at the two weekly clinical meeting.

Good



Summary of findings

- The provider was aware of the requirements of the duty of candour.
- The management team encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas. Three apprentices had taken permanent roles within the practice and several staff members told us of the training and support they had been given to expand their role and responsibilities within the practice.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

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.

Good



- 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 directly employed a team to ensure older patients were appropriately supported to maintain their independence within their own homes.
- The practice offered weekly visits by the nurse practitioner and as required by the GP to ensure proactive health care to patients living a local care home.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. The practice involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.
- Daily deliveries of medicines were available to patients who needed them; this ensured any medicines prescribed were available to the patient in a timely way. This helped to promote better health in a quicker way.
- Appointments were flexible to enable patients who did not have transport to use the dedicated bus service from a nearby village.

People with long term conditions

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

Good



- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Data from the quality and outcome framework 2015-2016 showed that the practice performance in relation to diabetes

Summary of findings

was 100%. This was 9% above the CCG and 10% above the national average. The practice exception reporting rate was 18% this was above the CCG average of 15% and above the national average of 12%.

- The practice followed up on patients with long-term conditions discharged from hospital and ensured their care plans were updated to reflect any additional needs.
- There were emergency processes in place for patients with long-term conditions who experienced a sudden deterioration in health.
- All patients with long term conditions 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.
- To increase uptake of annual reviews, the practice staff telephoned patients to arrange their appointments. Flexibility of appointment times was given to ensure that patients could attend at times convenient to them.
- The practice hosted a diabetic eye screening service to ensure patients could access this service easily. A hospital nurse who specialised in diabetes regularly attended the clinic to management patients with more complex needs and to offer support and advice to the practice staff.

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.
- The practice had achieved 100% for the standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- 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.

Good



Summary of findings

- The practice had emergency processes in place for acutely ill children and young people and for acute pregnancy complications.
- The practice offered a range of contraceptive services including being a C Card centre. (A C Card centre offers free condoms to young people).
- An appropriately trained practice nurse offered school readiness checks giving support to both the child and their family.

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. For example, the practice offered both GP and nurses appointments from 7am on Tuesday mornings.
- Telephone consultations were available for those who wished to access advice this way.
- 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.
- NHS health checks were available at times convenient to the patient.

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 directly employed a team to ensure patients whose circumstances may make them vulnerable were appropriately supported to maintain their independence within their own homes.
- Although the practice outreach team held a register of patients that were identified as vulnerable and actively managed them, the practice did not hold a comprehensive register of all patients who were vulnerable due various circumstances including younger people. We discussed this with the practice, they told us that they knew their patients very well; the patients that were not on the outreach team register, were on other

Good



Summary of findings

registers such as chronic disease registers. The practice recognised that a comprehensive register would ensure that all staff within the practice would easily identify patients whose needs may be more complex.

- 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 had information available for vulnerable patients about how to access various support groups and voluntary organisations. These included a dog walking service, and carers support group.
- Practice staff we spoke with 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.

People experiencing poor mental health (including people with dementia)

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

- The practice directly employed a team to ensure patients experiencing poor mental health (including people with dementia) were appropriately supported to maintain their independence within their own homes.
- The practice carried out advance care planning for patients living with dementia.
- The practice had worked with a specialist doctor to increase their awareness and diagnosis of dementia in patients including those who lived in a local care home.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia. An Admiral nurse (a nurse who specialises in one to one support and expert advice for families living with dementia) attended the practice to see patients in the surroundings that were familiar to them.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- Data for the quality and outcome framework from 2015 to 2016 showed the practice performance for mental health was 100%. This was 4% above the CCG average and 7% above the national

Good



Summary of findings

average. The practice exception reporting rate was 22% this was above the CCG average of 14% and the national average of 11%. Medical records we viewed showed the patients had been managed appropriately.

- 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.
- The practice staff, including nurses and non-clinical staff, had received training and had a good understanding of how to support patients with mental health needs and dementia. The practice staff told us they aimed to be formally recognised and accredited as a dementia friendly practice.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice results were mixed when compared with local and national averages. 214 survey forms were distributed and 117 were returned. This represented a 55% response rate.

- 91% of patients described the overall experience of this GP practice as good compared with the CCG average of 86% and the national average of 85%.
- 80% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.

- 78% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with the CCG 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 30 comment cards which were all positive about the standard of care received. Comments received included that staff were helpful and caring, appointments were easy to get and many patients reflected they would not change anything about the practice.

We spoke with four patients during the inspection. All four patients said they were very satisfied with the care they received and thought staff were approachable, committed, and caring.

Areas for improvement

Action the service **SHOULD** take to improve

- Embed the practice plan to provide protected time to undertake formal clinical supervision of all clinical staff enhancing the supervision already in place.
- Review and monitor the system used to record the results from regular safety checks undertaken and ensure that they are updated timely and any actions are investigated and completed.
- Update the risk assessment for the management of Legionella's disease and ensure any actions are completed in a timely way including those related to water temperature management.
- Collate the practice registers to identify all patients who are vulnerable to ensure there is comprehensive oversight enabling practice staff to be informed of patients with more complex needs
- Review the system for recording all feedback including verbal to ensure trends can be identified and improvement encouraged.
- Review the systems and processes in place to ensure consistent coding of medical records is used to provide accurate performance data.

Outstanding practice

We saw one area of outstanding practice:

The practice directly employed an outreach team to manage patients that were vulnerable and needed additional care. The team consisted of a GP and three nurses, one community based, one nurse practitioner and a practice nurse. The team worked closely with other health professionals such as a care co-ordinator and social worker. All practice staff were engaged with this

team, including the dispensary drivers who delivered medicines five days per week to patients that needed them. Other local charities and support groups such as the Cinnamon Trust (a local charity that cared for patients dogs when needed) support the team to ensure patients were support to remain at home. The CCG had supported

Summary of findings

the project and data they provided showed a significant reduction of the number of avoidable admissions. The CCG planned to roll out this model of care to other practices in the locality.

Church Hill Surgery

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 Church Hill Surgery

Church Hill Surgery is situated in the village of Pulham Market. The practice provides services for approximately 4300 patients. It holds a General Medical Services contract and is a teaching practice for medical students from the University of East Anglia. The practice dispenses medicines to those patients entitled to receive this service. We inspected the dispensary as part of this inspection.

We reviewed the most recent data available to us from Public Health England which showed that the practice population has a higher than average number of patients aged 45 and over and lower than average number of patients aged under 40 years. The practice is in a rural area with a low level of deprivation. Income deprivation affecting children and adults is below the local and national averages.

The practice clinical team consists of one principal GP who holds managerial responsibility for the practice. There are four male GPs, one female GP, a nurse practitioner, two practice nurses (one holds a prescribing qualification), a primary care community matron, a healthcare assistant, and a phlebotomist. A practice manager and reception, administration and secretarial staff support the clinical team. Six dispensers and two delivery drivers support the lead dispenser.

Church Hill Surgery is open from Monday to Friday. It offers appointments from 8.30am to 6.30pm daily. Extended hours appointments are available with the GP and nurse from 7am to 8am on Tuesdays. Appointments can be booked six weeks in advance with urgent appointments available on the same day. Out of hours Integrated Care 24 provides care via the NHS 111 service.

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.

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 2 May 2017. During our visit we:

- Spoke with a range of practice staff including GPs, nursing team, practice manager, receptionists, administrator/secretary, and dispensary team member. We spoke with patients who used the service.
- We spoke with the manager of a local care home.
- We observed how patients were being cared for in the reception area.

Detailed findings

- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- Practice staff told us they would inform the practice manager of any 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).
- From the sample of three documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts, and minutes of meetings where significant events were discussed.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, minutes of a meeting held in March 2017 detailed an event where confidentiality had been breached. The minutes included details of how the issue was resolved and steps staff should take to prevent this happening again.
- The practice management team had recently changed and they told us they were implementing systems and process to record all verbal feedback to ensure they were monitored trends and encourage improvement.

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. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies.

- Practice staff we spoke with demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level three.
- 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.
- A clinical staff member who had received appropriate training was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. 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.

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.
- Dispensary staff identified when a medicine review was due and told us that they would alert the relevant GP to reauthorise the medicine before a prescription could be issued. This process ensured patients only received medicines that remained necessary for their conditions.

Are services safe?

- The practice carried out regular medicines audits, with the support of the local clinical commissioning group medicine management teams, to ensure prescribing was in line with evidence based guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored and there were systems to monitor their use.
- Two of the nurses had qualified as an Independent Prescribers and could therefore prescribe medicines for clinical conditions within their expertise. Although they did not have formalised mentorship in protected time, they told us they received support from the medical staff for this extended role and had the opportunity to discuss cases at the regular clinical meetings they attended. The practice took immediate action and implemented protected time for these sessions to enhance the supervision already in place.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- The practice had signed up to the Dispensing Services Quality Scheme (DSQS), which rewards practices for providing high quality services to patients of their dispensary. Staff had completed a number of dispensary audits including one looking at labelling standards. This resulted in changes to ensure accuracy and prescription tracking.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training, or were fully supervised in apprenticeship roles, and had undertaken continuous learning and development
- Records showed that all members of staff involved in the dispensing process were appropriately qualified and their competence was checked regularly by the lead GP for the dispensary.
- Dispensary staff showed us standard operating procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).
- We saw evidence of regular reviews of these procedures in response to incidents or changes to guidance in addition to annual review.
- Dispensary review of medicines use (DRUMS) were completed by the dispensers and referred to GPs as required.
- A bar code scanner was in use to check the dispensing process; however dispensary staff described a process for ensuring second checks by another staff member or doctor when dispensing certain medicines for example controlled drugs.
- The dispensary staff were able to offer weekly blister packs for patients who needed this type of support to take their medicines and we saw that the process for packing and checking these was robust. Staff knew how to identify medicines that were not suitable for these packs and offered alternative adjustments to dispensing where possible.
- The practice provided a daily delivery service to patients that needed it and were unable to come to the surgery to collect their medicines.
- We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Incidents were logged efficiently and then reviewed promptly. This helped ensure appropriate actions were taken to minimise the chance of similar errors occurring again.
- Systems were in place to deal with any medicines alerts or recalls, and records kept of any actions taken. We reviewed three alerts and found that they had been managed well.
- Records showed fridge temperature checks were carried out which ensured medicines were stored at the appropriate temperature and staff were aware of the procedure to follow in the event of a fridge failure.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. For example, controlled drugs were stored in a controlled drugs cupboard, access to them was restricted, and the keys held securely. There were arrangements in place for the destruction of controlled drugs. Staff were aware of how to raise concerns with the controlled drugs accountable officer in their area.

Are services safe?

- 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.

We reviewed four personnel files 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 had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises. There was scope for the practice to ensure more detailed records were held of tests and drills 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 had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, the assessment for legionella, which deemed the building low risk, had been undertaken prior to the extensive building work undertaken. The practice took immediate action and arranged for a qualified person to re inspect.

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.
- Non-clinical practice staff we spoke with told us they had discussed with the management team a shortfall in cover during periods of staff leave. The practice employed a further member of staff to ensure sufficient cover at all times.

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.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was 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 stored securely.

The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. This plan had been recently used during a recent power failure. A copy of this plan was stored at an alternative location.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems to keep all clinical staff up to date. Practice 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 with risk assessments, audits, and random sample checks of patient records.

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). In the most recent published results, from 2015 to 2016, the practice achieved 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 95%. The practice exception reporting rate was 13%, this was 3% above the CCG average and 5% above the national average. (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).

Data from 2015-2016 showed:

- Performance for diabetes related indicators was 100% this was 9% above the CCG average and 10% above the national averages. Exception reporting for this indicator was 18% this was above the CCG average of 15% and above the national average of 12%.
- Performance for mental health related indicators was 100% this was 4% above the CCG average and 7% above the national average. Exception reporting was 22% for this indicator which was 14% above the CCG average and 11% above the national average.

We reviewed the unverified data for 2016/2017 which showed the practice exception reporting rate was 29%. After the inspection the practice reviewed these patients, in all cases the patients was not experiencing poor mental health but the practice decided not to remove them from the register to ensure timely treatment in the future should the patient require it.

- Performance for chronic obstructive pulmonary disease was 100% this was 3% above the CCG average and 4% above the national average. The exception reporting rate for this indicator was 25% this was 14% above the CCG average and 13% above the national average. We reviewed the unverified data for 2016/2017 which showed the practice exception reporting rate was 12%.
- Performance for Asthma related indicators was 100% this was 1% above the CCG average and 3% above the national average. Exception reporting for this indicator was 4% this was below the CCG average of 8% and the national average of 7%.
- Performance for Dementia was 100% this was 1% above the CCG average and 3% above the national average. Exception reporting for this indicator was 5% this was below the CCG average of 15% and the national average of 13%.

We discussed the practice exception reporting rates and reviewed medical records. We saw evidence that the practice had either carried out the appropriate checks but had not recorded the information correctly. The principal GP told us that since the change from a partnership to a sole provider it had been necessary to use more locum GPs. Although all clinical information was recorded, the correct read codes had not always been applied. From records we viewed we were assured that patients had received appropriate care. The practice had recorded at least three attempts to contact the patients but staff we spoke with, told us that they did contact patients more times than this using telephone and messages on repeat prescriptions requests. In some cases, the patient was electronically exempt from the indicator, as they did not meet the criteria. The practice told us that they recognised there was some inconsistency in data recording. They were confident that with the new employed clinical team this would be addressed.

Are services effective?

(for example, treatment is effective)

There was evidence of quality improvement including clinical audit:

We reviewed three completed audits where the improvements made were implemented and monitored.

- Findings were used by the practice to improve services. For example, an audit was undertaken to ensure that women aged 40 years and over and taking certain contraceptive medicines had been given advice in relation to the effects to their bone health.

The audit highlighted those patients where the discussion had not been documented. The practice contacted these patients, discussed the options, made changes to medicines as appropriate.

Changes made as a result of this audit included more training for staff, a review of the practice documentation ensuring they used information that was clear and concise. The practice undertook regular searches to ensure that 100% was consistently maintained.

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.
- Practice staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings. The practice could demonstrate how they ensured role-specific training and updating for relevant staff.
- The learning needs of staff were identified through a system of appraisals, meetings, and reviews of practice development needs. Practice 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, coaching and mentoring, and facilitation and support for revalidating GPs and nurses. Immediately following the inspection, the

practice implemented one to one peer clinical supervision in protected time to enhance the support given to clinical staff. Most staff had received an appraisal within the last 12 months. One staff member we spoke with told us they were overdue their appraisal, this had resulted from difficulties in arranging around staff leave, we noted that this was planned.

- Staff received training that included safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records, and investigation and test results.
- From detailed spreadsheets we saw the practice shared relevant information with other services in a timely way, for example urgent referrals for suspected cancer. We noted the practice checked and documented that the patient had received their appointment and attended the clinic they were referred to.

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 on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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.

Consent to care and treatment

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

Are services effective?

(for example, treatment is effective)

- Practice staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, 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 patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- Smoking cessation and weight management advice was available from the practice nurse. Appointments were flexible allowing patients to attend the practice at times convenient to them.

The practice's uptake for the cervical screening programme was 83%, which was comparable with the CCG average of 84% and the national average of 81%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were high, for example, rates for the vaccines given to under two year olds and five year olds was 100%, this was above the expected target of 90%. The

practice told us they called parents or guardians if they did not attend for their child's immunisations and found that parents or guardians sometimes needed more information about the vaccinations to be able to make an informed decision.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by contacting patients by telephone. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. The practice engaged with Cancer UK who provided education for staff and patients. Data from Public Health England showed;

The percentage of patients screened for breast cancer in the last 36 months was 76% this was in line with the CCG average of 79% and the national average of 73%.

The patients of patients aged 60-69 screened for bowel cancer in the last 30 months was 65% this was in line with the CCG average of 66% and above the national average of 58%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40-74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

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 male or female clinicians.

All of the 30 patient Care Quality Commission comment cards we received were very positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four patients including two members 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. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey, published in July 2016, showed patients felt they were treated with compassion, dignity, and respect. The practice was generally in line when compared with others for its satisfaction scores on consultations with GPs and nurses. For example:

- 83% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 98% and the national average of 97%.

- 80% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% national average of 85%.
- 95% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 91%.
- 93% of patients said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 99% 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%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared with the CCG average of 88% and the national average of 87%.

The practice recognised that some of the patient responses in relation to GPs were low. However, the practice is confident that this will improve as all staff are aware and are working hard to achieve 100%.

We spoke with the manager of a local care home. They were very positive about the service provided by the practice. They told us that patients and staff found the practice to be responsive, helpful, and kind. The nurse practitioner attended the home on a regular day each week to ensure proactive health care was available to the patients. The GPs attended when requested and discussed all patients with the nurse practitioner. The manager described occasions when the nurse practitioner had discussed a patients' care with the GP ensuring the patient received the appropriate care in a timely way.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them

Are services caring?

survey results are below. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Children and young people were treated in an age-appropriate way and recognised as individuals. Clinical and non-clinical staff had received training to offer free condoms to young people. The PPG were engaged in communicating with local schools to be able to undertake some surveys to inform the practice what this group of patients wanted the practice to provide.

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

- 87% 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%.
- 77% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 86%.
- 92% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG and national average of 90%.

88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

The practice provided facilities to help patients 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. Longer appointments were available for these patients.
- Information leaflets were available in easy read format.
- The electronic referral service was used with patients as appropriate. (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 practice's computer system alerted GPs if a patient was also a carer. The practice had identified 57 patients as carers (1.3% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support. Further improvements were planned for this, the practice planned to discuss this at a future meeting to co-ordinate the identification of carers.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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:

- The practice offered extended hours on a Tuesday morning from 7am to 8am for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- The practice was planning to install new doors leading into the practice. At the time of our inspection patients who were in a wheelchair or who needed help rang a buzzer and a staff member assisted them.
- We saw evidence that practice staff were flexible when considering patients' needs and adjusted appointments accordingly. The practice has considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients received information in formats that they could understand and received appropriate support to help them to communicate.

Access to the service

The practice was open and appointments were available between 8.30am and 6.30pm Monday to Friday. Extended hours appointments were offered from 7am to 8am on

Tuesdays mornings. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

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

- 72% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 73% and the national average of 76%.
- 93% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% and the national average of 73%.
- 46% 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 57% and the national average of 59%.
- 97% of patients said their last appointment was convenient compared with the CCG average of 91% and the national average of 92%.
- 80% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.
- 66% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 56% 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. The practice was confident that three additional GPs, who started their salaried posts on the day of the inspection, would improve the lower performance scores and offer greater continuity of care.

The practice had a system to assess:

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

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 such as. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Are services responsive to people's needs?

(for example, to feedback?)

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.
- We saw that information was available to help patients understand the complaints system. There were posters in the waiting area, information in the practice leaflet and on the practice web site.

We looked at three complaints received in the last 12 months and found these had been satisfactory managed. Lessons were learned from individual concerns and complaints and from analysis of trends and action were taken to as a result to improve the quality of care. For example, minutes from a meeting held in April 2017 showed that two complaints were discussed; one, regarding treatment a patient had received was on going, and one relating to the availability of phlebotomy appointments had been concluded. The practice did not record verbal feedback to ensure that trends could be monitored and improvement encourage.

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.

- Since November 2016, the registered provider of Church Hill Surgery had changed and the principal GP was the sole provider. Practice staff we spoke with told us significant changes had been made, including the employment of three GPs who had previously worked as long term locums in the practice.
- There was a clear leadership structure, practice staff we spoke with told us that the principal GP and practice manager had involved them in developing their business plan to encourage future developments and offer greater services to their patients.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. The practice recognised that there was scope to improve the coding within the clinical records to ensure consistency and accurate performance data. The practice was confident the employment of regular GP staff would improve this.
- Two hourly practice clinical meetings were held every two weeks and the GP principal and practice manager met regularly to ensure actions were completed and monitored. Meetings that provided an opportunity for staff to learn about the performance of the practice were held, practice staff we spoke with said they found these useful but not always frequent enough due to the

challenges of staff rotas and working patterns. The management team and staff mitigated this by ensuring they used an electronic message system and spoke to each other regularly.

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording, and managing risks, issues, and implementing mitigating actions. However, the risk assessment for the management of Legionella's disease had not been reviewed since the building works. The previous report deemed the building low risk and the practice took immediate action and arranged for a qualified person to re inspect.
- The minutes of meetings we viewed demonstrated there was a structure to the agendas that allowed lessons to be learned and shared following significant events and complaints.

Leadership and culture

On the day of our inspection the principal 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. Practice staff told us the management team were approachable and always took the time to listen to all members of staff. We saw evidence where changes had been made; for example, practice staff identified that there was a shortfall in staffing levels during holiday times and in response the practice employed an additional staff to ensure there was always sufficient staff on duty to keep patients and staff safe from harm.

The provider was aware of and had systems 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 GP principal encouraged a culture of openness and honesty. From the sample of three documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

Are services well-led?

Good 

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

- The practice gave affected people reasonable support, and a verbal and written apology.
- The practice did not keep written records of verbal feedback to monitor trends and encourage improvements. However, they shared their plan with us to do this in the future.

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Practice staff told us the practice held regular team meetings. A two hour clinical meeting was held each two weeks and multi-disciplinary team meetings were held monthly.
- Practice 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 were comprehensive and were available for practice staff to view.
- Practice staff said they felt respected, valued and supported, particularly by the management team in the practice. All staff were involved in discussions about how to run and develop the practice, and the management team encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Patients through the patient participation group (PPG) and through surveys and complaints received. The newly formed PPG met regularly, were designing a patient survey to undertake, and submitted proposals for improvements to the practice management team. For example, following feedback from patients the practice provided a second entrance to the dispensary, saving patients having to go through the waiting room. Practice staff told us that patients found this useful and, as there were fewer patients in the vicinity, it had helped with confidentiality at the front desk.
- The NHS Friends and Family test, complaints and compliments received.
- Practice staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Practice staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice had been proactive in securing funding to continue to employ the members of the outreach team providing excellent services to patients and to roll out this model of care to other practices.

The Practice was excited that the successful recruitment of the three sessional GP's would consolidate and strengthen the clinical team and continue to provide the high quality care to the patients and develop services bringing care closer to home.