Storrsdale Medical Centre

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?	Outstanding

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Storrsdale Medical Centre on 26 February 2016. Overall the practice is rated as good. The practice is rated as outstanding for providing a well led service and for providing services for the older population.

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

- The practice was clean and had good facilities including translation services and a hearing loop.
- There were systems in place to mitigate safety risks including analysing significant events and safeguarding.
- Patients' needs were assessed and care was planned and delivered in line with current legislation.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. The practice sought patient views about improvements that could be made to the service; including carrying out surveys and having a patient participation group (PPG) and acted, where possible, on feedback.

There were examples of outstanding practice including :

- Staff worked well together as a team and had recently (2015) been given two awards from the Royal College of GPs for the best practice team and the best practice management.
- An ethos that all staff took a responsibility to look after patients. There were very clear staff roles and safety netting systems. Examples included, all A&E attendances were monitored by a lead member of staff on a daily basis; all appointments were monitored on a daily basis by a lead member of staff to check patients did not miss any health checks for long term conditions; a lead member of staff for checking uncollected prescriptions. There were lead roles and responsibilities for aspects of health and safety. The practice recognised that implementing clinical governance systems ensured the safety and well-being of patients and improved the service received. For example, there were weekly staff meetings for the whole team. These were

Summary of findings

documented and in addition there was a clear action log designed to show any issues arising, what action to be taken and by whom and when. The action logs were then discussed at each meeting. All incidents or complaints no matter how minor and all audit work were discussed with the whole team to enable continuous improvement.

- The practice worked with a local charity and had formed a group called 'Storrsdale Friends' to combat loneliness within the elderly population group. This involved monthly Sunday lunches held at the practice with members of staff, their families and other patients.
- The practice was proactive in looking after patients who were over 90 by routinely carrying out visits at the patient's home.
- The practice recognised that there is an increase on Mondays for appointments for children who become ill over a weekend and had a designated children's clinic on Monday afternoons for any health condition.

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?

Good

The practice is rated as good for providing safe services. The practice took the opportunity to learn from internal incidents and safety alerts, to support improvement. There were systems, processes and practices in place that were essential to keep patients safe including medicines management and safeguarding.

Are services effective?

Good

The practice is rated as good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Clinical audits demonstrated quality improvement. Staff worked with other health care teams and there were systems in place to ensure information was appropriately shared. Staff had received training relevant to their roles.

Are services caring?

Good

The practice is rated as good for providing caring services. Patients' views gathered at inspection demonstrated they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We also saw that staff treated patients with kindness and respect.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Outstanding

The practice is rated as outstanding for being well-led. The practice proactively sought feedback from staff and patients and had an active PPG. Staff had received inductions and attended staff meetings and events.

There was a high level of constructive engagement with staff and a high level of staff satisfaction. Staff worked well together as a team and had recently (2015) been given two awards from the Royal College of GPs for the best practice team and the best practice management.

There was an ethos that all staff took a responsibility to look after patients. There were very clear staff roles and safety netting systems in place.

Summary of findings

The practice recognised that implementing clinical governance systems ensured the safety and well-being of patients and improved the service received.

The practice was forward thinking and took part in pilot projects which benefitted the community.

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

Outstanding ☆

The practice is rated as outstanding for providing services for older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and offered home visits and care home visits.

The practice worked with a local charity and had formed a group called 'Storrsdale Friends' to combat loneliness within the elderly population group. This involved monthly Sunday lunches held at the practice with members of staff, their families and other patients. This had received a positive response from those involved and we saw thank you letters and photographs of Christmas lunches. Health watch had also heard about the innovative plan and had visited the practice to learn more about the idea.

The practice was proactive in looking after patients who were over 90 by routinely carrying out visits at the patient's home.

The practice waiting room had a variety of seats which included higher chairs for elderly patients to easily move from.

The practice participated in meetings with other healthcare professionals to discuss any concerns. There was a named GP for the over 75s.

People with long term conditions

Good

The practice is rated as good for providing services for people with long term conditions. The practice had registers in place for several long term conditions including diabetes and asthma. Longer appointments and home visits were available when needed. All these patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

The practice was proactive in looking after patients with long term conditions by having a lead member of staff who checked the GP patient list on a daily basis to flag up those patients who required any tests or monitoring. This ensured a high achievement rate for the quality outcomes framework.

Families, children and young people

Good

The practice is rated as good for providing services for families, children and young people. The practice regularly liaised with health visitors to review vulnerable children and new mothers. There were systems in place to identify and follow up children living in

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disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. A& E admissions were monitored by a lead member of staff on a daily basis.

The practice recognised that there was an increase on Mondays for appointments for children who become ill over a weekend and had a designated children's clinic on Monday afternoons for any health condition.

Working age people (including those recently retired and students)

Good

The practice is rated as good for providing services for working age people. The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible. For example, the practice offered extended hours on a Monday and Tuesday evening and a Tuesday morning.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for providing services for people whose circumstances make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks and longer appointments were available for people with a learning disability.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for providing services for people experiencing poor mental health. Patients experiencing poor mental health received an invitation for an annual physical health check. Those that did not attend had alerts placed on their records so they could be reviewed opportunistically. The practice worked with local mental health teams and met with a liaison officer from the team to discuss patients experiencing poor mental health and dementia on a monthly basis.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 (from 100 responses which is approximately equivalent to 3% of the patient list) showed the practice was performing above local and national averages in certain aspects of service delivery. For example,

- 66% of patients with a preferred GP usually got to see or speak to that GP (CCG average 58%, national average of 59%).
- 71% of patients said they waited 15 minutes or less after their appointment time to be seen (CCG average 62%, national average of 65%).

However, some results showed below average performance, for example,

- 62% found it easy to get through to this surgery by phone (CCG average of 75% and a national average of 73%).
- 65% described their experience of making an appointment as good (CCG average 76%, national average of 73%).

In terms of overall experience, results were comparable with local and national averages. For example,

- 85% described the overall experience of their GP surgery as good (CCG average 87%, national average 85%).
- 75% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 80%, national average 78%).

We also reviewed more recent information from the NHS Friends and Family Test which is a survey that asks patients if they would recommend the service. From April 2015 to February 2016, there were a total of 228 responses of which 204 were extremely likely or likely to recommend the service and 19 patients said they were unlikely to recommend the service.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 34 comment cards which were very complimentary about the service received. However, five comments raised concerns about being able to get through on the telephone and securing on the day appointments.

We spoke to 14 members of the patient participation group who had no concerns regarding the standards of care at the practice but were aware about concerns regarding telephone access and making an appointment. The practice was reviewing their appointment systems and telephone access.

Storrsdale Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector and included a GP specialist advisor.

Background to Storrsdale Medical Centre

Storrsdale Medical Centre is situated in an affluent area of Liverpool. There were 3050 patients on the practice register at the time of our inspection.

The practice is managed by two partners one of them is a GP (male), the other is the practice manager. There is one salaried GP (female), a nurse clinician, a practice nurse and two health care assistants. Members of clinical staff are supported by a practice manager, reception and administration staff. The practice is a teaching practice for medical students from the local university.

The practice is open 8am to 6.30pm every weekday. There are extended hours appointments on Tuesday mornings from 7.30am and Monday and Tuesday evenings until 7pm.

Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service, provided by Urgent Care 24 by calling 111.

The practice has a General Medical Services (GMS) contract and has enhanced services contracts which include childhood vaccinations.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme.

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

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

Detailed findings

- 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)

The inspector :-

- Reviewed information available to us from other organisations e.g. Health watch.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 26 February 2016.
- Spoke to staff and representatives of the patient participation group.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

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.

Good

Are services safe?

Our findings

Safe track record and learning

There was an effective and embedded system in place for reporting and recording significant events and incidents no matter how minor. Staff told us they would inform the practice manager of any incidents and there was an incident reporting book available. The practice carried out a thorough analysis of the significant events.

The practice discussed incidents and complaints at weekly staff meetings with the whole practice team and incidents and complaints were reviewed at six monthly intervals to identify any trends to help support improvement. The practice shared lessons as a result of significant event analysis with other stakeholders when necessary.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening again.

The practice had systems in place to cascade information from safety alerts and were aware of recent alerts.

Overview of safety systems and processes

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and 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 GP for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. The practice met with health visitors on a monthly basis to discuss any issues of concern. There was a lead member of staff who reviewed A&E attendances on a daily basis so that any concerns regarding child safety could be raised immediately.
- 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 was clean and tidy. Monitoring systems and cleaning schedules were in place. The practice nurse was the infection control clinical lead. There was an infection control protocol and staff had received up to date training. Infection control audits were undertaken. There were spillage kits and appropriate clinical waste disposal arrangements in place.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. There was a lead member of staff who monitored uncollected prescriptions on a monthly basis. Emergency medication was checked for expiry dates and a sample we viewed was in date.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. Members of staff had lead roles for different areas of health and safety within the practice such as lead for fire safety.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control

of substances hazardous to health (COSHH) and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- All staff received annual basic life support training and there were emergency medicines available in one of the treatment rooms.
- The practice had a defibrillator available on the premises but no oxygen. The provider had a clear rationale as to why there was no oxygen however they were not aware of the latest guidance that had recently come into force to say practices must have oxygen on the premises in order to deal effectively with a medical emergency. The practice arranged the order of oxygen on the day of our inspection. A first aid kit and accident book was available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place 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 peoples' needs. The practice also had access to local guidelines (Map of Medicine).

Patients had access to appropriate health assessments and checks. The practice was proactive in diagnosing long term conditions by carrying out NHS health checks on all patients over 40. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

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 and held regular meetings to discuss performance. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available. The practice ensured high achievement rates by constantly monitoring their performance. In addition, there was a lead member of staff who checked the GP patient list on a daily basis to flag up those patients who required any tests or monitoring.

Performance for mental health care and diabetes management was comparable to national averages.

All patients with chronic obstructive pulmonary disease and asthma were called for a review prior to the winter months to ensure they received advice, medication and the flu vaccination.

The practice had a schedule of audits and carried out a variety of audits that demonstrated quality improvement. For example, medication audits and clinical audits. Some audits were a rolling programme and all audits were discussed at weekly staff meetings involving the whole team. Consultation audits for medication reviews were carried out for all clinicians to ensure consistency of care.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. It covered such topics as infection prevention and control, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, 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. Training included: safeguarding, fire procedures, and basic life support, equality and diversity and information governance awareness. Staff had access to and made use of e-learning training modules.
- All staff had had an appraisal within the last 12 months and action plans were monitored by the practice manager.

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 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 services 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Good

Are services effective?

(for example, treatment is effective)

The practice worked with local mental health teams and met with a liaison officer from the team to discuss patients who were on the register and dementia patients on a monthly basis.

The practice had a shared agreement to work with diabetic specialists to help support more severe diabetic patients.

Consent to care and treatment

Patients' consent to care and treatment was sought 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. However, the salaried GP had just returned off maternity leave and needed refresher training about the Mental Capacity Act and deprivation of liberty safeguards. GPs were aware of the relevant guidance when providing care and treatment for children and young people.

Minor surgery was carried out at the practice and consent forms were available.

Supporting patients to live healthier lives

Patients who may be in need of extra support were identified by the practice. Patients were supported to take responsibility for their own health and well-being. This included patients who required advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service or referred to the in house health trainer who attended the practice twice a week. The GP had access to the health trainer's appointments so referrals could easily be made.

The practice carried out vaccinations and screening and performance rates were in line with local and/or national averages for example, results from 2014-2015 showed:

- Childhood immunisation rates for the vaccinations given to two year olds and under ranged from 90% to 100% compared with CCG averages of 83% to 97%. Vaccination rates for five year olds ranged from 82% to 94% compared with local CCG averages of 88% to 97%.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 83% compared to a national average of 82%.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed 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. We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Staff had been at the practice for many years and we saw that receptionists went to speak to patients in the waiting room and they obviously knew their patients well. The lead GP partner had recognised that some of his older patients required more social support. As a result, the practice worked with a local charity and had formed a group called 'Storrsdale Friends' to combat loneliness within the elderly population group. This involved monthly Sunday lunches held at the practice with members of staff, their families and other patients. This had been well received by the patients involved.

Results from the national GP patient survey published in January 2016 (from 100 responses which is approximately equivalent to 3% of the patient list) showed patients responses as to whether they felt they were treated with compassion; dignity and respect were in line with local and national averages. For example:

- 85% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 86% said the GP gave them enough time (CCG average 90%, national average 87%).
- 85% said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 93% said the last nurse they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 90% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%)

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

- 83% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 89% said the last nurse they saw was good at involving them in decisions about their care (CCG average 88%, national average 85%)
- 81% said the last GP they saw was good at involving them in decisions about their care (CCG average 82%, national average 81%)

Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

Patients who were carers were asked to advise the reception staff so they could be signposted to local services.

Staff told us that if families had suffered bereavement, their usual GP contacted them and offered a longer appointment to meet the family's needs or signposted them to a local bereavement service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient groups. For example;

- There were longer appointments available for people with a learning disability or when interpreters were required.
- Home visits were available for elderly patients. The practice proactively visited patients who were either in care homes or over 90 years old at home.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were translation services available.
- There were hearing loops and visual aids.
- The practice waiting room had a variety of seats which included higher chairs for elderly patients to easily move from.
- The practice recognised that there is an increase on Mondays for appointments for children who become ill over a weekend and had a designated children's clinic on Monday afternoons for any health condition.

Access to the service

The practice is open 8am to 6.30pm every weekday. There were extended hours appointments on Monday and Tuesday evenings until 7pm and on Tuesday mornings from 7.30am. Pre bookable appointments were available six weeks in advance. The practice used a text reminder service which reduced the number of failed appointments. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service, provided by Urgent Care 24 by calling 111.

Results from the national GP patient survey published in January 2016 (from 100 responses which is approximately equivalent to 3% of the patient list) showed that patient's satisfaction with how they could access care and treatment was lower than local and national averages. For example:

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 75%.
- 62% patients said they could get through easily to the surgery by phone (CCG average 75%, national average 73%).
- 81% of respondents were able to get an appointment to see or speak to someone last time they tried (CCG average 85%, national average 85%).

The practice carried out annual surveys and the Friends and Family test survey. The practice had responded to feedback from the patient participation group regarding patient satisfaction about being able to get through by phone by reception staff advising patients of different appointments available. The practice realised there was more work to be done and were considering piloting new ways of access.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Information about how to make a complaint was available in the waiting room. The complaints policy clearly outlined a time frame for when the complaint would be acknowledged and responded to and made it clear who the patient should contact if they were unhappy with the outcome of their complaint.

We reviewed complaints and found both verbal and written complaints were recorded and written responses for which included apologies were given to the patient and an explanation of events. The practice discussed complaints at weekly staff meetings with the whole practice team and complaints were reviewed at six monthly intervals to identify any trends to help support improvement.

Are services well-led?

Outstanding ☆

(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 mission statement which all members of staff were aware of which was 'to provide care for the community by providing high quality care for patients within a confidential and safe environment.' The practice had shared values of openness, fairness, respect and accountability.

There was a business plan in place which was treated as a 'living document' and ideas for improvement from all members of staff were encouraged to be discussed at staff meetings. The leadership, governance and culture were used to drive and improve the delivery of high quality care.

Governance arrangements

There were some outstanding features for clinical governance arrangements including:

- The practice recognised that implementing clinical governance systems ensured the safety and well-being of patients and improved the service received. For example, there were weekly staff meetings for the whole team. These were documented and in addition there was a clear action log designed to show any issues arising, what action to be taken and by whom and when. The action logs were then discussed at each meeting. All incidents or complaints no matter how minor and all audit work were discussed with the whole team to enable continuous improvement.
- An ethos that all staff took a responsibility to look after patients. There were very clear staff roles and safety netting systems. Examples included, all A&E attendances were monitored by a lead member of staff on a daily basis; all appointments were monitored on a daily basis by a lead member of staff to check patients did not miss any health checks for long term conditions; a lead member of staff for checking uncollected prescriptions. There were lead roles and responsibilities for aspects of health and safety. For patients who required urgent appointments for cancer diagnosis, appointments were made at the time of the patient's consultation at the practice.
- The practice carried out a large variety of audits to support continuous improvement. These included medication review audits for all clinicians.

The practice also had:

- Practice specific policies that all staff could access on the computer system. When any policies were updated, they were discussed at staff meetings. There was also a staff handbook.
- A system of reporting incidents without fear of recrimination and whereby learning from outcomes of analysis of incidents actively took place.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information. Meetings were planned and regularly held including: weekly clinical meetings and weekly staff meetings for the whole practice team, palliative care meetings with other healthcare professionals and monthly meetings with health visitors
- Proactively gained patients' feedback and engaged patients in the delivery of the service and responded to any concerns raised by both patients and staff.
- Encouraged and supported staff via informal and formal methods including structured appraisals to meet their educational and developmental needs. Each member of staff had a training passport which outlined what training had been completed. It also had the practice and team objectives and what the individual needed to do in order to achieve the objective with a set action plan.

Leadership, openness and transparency

There was a clear leadership structure in place and staff felt supported by management. There was a democratic leadership style that valued all staff opinions. Members of staff were proud to work for the practice and shared a common purpose of improving the quality of care patients experienced. The practice management actively supported the wellbeing of staff in addition to promoting career progression. There were staff reward systems in place to actively encourage staff performance and motivation to succeed. Staff worked well together as a team and had recently (2015) been given two awards from the Royal College of GPs for the best practice team and the best practice management.

Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues with the practice manager or GPs and felt confident in doing so and gave us examples of when they had done so.

Are services well-led?

Outstanding ☆

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

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had an established patient participation group (PPG) which met monthly. The practice carried out annual surveys and the results were discussed with the PPG to formulate action plans and act on feedback where possible. For example, the production of a quarterly newsletter. The practice had successfully recruited quite a large PPG in comparison to other local practices as it had had 15 members and we were told by the practice manager there were another 70 involved in a virtual group. The PPG were very keen to work with the practice but more could be done to involve the PPG to bridge gaps in the delivery of services. For example, to address concerns from patients regarding telephone access to make appointments. The practice was aware of the feedback and was planning to pilot new appointment systems.
- The practice used the NHS Friends and Family survey to ascertain how likely patients were to recommend the practice and advertised the results in the waiting room.
- The practice reviewed online feedback such as NHS choices and the national GP patient survey and displayed results in the quarterly newsletters and invited patients to the practice to discuss any concerns they had. The practice also carried out their own surveys with the same questions used in the national survey to gain a more up to date view.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

The practice took an active role in locality meetings and CCG meetings. For example, the lead GP was the CCG lead for pulmonary rehabilitation. The practice was a training practice for students from the local university. The lead GP attended training sessions for tutoring outside of the area to gain new ideas.

The practice team was forward thinking and had sought new ways to improve the overall health of their patients. For example, the practice had:

- Worked with a local charity and had formed a group called 'Storrsdale Friends' to combat loneliness within the elderly population group. This involved monthly Sunday lunches held at the practice with members of staff, their families and other patients. This had been well received by the patients involved and had attracted the attention of health watch as being a positive step to reduce isolation of the elderly.
- Worked with consultant paediatricians from a local hospital to give a talk to parents at the practice about when to use A&E admissions. After the talk the rate of attendances had fallen and there were plans to repeat the sessions.
- Held an open day at the practice to connect and make patients aware of the variety of local health initiatives available.

The practice was planning to be involved in a dementia friendly neighbourhood scheme and to make more use of current technology by using virtual consultations.