Buckshaw Village Surgery

Quality Report

Buckshaw Village Health Centre Unity Place
Buckshaw Village
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Date of inspection visit: 22 December 2016
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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?	Outstanding
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Buckshaw Village Surgery on 22 December 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events although actions taken as a result of these events were not formally reviewed.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Risks to patients were assessed and well managed although the practice did not always have sight of risk assessments or checks done on their behalf by the building management company.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The practice maintained high standards of infection prevention and control and audited these standards regularly. Actions were taken to address any improvements indicated although these actions were not always documented.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- There were good governance arrangements in relation to having an overview of staff training, medical indemnity and membership of professional bodies although this overview was occasionally lacking in relation to locum GPs' safeguarding training.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw several areas of outstanding practice:

- The practice organised clinical education events on a Saturday every two months for GPs in the local area. Training was delivered by invited clinicians and was free of charge for attendees. On average, 27 clinicians attended each event. We saw examples of positive feedback for these events and evidence of improvements to local procedures and better communication between clinicians as a result.
- The practice worked closely with a local retirement community of 236 apartments which was based in premises which the practice had partly occupied for two years from 2009 to 2011. The practice kept one of the rooms that it had previously occupied and ran two clinics a week from there for these patients and also provided "ward rounds" for patients unable to come to the clinics. Feedback from the community praised the surgery for its patient-centred approach to care and the positive effect that the service had had for those residents.
- In 2012 and 2013, the practice had developed the use of a computer tablet that gave clinicians mobile access to the patient computer record system. This tablet could be used during patient home visits and when away from the surgery premises. The practice subsequently shared this initiative with the clinical commissioning group who recognised the benefits of this, piloted the system in 2014 and then supplied 120 tablets to 64 other local practices for this purpose in 2015.
- The practice offered a daily point of care service for blood monitoring for patients who were taking blood-thinning medications for heart conditions. This service used new technology attached to the practice mobile tablet and in house computer system so that patients could be monitored, assessed and issued with an appropriate prescription all at the one appointment or home visit. This avoided delays in the issuing of prescriptions to patients and reduced the administration associated with the monitoring process.
- The practice worked with a local care home service for patients who were experiencing the effects of neurological damage or conditions. They visited the service twice a week and provided care for residents and support and training for staff at the home. The practice told us that inappropriate admissions to hospital for these patients had been reduced over the time of their involvement and recent audit showed that over 95% of admissions for these patients were appropriate. Feedback from the service manager confirmed that the surgery intervention had been instrumental in this and detailed improvements in wellbeing for residents.

The areas where the provider should make improvement are:

- Put systems in place to review actions taken as a result of significant events to ensure that they were effective.
- Maintain an oversight of premises risk assessments and checks carried out by the building management company.
- Improve the documentation of actions taken to address concerns identified by infection prevention and control audits.
- Carry out the same oversight of safeguarding training for locum GPs as for GPs in the practice.
- The practice should continue to improve the identification of patients who are also carers.

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.

- There was an effective system in place for reporting and recording significant events although actions taken as a result of these events were not formally reviewed.
- Lessons were shared to make sure action was taken to improve safety in the practice. Patient safety alerts were summarised and actions taken recorded and shared.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place for staff to keep patients safe and safeguarded from abuse.
- The practice maintained appropriate standards of infection prevention and control and audited these standards regularly. Actions were taken to address any improvements indicated although these actions were not always documented.
- Risks to patients were assessed and well managed although the practice did not always have sight of risk assessments or checks done on their behalf by the building management company.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice organised clinical education events on a Saturday every two months for GPs in the local area. This training was free of charge for attendees. We saw examples of positive feedback for these events and evidence of improvements to local procedures and better communication between clinicians as a result.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Summary of findings

- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good 

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients generally rated the practice higher than others for several aspects of care.
- 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 easy to understand and accessible. There were notices in a variety of languages in the patient waiting area that informed patients that information was available in different languages from reception.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Outstanding 

The practice is rated as outstanding for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. In 2012 and 2013, the practice had developed the use of a computer tablet that gave clinicians mobile access to the patient computer record system. This tablet could be used during patient home visits and when away from the surgery premises. The practice subsequently shared this initiative with the clinical commissioning group who recognised the benefits of this, piloted the system in 2014 and then supplied 120 tablets to 64 other local practices for this purpose in 2015.
- The practice offered a daily point of care service for blood monitoring for patients who were taking blood-thinning medications for heart conditions. This service used new technology attached to the practice mobile tablet and in house computer system so that patients could be monitored,

assessed and issued with an appropriate prescription all at the one appointment or home visit. This avoided delays in the issuing of prescriptions to patients and reduced the administration associated with the monitoring process.

- Patients said they found it easy to make an appointment with a GP or nurse practitioner and there was continuity of care, with urgent appointments available the same day. The practice offered two walk-in clinics each day for patients.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice worked closely with a local retirement community of 236 apartments which was based in premises which the practice had partly occupied for two years from 2009 to 2011. The practice kept one of the rooms that it had previously occupied and ran two clinics a week from there for these patients and also provided "ward rounds" for patients unable to come to the clinics. Feedback from the community praised the surgery for its patient-centred approach to care for the residents and the positive effect that the service had had.
- The practice had produced a covenant that gave staff guidelines on honouring obligations related to access to care for armed forces veterans and had run a focused open day for veterans to promote the availability of support services in the local area.
- The practice worked with a local care home service for patients who were experiencing the effects of neurological damage or conditions. They visited twice a week and provided care for residents and support and training for staff at the home. The practice was able to demonstrate a reduction in unnecessary patient admissions over the time of their support and feedback from the home reported improvements in the wellbeing of some residents and increased levels of patient satisfaction.
- The practice offered a daily point of care service for blood monitoring for patients who were taking blood-thinning medications for heart conditions. This service enabled patients to be monitored, assessed and issued with an appropriate prescription all at the one appointment or home visit. This avoided delays in the issuing of prescriptions to patients and reduced the administration associated with the monitoring process.
- The practice had a policy for registering homeless patients. We saw evidence that the practice had proactively and successfully supported a homeless patient in being housed.

Summary of findings

- 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?

Good

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. 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 a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- There were good governance arrangements in relation to having an overview of staff training, medical indemnity and membership of professional bodies although this overview was occasionally lacking in relation to locum GPs' safeguarding training.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels. The practice had participated in many local pilot schemes and was proactive in researching new ways of providing better patient care.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice worked closely with the local purpose-built retirement community. The practice used a room within the community premises and ran two clinics a week from there for these patients. They also provided “ward rounds” for patients unable to come to the clinics.
- Patients at risk of unplanned admission to hospital had an agreed recorded care plan in place to support them and their carers to take appropriate action when the patient’s health needs deteriorated. Care plans were reviewed regularly.
- The practice contacted those vulnerable elderly patients when they were discharged from hospital after an unplanned admission and arranged for any necessary support.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was comparable to the national average. For example, blood measurements for diabetic patients showed that 77% of patients had well controlled blood sugar levels compared to the national average of 78%.
- Longer appointments and home visits were available when needed.
- A podiatrist visited the practice each week to provide foot checks for diabetic patients.
- All these patients had a named GP and 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.

Summary of findings

- The practice offered a daily point of care service for blood monitoring for patients who were taking blood-thinning medications for heart conditions. This service enabled patients to be monitored, assessed and issued with an appropriate prescription all at the one appointment or home visit.
- The practice worked with a local care home service for patients who were experiencing the effects of neurological damage or conditions. They visited twice a week and provided care for residents and support and training for staff at the home.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 87%, which was higher than the local average of 84% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. The practice offered an afternoon walk-in clinic between 3pm and 5pm that was principally provided for school age children to be seen after school.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered an evening surgery on a Monday from 6.30pm to 8pm and a 'Commuter's Clinic' on a Saturday from 8.30am to 4pm for working patients who could not attend during normal opening hours.

Summary of findings

- 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.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- Telephone appointments with clinicians were available in addition to face-to-face appointments.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. The practice had a policy for registering homeless patients. They had proactively and successfully supported a homeless patient in being housed.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice had produced a covenant that gave staff guidelines on honouring obligations relating to access to care for armed forces veterans and had run a focused open day for veterans to promote support services in the local area.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

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

- 87% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is higher than the national average of 84%.
- 93% of people experiencing poor mental health had a comprehensive, agreed care plan documented in the record compared to the local average of 92% and national average of 89%.

Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- A service for patients experiencing mental health problems visited the practice and ran courses for patients.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing generally higher than local and national averages. A total of 292 survey forms were distributed and 106 were returned (36%). This represented 1.1% of the practice's patient list.

- 77% of patients found it easy to get through to this practice by phone compared to the local average of 71% and the national average of 73%.
- 87% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 88% and the national average of 85%.
- 94% of patients described the overall experience of this GP practice as good compared to the local average of 89% and the national average of 85%.
- 88% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 81% 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 10 comment cards which were all positive about the standard of care received although three cards also made negative comments regarding a number of issues including staff attitude, the wait for a particular GP and parking. Patients praised the support offered by staff and the high standard of care received. They also praised the patient drop-in clinics at the practice.

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Results of the Friends and Family test showed that based on 62 responses, 90% of patients who completed the survey would be extremely likely or likely to recommend the practice to friends and family.

Areas for improvement

Action the service SHOULD take to improve

- Put systems in place to review actions taken as a result of significant events to ensure that they were effective.
- Maintain an oversight of premises risk assessments and checks carried out by the building management company.
- Improve the documentation of actions taken to address concerns identified by infection prevention and control audits.
- Carry out the same oversight of safeguarding training for locum GPs as for GPs in the practice.
- The practice should continue to improve the identification of patients who are also carers.

Outstanding practice

- The practice organised clinical education events on a Saturday every two months for GPs in the local area. Training was delivered by invited clinicians and was free of charge for attendees. On average, 27 clinicians attended each event. We saw examples of positive feedback for these events and evidence ofimprovements to local procedures and better communication between clinicians as a result.
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Buckshaw Village Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Buckshaw Village Surgery

Buckshaw Village Surgery is situated at Buckshaw Village Health Centre, Unity Place, Buckshaw Village in Chorley at PR7 7HZ. Buckshaw Village is a new conurbation of houses which began development in 2002. The practice was contracted to provide care for patients in this development and came into existence in 2009. It operated from a neighbouring retirement community building situated in Buckshaw Village until 2011 when it moved into the current Health Centre. The practice population is situated mainly in the new village and also extends into a wider, partly rural area.

The building is a purpose-built two-storey health centre and all patient services are on the ground floor. The practice shares the building with a dental practice and some patient community services. The surgery provides level access for patients to the building with disabled facilities available including a reception desk, part of which has been lowered to facilitate wheelchair access.

There is parking provided for patients in the practice car park and the practice is close to public transport, both bus and rail services.

The practice is part of the Chorley with South Ribble Clinical Commissioning Group (CCG) and services are provided under an Alternative Provider Medical Services Contract (APMS) with NHS England.

There is one male principal GP and two male and one female salaried GPs assisted by a nurse clinician, three nurse practitioners, three practice nurses and two healthcare assistants. A business director, two practice managers, an office co-ordinator, a medicines co-ordinator and eight additional administrative and reception staff also support the practice. The practice provides management and clinical services for two other sister practices in the Chorley area. The practice is a teaching practice for medical students although at the time of our inspection, this service was reduced temporarily due to staffing reasons.

The practice is open from Monday to Friday from 8am to 6.30pm. Extended hours are offered on Monday from 6.30pm to 8pm and on Saturday from 8.30am to 4pm. Appointments are offered between 8am and 6.06pm on weekdays. The practice also offers walk-in clinics for patients every weekday from 8am to 11am and from 3pm to 5pm. When the practice is closed, patients are able to access out of hours services offered locally by the provider GotoDoc by telephoning 111.

The practice provides services to 9,700 patients. This list has grown rapidly since the practice started in 2011 and is still showing continuing growth with approximately 100 new patients joining the practice each month. There are considerably higher numbers of patients aged under 10 years of age (20%) than the national average (12%) and higher numbers of patients aged between 25 and 45 years of age (46%) than the national average (28%).

Information published by Public Health England rates the level of deprivation within the practice population group as seven on a scale of one to ten. Level one represents the

highest levels of deprivation and level ten the lowest. Male life expectancy is higher than the national average, 80 years compared to 79 years, and female life expectancy is the same as the national average of 83 years of age.

Because of its predominantly younger population, the practice has a lower proportion of patients experiencing a long-standing health condition than average practices (40% compared to the national average of 54%). The proportion of patients who are in paid work or full time education is higher (76%) than the local and national average of 62% and the proportion of patients with an employment status of unemployed is 7%, higher than the local average of 3% and the national average of 5%.

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 22 December 2016. During our visit we:

- Spoke with a range of staff including two GPs, two nurse practitioners, a practice nurse, the practice business manager and four members of the practice administration team including the two practice managers, the medicines co-ordinator and the office co-ordinator.
- Spoke with six patients who used the service who were all members of the practice patient participation group.
- Observed how staff interacted with patients and talked with family members.
- Reviewed an anonymised 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.

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

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

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

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework 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 system in place for reporting and recording significant events.

- 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. They conducted audits where appropriate and looked for any other related incidents. Patient safety alerts were logged separately on a summary record with actions taken documented and discussed in practice meetings. Actions taken as a result of significant events were documented although there was no formal review of the effectiveness of these actions.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, when a locum GP made an urgent two-week wait patient referral to hospital incorrectly, the practice information pack for new locum GPs was reviewed, the referral process was detailed in a flowchart to be displayed in clinical rooms and the practice told all new locum GPs of the process verbally to ensure that they knew the correct procedure. All events related to patient medication errors prompted a review of the practice prescribing policy, reminders of process and procedure for staff and audit activity to check for similar errors where appropriate.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements 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 always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. There was evidence for GPs to show that they were trained to child protection or child safeguarding level three and nurses to level two or three. However, when we asked for evidence of training for a locum GP, the practice could only demonstrate training to child safeguarding level two. We were sent evidence after the inspection to demonstrate that level three safeguarding training had been completed in the week following our inspection.
- Notices in the waiting room and in all clinical rooms 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. One of the nurse practitioners was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice and had a clinical background in infection prevention and control. There was an infection control protocol in place and staff had received up to date training. Infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. Although we saw

that actions identified in the latest audit had been undertaken, there was no documentation of this. The practice produced an annual statement of infection prevention and control.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines.
- The practice medicines co-ordinator carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Meetings were held quarterly with the CCG pharmacy team to discuss medication issues.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Four of the nurses had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Healthcare assistants were trained to administer vaccines against a patient specific prescription or direction from a prescriber.
- We reviewed three 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 Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- 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. 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 and infection control and legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice was able to produce most of the evidence related to these safety controls when we asked for it but had not had sight of the current legionella risk assessment that had been carried out in 2015. The practice obtained a copy from the building management company and made this available to the inspection team.
- 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 enough staff were on duty. At the suggestion of a member of staff, the practice was training administrative staff in additional roles so that staff absence could be covered more easily.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place 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. There were also panic buttons on the walls and under staff desks.
- All staff received annual basic life support training and there were emergency medicines available in the clean utility room. These 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 defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were 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 patients' needs. Changes to guidelines were summarised by a relevant clinician and discussed at clinical meetings.
- The practice monitored that these guidelines were followed through 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). The most recent published results were 96.8% of the total number of points available. Exception reporting was 10.8% which was comparable to the local clinical commissioning group (CCG) level of 10.7% and national average of 9.8%. (Exception reporting is the removal of patients from QOF This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was comparable to the national average. For example, blood measurements for diabetic patients showed that 77% of patients had well controlled blood sugar levels compared to the national average of 78%. Also, the percentage of patients with blood pressure readings within recommended levels (140/80 mmHG or less) was 82% compared to the national average of 78%.
- Performance for mental health related indicators was in line with the local and national averages. For example, 93% of people experiencing poor mental health had a comprehensive, agreed care plan documented in the record compared to the CCG average of 92% and national average of 89%. Also, 87% of patients diagnosed with dementia had their care reviewed in a face-to-face review compared to the CCG average of 91% and national average of 84%.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits undertaken in the last year one of which was a completed audit where the improvements made were implemented and monitored. The practice had also carried out several audits of practice systems and processes including reviewing patient unplanned admissions to hospital, appointment availability, patient use of online services and disease prevalence.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. The principal GP audited referrals made by the salaried GPs.
- The practice held quarterly medicines optimisation meetings with members of the CCG medicines management team to improve prescribing for patients.
- Findings were used by the practice to improve services. For example, as a result of an audit of the use of a particular benzodiazepine medication, patients were identified for possible review and clinicians were reminded to assess the need for the medication before re-issuing it.

Information about patients' outcomes was used to make improvements. The practice used data from the pilot audit of the use of a new diagnostic piece of equipment, a venometer (used to screen patients at the practice with suspected deep vein thrombosis (DVT)), in order to work with the CCG to redesign the patient care pathway for DVT screening.

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. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. There were focused notice boards in the staff common areas that pulled together all information, policies and procedures relating to information governance and safeguarding.

Good

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Staff had trained in equality and diversity and clinical staff had trained in the breaking of bad news to patients. The practice also organised clinical education events on a Saturday every two months for GPs in the local area. On average, 27 clinicians attended each event. Recent events included update training in vaccination and immunisations, dermatology, gynaecology and respiratory care. Training was delivered by invited clinicians and was free of charge for attendees. We saw examples of positive feedback for these events and evidence of improvements to local procedures and better communication between clinicians as a result of these events.
- 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 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. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff received an appraisal every six months and a review of training needs.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and external 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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. 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. One of the practice nurse practitioners co-ordinated care for vulnerable patients and contacted them following discharge from hospital to arrange any support that was needed.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- 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. 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 and patients experiencing memory loss. Patients were signposted to the relevant service.
- Smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 87%, which was higher than the CCG average of 84% and the national average of 82%. There was a policy to

Good

Are services effective?

(for example, treatment is effective)

offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place 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 screening. Figures for attendance at these programmes had shown that patient attendance for breast screening (63%) was lower than the local average of 71% and national average of 72%. The practice had tried to address this by placing leaflets in all clinical rooms and on the reception desk and had asked the screening service for further invitations for those patients who had not attended.

Childhood immunisation rates for the vaccinations given were higher than CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 99% compared to the CCG averages of 95% to 98% and for five year olds from 96% to 100% compared to the CCG averages of 90% to 99%. 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.

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.

All of the ten patient Care Quality Commission comment cards we received were positive about the service experienced although three also recorded concerns regarding staff attitude, the wait for a particular GP and the lack of parking. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Several of the cards praised the empathy and understanding offered by staff.

We spoke with six members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was generally above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 94% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 85%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 98% of patients said they had confidence and trust in the last nurse they saw compared to the CCG and national average of 97%.
- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 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. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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 above or in line with local and national averages. For example:

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 82%.
- 94% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 85%.

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

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

Good

Are services caring?

- Information leaflets were available in easy read format. There were notices in a variety of languages in the patient waiting area that informed patients that information was available in different languages from reception.
- The practice had policies in place for the care and treatment of patients with hearing or sight loss. These policies ensured that patients with these difficulties were flagged on the electronic patient record system and that preferred methods of communication were recorded on patient notes. They also provided access for staff to support services and information sources suitable for these patient groups.

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 46 patients as carers (0.5% of the practice list). The practice had felt that this may have been low and had reviewed the way that carers were identified. They had reworded the question on the new patient questionnaire to clarify the definition of being a carer and had included new information on the television screen in reception. The practice told us that they believed that given the very young nature of their patient population, they would be below the national average for the number of carers in their population. Written information was available to direct carers to the various avenues of support available to them and all were invited for an annual flu vaccination.

Staff told us that if families had suffered bereavement, their usual GP contacted them if it was appropriate. 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.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice GPs attended meetings with the CCG every two months to discuss service design in the CCG and the development of new services. At the time of our inspection, the practice was working on a patient self-care initiative to reduce prescribing and also the CCG provision of a 12-bed facility for elderly patients requiring assessment and support.

- The practice offered 'Commuter's Clinics' on a Monday evening until 8pm and on a Saturday from 8.30am to 4pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and for those with complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation. The practice offered walk-in clinics from 8am to 11am and from 3pm to 5pm every weekday. The practice told us that they had provided the afternoon clinic with regard to the high numbers of children in their patient population so that parents collecting children from school could attend if they found that a child needed medical attention.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice organised open days at the surgery with local patient support services that provided information for patients on these services. The practice had acknowledged that patients who were armed forces veterans were entitled to priority access to NHS hospital care for any condition related to their service. They had produced a covenant that gave staff guidelines on honouring this obligation and had run a focused open day for veterans to promote support services in the local area.
- The practice worked closely with a local retirement community of 236 apartments which was based in premises which the practice had partly occupied for two years from 2009 to 2011. The practice kept one of the rooms that it had previously occupied and ran two clinics a week from there for these patients and also provided "ward rounds" for patients unable to come to the clinics. We received feedback from the director of business development for the community that praised the surgery for its patient-centred approach to care for the residents and the positive effect that the service had for residents. They also said that the practice was progressive in trialling new technology and systems to ensure that care was delivered effectively and in a patient-focused way.
- In 2012 and 2013, the practice had developed the use of a computer tablet that gave clinicians mobile access to the patient computer record system. This tablet could be used during patient home visits and when away from the surgery premises. The practice subsequently shared this initiative with the clinical commissioning group who recognised the benefits of this, piloted the system in 2014 and then supplied 120 tablets to 64 other local practices for this purpose in 2015.
- The practice also worked closely with a local 36-bed care home service for patients who were experiencing the effects of neurological damage or conditions. They visited the care home twice a week and provided care for residents and support and training for staff at the home. The practice had recognised that prior to their intervention, there were a large number of inappropriate admissions to hospital for these patients, although they did not record figures for this. A recent audit of patient admissions showed that over 95% of admissions for these patients were appropriate. We received feedback from the service manager to confirm that the surgery intervention had been instrumental in this. The feedback also said that there had been reported improvements in the wellbeing of residents and increased levels of patient satisfaction particularly in the areas of access to and friendliness of the practice service.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

- The practice offered a daily point of care service for blood monitoring for patients who were taking blood-thinning medications for heart conditions. This service used new technology attached to the practice mobile tablet and in house computer system so that patients could be monitored, assessed and issued with an appropriate prescription all at the one appointment or home visit. This avoided delays in the issuing of prescriptions to patients and reduced the administration associated with the monitoring process.
- The practice hosted a minor surgery service for patients in the local area which was run by a consultant and a GP.
- The practice had a policy for registering homeless patients. The practice had piloted clinics run by the Citizens Advice Bureau to provide help with social care advice. As a result of contacts provided to the practice during these clinics, the practice proactively and successfully supported a homeless patient in being housed and we saw evidence of this.
- A podiatrist visited the practice each week to provide foot checks for diabetic patients.
- A service for patients experiencing mental health problems visited the practice and ran courses for patients.
- The practice provided treatment room services for a variety of procedures such as ear syringing and removal of sutures.
- The practice shared the building with a dental practice and patient community services were also based in the building.
- A midwife provided antenatal clinics every week and clinics for baby vaccinations and immunisations were held twice a week.

Access to the service

The practice was open from Monday to Friday from 8am to 6.30pm. Extended hours were offered on Monday from 6.30pm to 8pm and on Saturday from 8.30am to 4pm. At the time of our inspection we saw that appointments were offered from 8am to 11.36am every weekday morning and then from 2pm to 4.56pm on Tuesday, Wednesday and Friday, from 2pm to 6.06pm on Thursday and from 2pm to 7.42pm on Monday. On Saturday, appointments were from 8.30am to 2.20pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. The practice offered walk-in clinics for patients every weekday from 8am to 11am and from 3pm to 5pm. All patients attending these appointments were assessed for the urgency of their need and with regard to their age, and colour coded on the computer system. This allowed clinicians to see patients with a greater need or aged over 75 or under two years of age as a priority. We saw that around 60 patients attended the morning walk-in clinic and around 80 patients in the afternoon.

The practice offered telephone appointments for patients with clinicians and also online access to booking appointments, viewing patient records and ordering repeat prescriptions. At the time of our inspection, over half of the patient list had registered for online access.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was higher than local and national averages.

- 89% of patients were satisfied with the practice's opening hours compared to the local average of 79% and the national average of 76%.
- 77% of patients said they could get through easily to the practice by phone compared to the local average of 71% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them and comment cards we received also confirmed this and praised the patient walk-in service.

The practice had a system in place to assess:

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

Staff recorded patient requests for home visits and passed them to the GPs who telephoned patients or their carers before they visited. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- One of the practice managers was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. There was a complaints poster displayed in the patient waiting area and complaints leaflets available for patients in reception and on the practice website.

We looked at 42 concerns and complaints received in the last 12 months and found they had been dealt with in a timely way and with openness and honesty. Both written and verbal complaints were recorded. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, as a result of a complaint from a patient regarding the misfiling of a document relating to a different patient on the first patient record, the practice updated the protocol for adding and removing patient information and reminded all staff of the importance of ensuring that records were accurate. The practice also introduced the colour coding of patient walk-in appointments on the practice computer system as a result of a patient complaint in order to identify the urgency of need. Learning points from complaints were also shared at practice education sessions and staff given further training when appropriate.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. The mission statement said "We are committed to maintaining and enhancing our good reputation for being a caring and innovative practice".
- The practice had a comprehensive strategy and supporting business plans which reflected the vision and values and were regularly monitored. The practice partners and managers met annually to agree the annual plan for the service. This plan was based on areas of service delivery and included corporate objectives, new models of care, quality assurance, training planning, referral management, the practice calendar and financial planning.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. There were good governance arrangements in relation to having an overview of staff training, medical indemnity and membership of professional bodies although this overview was occasionally lacking in relation to locum GPs' safeguarding training.
- Practice specific policies were implemented and were available to all staff on the practice computer system.
- A comprehensive understanding of the performance of the practice was maintained. There were weekly management meetings.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The practice occupied a building that was managed by another NHS service and although building risk assessments and checks had been made by that service, the practice did not always have sight of these.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. The practice had lost four GPs from the practice earlier in the year and had adjusted staffing levels to increase the number of nurse practitioner appointments in the practice. The practice had recently tendered to continue to provide services for patients at the practice and had succeeded in winning the contract for an additional ten years. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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

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

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

- Staff told us the practice held regular team meetings and we saw evidence of this in the form of meeting minutes.
- 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. The practice funded a practice social event at least twice a year.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. For example, at the suggestion

Are services well-led?

Good

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

of a staff member, the practice had introduced a "multi-tasking" training programme and was training staff in additional staff roles in order to better cover staff absence.

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 gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG had its own page on the practice website and a social media account to promote and expand membership. The PPG met with the practice every two months, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, at the suggestion of the PPG, chairs in the patient waiting area were re-arranged to give better access for patients, better patient notice boards were provided and the wording on a practice poster promoting the walk-in service was changed. Members of the PPG also helped to arrange practice patient events including an open day where many local services were represented.
- The practice had also considered the results of the national patient survey and had produced an action plan to address any concerns. This plan was monitored and updated at regular staff meetings.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. They had also recently circulated a survey asking for views on the provision of a staff uniform. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. The practice had made changes based on staff suggestions such as the addition of a note on the computer if a patient had requested a particular GP for a drop-in appointment.

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 acted as a six-month pilot site for a new clinical commissioning group (CCG) service for patients experiencing depression and/or anxiety.
- The practice had piloted a new patient self-check-in service.
- An outpatient service for patients needing ear, nose and throat (ENT) services was piloted from the practice.
- The practice acted as a pilot site for Citizens Advice Bureau drop-in sessions.
- The practice had been a test site for the CCG for a new computer software package before it was rolled out to other practices.
- The practice was the first in the CCG to provide a new patient electronic prescription service.
- The practice had developed a mobile system of using computer tablets to provide access to the patient clinical record system away from the practice. This system had been adopted by the CCG and 120 tablets had been distributed to practices by the CCG for this purpose.

The practice was a teaching practice for medical students. At the time of our inspection the practice had reduced this service from two students to one because of the changes that had been experienced in staffing and because of an increase in work related to the contract tendering process. However, the practice told us that they planned to reinstate the full service in the near future.

The practice told us that they welcomed innovation and ways to improve patient care. At the time of our inspection, they were looking at the provision of a patient communication device that could be attached to chairs in the waiting area to allow patients to access and provide health information.