

# West Oak Surgery

## Quality Report

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

### Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at West Oak Surgery on 10 October 2016. Overall, the practice is rated as good.

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

- There was an effective system in place for the reporting and recording of significant events. Learning was applied from events to enhance the delivery of safe care to patients.
- The practice had systems in place to safeguard children and vulnerable adults. Notes from child safeguarding meetings were recorded.
- Clinicians mostly kept themselves updated on new and revised guidance and discussed this at clinical meetings. However, we observed that recent NICE guidance relating to menopause had not been considered, although the practice took steps to ensure updates were not missed following our inspection.
- We saw some evidence of a programme of clinical audit that reviewed care and ensured actions were

implemented to enhance outcomes for patients. Some audits needed to be repeated to assess impact of actions taken and whether this had improved outcomes for patients.

- Patients told us they were treated with compassion, dignity and respect. They also said they were involved in their care and decisions about their treatment. This was corroborated by the outcomes of the latest national GP patient survey and CQC comment cards.
- The practice planned and co-ordinated patient care with the wider health and social care multi-disciplinary team to deliver effective and responsive care to keep vulnerable patients safe. Monthly meetings took place to discuss and review patients' needs.
- The practice had an effective appraisal system in place and supported staff training and development.
- The practice team had the skills, knowledge and experience to deliver high quality care and treatment.
- There were arrangements in place to assess and manage risk. The identification of new or emerging risks required strengthening.
- Feedback from patients we spoke with on the day, and from CQC comment cards, demonstrated that people were generally well satisfied with access to GP appointments.

# Summary of findings

- The practice had good facilities and was well-equipped to treat patients and meet their needs. The premises were accessible for patients with mobility difficulties.
- There was a clear leadership structure in place. Regular practice meetings occurred, and staff said that GPs and managers were approachable and always had time to talk with them.
- The partnership had a vision for the future and had developed clear practice values for the practice team. There was a written five-year forward plan, and the practice proactively engaged with other practices and their Clinical Commissioning Group (CCG).
- The practice had an open and transparent approach when dealing with complaints. Information about how to complain was available, and improvements were made to the quality of care as a result of any complaints received.
- The practice had a patient participation group (PPG) which had been recently formed and was meeting on a quarterly basis.

The areas where the provider should make improvement are:

- Strengthen oversight and governance systems to improve the identification and mitigation of identified risks in a timely way.

**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?

- Staff were supported to report significant events in a supportive environment. Learning was applied from incidents to improve safety in the practice.
- The practice had systems in place to ensure they safeguarded vulnerable children and adults from abuse.
- The practice worked to written recruitment procedures to ensure all staff had the skills and qualifications to perform their roles, and had received appropriate pre-employment checks.
- Systems were in place to manage medicines on site appropriately.
- Patients on high-risk medicines were monitored on a regular basis.
- Actions were taken to review any medicines alerts received by the practice, to ensure patients were kept safe.
- The practice had systems in place to deal with medical emergencies within the surgery.
- The practice had developed contingency planning arrangements supported by an up to date written plan that was regularly updated.

Good



### Are services effective?

- Clinicians updated themselves on how to deliver care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. This was not however a practice wide approach and consequently, recent NICE guidance on menopause had been overlooked. The practice took steps to address this following our inspection.
- Clinical meetings took place each month to discuss issues including the review of any clinical complaints or significant events.
- The practice had acquired a total achievement of 99.8% for the Quality and Outcomes Framework (QOF) 2014-15. This was above the CCG average of 95.1%, and above the national average of 94.7%.
- The practice worked collaboratively with the wider health and social community to plan and co-ordinate care to meet their patients' needs at regular multi-disciplinary team meetings.

Good



# Summary of findings

- Staff had the skills and experience to deliver effective care and treatment. New employees received inductions, and all members of the practice team had received an appraisal in the last year, which included a review of their training needs.
- We saw examples of a clinical audit programme which the practice used to improve quality and enhance safe patient care and treatment. The systems needed strengthening to ensure audits were repeated in order to determine whether actions taken in response to initial audit outcomes had led to improvements in patient care.

## Are services caring?

- We observed that staff treated patients respectfully and with kindness during our inspection.
- Patients we spoke with during the inspection, and feedback received on our comments cards, indicated that they felt treated with compassion and dignity, and were given sufficient time during consultations.
- Feedback received from community-based health care staff who worked with the practice was positive regarding the standards of care provided by the practice team.
- The practice had identified 2% of their registered patients as carers, although a cleansing exercise was being undertaken to ensure this was accurate and up to date. The practice proactively identified carers and provided them with written information. A nominated practice carer's champion was available to provide ongoing support when required.
- The practice team knew their patients well due to the practice being long established with a low turnover of staff. This aided them in providing personalised care and ensured greater continuity for patients. We were provided with examples of individual patient stories which reflected the caring approach of the practice team.

Good



## Are services responsive to people's needs?

- Comment cards and patients we spoke with during the inspection provided predominantly positive experiences regarding obtaining an appointment with a GP. The latest GP survey showed that patient satisfaction was above local and national averages regarding access to GP appointments.

Good



# Summary of findings

- Patients could book appointments and order repeat prescriptions on line. The practice participated in the electronic prescription scheme, so that patients could collect their medicines from their preferred pharmacy without having to collect the prescription from the practice.
- The practice implemented improvements and made changes to the way it delivered services as a consequence of feedback from patients. The practice displayed an action plan in the waiting area showing priority areas for attention based upon feedback from a number of sources, and their plans to enhance patient experience.
- The premises were tidy and clean and well equipped to treat patients and meet their needs. The practice accommodated the needs of patients with a disability, including access to the building through automatic doors.
- The practice reviewed any complaints they received and dealt with these in a sensitive and timely manner. Information about how to make a complaint was available for patients. Learning from complaints was used to improve the quality of service.
- If patients at reception wished to talk confidentially, or became distressed, they could be moved into a free consulting room to ensure their privacy.

## Are services well-led?

- The provider was committed to the delivery of high quality care and promoting good outcomes for their patients.
- GPs and nurses had lead roles providing expert advice to patients and acting as a resource for their colleagues.
- The practice had developed a range of policies and procedures to govern activity.
- The partners worked collaboratively with other GP practices in their locality, and with their CCG.
- The partners reviewed comparative data, such as referral rates, provided by their CCG and ensured actions were implemented to address any areas of outlying performance.
- Staff felt well supported and valued by the management team. The practice held regular staff meetings to ensure good communication.
- The practice proactively sought feedback from patients and staff, and acted upon this to improve service delivery. The practice had a Patient Participation Group (PPG) which had been formed relatively recently, and was meeting on a quarterly basis.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

Good



- The practice offered personalised care to meet the needs of older people. Care plans were in place for older people with complex needs, and the practice worked collaboratively with other providers to deliver tailored care packages to patients. Monthly multi-disciplinary meetings were held to review frail and vulnerable patients to plan and deliver care appropriate to their needs.
- The practice proactively used electronic systems to identify vulnerable patients at risk of unplanned hospital admissions, and developed care plans to ensure they were supported to stay in their own homes. This included, for example, the identification of patients at risk of falls with referrals for further assessment, tests, appropriate medicines, or support.
- Older patients with multiple health issues received an annual (or more frequent if required) medicines review to re-assess their condition and to ensure the medicines remained suitable for their needs. This would be arranged at the patient's home if necessary.
- Established links between the practice and a consultant for older patients provided an expert opinion when this was required. The consultant undertook home visits for patients to assess their needs, to prevent them travelling to the hospital or being admitted.
- The practice worked with the Parkinson's disease specialist nurse for patients who may need an expert opinion on their ongoing care and management.
- Longer appointment times could be arranged for patients with complex care needs. Home visits were provided for those unable to attend the surgery.
- Uptake of the flu vaccination for patients aged over 65 was 74.20%, which was slightly above local and national (71.7% and 70.5% respectively).

### People with long term conditions

Good



- The practice undertook annual reviews for patients on their long-term conditions registers, including a review of their prescribed medicines.

# Summary of findings

- The call and recall system was co-ordinated by the administration team. Patients were seen as part of the routine appointment system, rather than by dedicated clinics. This gave more flexibility for patients in attending at a time that was suitable for them.
- Patients with multiple conditions were usually reviewed in one appointment to avoid them having to make several visits to the practice.
- QOF achievements for clinical indicators were generally above CCG and national averages. For example, the practice achieved 99.5% for diabetes related indicators, which was 12.2% higher than local averages, and 10.3% above the national average in 2014-15. There was a lead designated GP or nurse for the clinical domains within QOF.
- A diabetes nurse specialist attended on a monthly basis to provide input for patients as part of a joint clinic with the practice nurse. This included the initiation of insulin (teaching patients how to inject and manage their insulin regime) for patients with type 2 diabetes.
- The practice had access to specialist respiratory nurses for advice in the management of patients with breathing difficulties.
- Patients with chronic obstructive airways disease were provided with rescue pack medicines (which contain a supply of standby medicines to commence if the condition gets worse before the patient is able to see a GP) in response to an observed increase in respiratory infections locally.
- Practice protocols for the management of specific conditions were available based upon NICE guidelines. For example, there were protocols to be followed for patients with hypertension and thyroid disease.

## Families, children and young people

- The practice had an identified lead GP for child safeguarding. The health visitor and school nurse attended a monthly meeting with the lead GP and practice nurse to review and discuss any child safeguarding concerns. Notes were recorded from the discussions but no formal minutes were available. Child protection alerts were used on the clinical system to ensure clinicians were able to actively monitor any concerns related to any vulnerable children.
- Antenatal care was shared between midwives and the GPs. An antenatal pack was used for patients providing advice including information on screening and diet.

Good





# Summary of findings

- The practice provided eight-week baby checks, and regular joint baby clinics run by a GP and nurse were held twice a month.
- Childhood immunisation rates were high and marginally above local averages. Overall rates for the vaccinations schedule given to children up to five years of age ranged from 95.9% to 100% (local averages 88.7% to 98.5%).
- Same day appointments were provided for babies or children who were unwell.
- The practice provided contraceptive advice and were able to fit implants in-house. The practice undertook coil removals, whilst coil fittings were available at two nearby venues.
- The practice had baby changing facilities, and a small play area was available for children. The practice welcomed mothers who wished to breastfeed on site, and offered a private room to facilitate this if requested.

## **Working age people (including those recently retired and students)**

- Telephone consultations and advice were offered each day when this was appropriate, so that patients did not always have to attend the practice for a face-to-face consultation.
- The practice offered on-line booking for appointments and requests for repeat prescriptions. Participation in the electronic prescription scheme meant that patients on repeat medicines could collect them directly from their preferred pharmacy.
- The practice provided health assessment checks and had achieved 94.2% of its target number of NHS health checks during 2014-15.
- The practice actively promoted health-screening programmes to keep patients safe. The practice's uptake for the cervical screening programme was 86.8%, in line with the CCG average of 86.2% and above the national average of 81.8%. Uptake of breast cancer screening was encouraged, and rates were higher than local and national averages.
- Extended hours surgeries were not available at the time of our inspection. However, this was not highlighted as a need by patients we spoke with during the inspection. The national GP survey indicated that 80% of patients were happy with the practice's opening times (compared to the local and national average of 76%).

Good



# Summary of findings

## People whose circumstances may make them vulnerable

Good



- Patients with end-of-life care needs were reviewed at a monthly multi-disciplinary team meeting including a lead GP, district nurses, and a Macmillan nurse.
- The practice used care plans for the most vulnerable patients including those at end of life. A specific template was used for patients at the end of life to ensure key information was available to the ambulance service, the out of hours' provider, and social services to ensure continuity of care for the patient. This included the patient's preferred place of care and whether a Do Not Attempt Resuscitation order was in place.
- Newly bereaved relatives or carers were contacted by the practice to see if any support may be required.
- Staff had received adult safeguarding training and were aware how to report any concerns relating to vulnerable patients. There was a designated lead GP for adult safeguarding.
- The practice had undertaken an annual health review for 100% of their patients with a learning disability in 2014-15.
- Leaflets were available for female patients with a learning disability to encourage them to receive a cervical smear.
- Patients receiving a new diagnosis of cancer were followed up with a consultation and cancer care review.
- The practice had low number of patients whose first language was not English. These patients were able to access interpreter services if required.
- Homeless people could register with the practice.

## People experiencing poor mental health (including people with dementia)

Good



- The practice achieved 100% for mental health related indicators in QOF, which was 6.2% above the CCG and 7.2% above the national averages. Exception reporting rates at 16.1% were slightly higher compared against local (14.8%) and national rates (11.1%).
- 100% of patients with severe and enduring mental health problems had a comprehensive care plan documented in the preceding 12 months according to 2014-15 QOF data. This was higher than the CCG average of 86.4% and the national average of 88.5%, but with higher levels of exception reporting at 23% (CCG 18.6%; England 12.6%). However, the practice were able to provide data for 2015-6 showing 92.3% of patients with a documented care plan, with showed exception reporting to be 16% and in line with averages.
- The practice worked with local community mental health teams, including the crisis team, where appropriate.

# Summary of findings

- The practice told patients experiencing poor mental health and patients with dementia about how to access local services, support groups and voluntary organisations. Information was available for patients in the waiting area. The practice promoted local counselling and associated talking therapies' services.
- The practice monitored patients taking medicines initiated within secondary care in line with shared care protocols.
- 100% of people diagnosed with dementia had had their care reviewed in a face-to-face meeting in the last 12 months. This included physical and mental health, smoking cessation and cervical screening where appropriate. The 100% achievement was significantly above local and national averages of 87.8% and 84% respectively. This was achieved with lower exception reporting rates at 4%, compared to local rates of 9% and the national average of 8.3%.

# Summary of findings

## What people who use the service say

The latest national GP patient survey results were published in July 2016 and the results showed the practice was generally performing above, or in line with, local and national averages. There were 233 survey forms distributed to patients, and 109 of these were returned. This was a 47% completion rate of those invited to participate, and equated to 2% of the registered practice population.

- 97% of patients found the receptionists at this surgery helpful compared against a CCG average of 87% and a national average of 87%.
- 94% of patients said they would recommend this surgery to someone new to the area compared to a CCG average of 78% and the national average of 78%.
- 93% of respondents said the last nurse they saw or spoke to was good at listening to them compared to a CCG average of 91% and the national average of 91%.

As part of our inspection, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 25 comment cards which contained positive

feedback about the care provided by the practice team. Patients wrote that they were treated in a dignified and respectful manner; that staff were helpful and polite; and that they always felt listened to during their consultations. Many patients commented that the standards of cleanliness at the practice were always of a high standard. Four cards contained mixed comments; three of these included reference to difficulties in obtaining a GP appointment in more recent weeks. Only one card contained a wholly negative response, but no detail was given to justify the comment provided.

We spoke with 15 patients during the inspection who mostly provided positive feedback regarding the caring and compassionate approach adopted by the practice team. Patients told us they were generally satisfied with the appointment system, although some observed that waiting times for routine appointments were increasing. Patients told us that access to urgent appointments or consultations with children were always available on the same day.

# West Oak Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and an Expert by Experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

## Background to West Oak Surgery

West Oak Surgery provides care to approximately 5,500 patients and is situated in the residential and commercial area of Mapperley within the Gedling borough, to the north-east of the city of Nottingham. The registered patient list has increased by 5.75% over the last 12 months.

The registered patient population are predominantly of white British background. The practice age profile demonstrates slightly higher number of patients aged 30-60 years old, and marginally lower numbers of patients aged 65 and over in comparison to the local and national averages. The practice is ranked in the third least deprived decile and serves a large residential area. Deprivation scores (2015) at 13.4 are below the national average (21.8), and local rates (17).

The practice provides primary care medical services via a General Medical Services (GMS) contract commissioned by NHS England and Nottingham North & East Clinical Commissioning Group (CCG). The practice operates from a former residential property which has been extended and

refurbished to a high standard. All patient services within the practice are provided on the ground floor of the building, whilst the upper floor is utilised for administration.

The practice is run by a partnership of two GPs (both males), one of whom has recently retired but has retained their partnership status until a new partner has been found. The retired partner does not provide any clinical input with patients. The partners employ a female salaried GP who works part-time. The practice use regular GP locum sessions with two GPs currently providing sessional input each week. The practice also hosts visiting medical students.

The nursing team consists of two part-time practice nurses who work on separate days to provide nursing cover throughout the week. A part-time health care assistant supports the nursing team. The clinical team is supported by a practice manager with a team of nine administrative and reception staff, including an apprentice.

The practice opens at 7.45am each morning, and the reception opens for telephone calls from 8am until 6.30pm Monday to Friday. The practice closes on six afternoons each year for staff training.

GP consultations commence each morning from 8.30am and the latest GP appointment is available at 5.30pm.

The practice has opted out of providing out-of-hours services to its own patients. When the practice is closed patients are directed to NEMS (Nottingham Emergency Medical Services) via the 111 service.

# Detailed findings

## Why we carried out this inspection

We inspected this service as part of our new 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.

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

## How we carried out this inspection

Before our inspection, we reviewed a range of information that we hold about the practice and asked other organisations including NHS England and NHS Nottingham North & East CCG to share what they knew.

We carried out an announced inspection on 10 October 2016 and during our inspection:

- We spoke with staff including GPs, a practice nurse, the practice manager and a number of reception and administrative staff. In addition, we spoke with a

community matron, a district nurse, and the clinical lead for support services regarding their experience of working with the practice team. We also spoke with 15 patients who used the service.

- We observed how people were being cared for from their arrival at the practice until their departure, and reviewed the information available to patients and the environment.
- We reviewed 25 comment cards where patients and members of the public shared their views and experiences of the service.
- We reviewed practice protocols and procedures and other supporting documentation including staff files and audit reports.

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 are provided for specific groups of people and what good care looks like for them. The population groups are:

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

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective procedure in place for reporting and recording significant events

- Ten significant events had been reported over the course of the last 12 months.
- Staff were encouraged to report incidents within a supportive 'no blame' culture.
- A significant event reporting form was readily available to all staff both in electronic and paper formats.
- Completed forms were sent to the practice manager to assess the potential severity of the incident, and determine whether any urgent or remedial action was indicated to protect patients or staff.
- Completed incident forms were reviewed at monthly team meetings. Actions that were undertaken in response to an incident were discussed and learning was shared with the practice team. We saw documentation that reflected that agreed actions had been completed, and minutes from meetings where incidents had been discussed.
- Patients received an apology and appropriate support when there had been an unintended or unexpected incident. The practice recognised their duty of candour and informed us they would either meet with the individual concerned or write to them, depending on the particular circumstances involved.
- The practice planned to commence an annual review of events with the full practice team to consider any recurrent themes that may have emerged, and to ensure that all follow-up actions had been completed in full.
- We saw evidence of learning that had been applied following significant event. For example, there had been an incident in which a patient's blood sample taken had been labelled with a relative's name. This was inadvertently done whilst trying to assist the patient to obtain further support in their role as a carer, and opening the notes of the other patient during the consultation which resulted in the mis-labelled sample. The learning was to highlight that the computer system did not indicate if more than one patient record was open, and therefore it was important to always undertake a double check of patient details.

The practice had a process to review all safety alerts received including those from the Medicines Health and

Regulatory Authority (MHRA). MHRA alerts were cascaded to all clinicians including locum GPs, and were printed off and stored in a folder for reference. We saw that these were discussed at the next relevant staff meeting. When concerns were raised about specific medicines, patient searches were undertaken to identify which patients may be affected. Effective action was then taken by clinicians to ensure patients were safe, for example, by reviewing their prescribed medicines.

The practice manager maintained a comprehensive record of all the alerts received by the practice including the actions taken. This provided a source of evidence of compliance in this area, and was a useful reference document for staff.

### Overview of safety systems and processes

The practice had systems and procedures in place to keep people safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local guidance. Practice safeguarding policies were accessible and up-to-date, and codes and alerts were used on the patient record to identify vulnerable children and adults. There was a designated lead GP for safeguarding both children and adults, who had received training at the appropriate level in support of their lead role.
- The health visitor and the school nurse attended a meeting with the lead GP and practice nurse every month to discuss any child safeguarding concerns. Any relevant new information would be updated within the patient record, and communicated to the team.
- Practice staff demonstrated they understood their responsibilities for safeguarding and all had received training relevant to their role.
- Vulnerable adults were monitored by the practice team and were reviewed as part of a monthly multi-disciplinary meeting.
- A notice in the reception and the consulting rooms advised patients that a chaperone was available for examinations upon request. Either a practice nurse or a health care assistant would act as a chaperone if this was requested by the patient. The health care assistant had received training to support their chaperoning duties and had received an appropriate disclosure and barring check (DBS check). (DBS checks identify whether



## Are services safe?

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). A practice chaperone policy was available.

- We observed that the practice was maintained to high standards of cleanliness and hygiene. A practice nurse was the appointed infection control lead. The nurse had completed annual infection control e-learning but had not undertaken any additional specialist training to support the lead role, although the practice informed us that an appropriate course had been arranged following our inspection. Infection control policies were in place, including needlestick injuries and the management of spillages. The practice had arranged for an infection control audit to be undertaken by their local Infection Prevention and Control Team (IPCT) in April 2016. This was a comprehensive audit which had resulted in an action plan to address a number of issues that were identified. We observed that the practice had successfully completed most of these actions, and those that remained outstanding were structural and environmental constraints due to the age of the building. However, the practice had a long-term plan in place to meet these actions and had processes in place in the interim to manage these areas effectively. Practice-led infection control audits were planned on a quarterly basis to monitor adherence to standards. Practice staff received information on infection control as part of new staff inductions, and on-line training was available. The practice nurse has delivered training on effective hand-washing techniques to the practice team in 2016, and this was promoted by posters at each handwashing sink.
- The practice used a contractor to provide their cleaning on three days a week, and employed a cleaner who attended the practice on the other two days. A written schedule of daily, weekly and monthly cleaning tasks were available for each room, and arrangements were in place to monitor cleaning standards. There was regular liaison in place between the practice manager to ensure any problems were dealt with promptly and effectively. Documentation was available to support the control of substances hazardous to health.
- We reviewed four staff files and found that the necessary recruitment checks had been undertaken prior to commencing work with the practice. For example, proof of identification, qualifications, registration with the relevant professional body and the appropriate checks

through the DBS. All staff had received DBS clearance apart from the apprentice as their employment was managed through their educational establishment. However, the practice had produced a written risk assessment to account for this. The practice planned to renew DBS checks for all staff on a three-yearly basis.

- We saw evidence that clinical staff had received vaccinations to protect them against hepatitis B. Non-clinical staff had been offered this vaccination, and most staff had received this.

### Medicines management

- The arrangements for managing medicines in the practice, including emergency medicines and vaccinations were safe.
- Blank prescription forms and pads were securely stored, and a system was in place to monitor the distribution of prescriptions within the practice.
- There was a process in place to support the safe issue of repeat prescriptions.
- Effective systems were in place to monitor patients prescribed high-risk medicines.
- Regular medicines stock checks including expiry dates were undertaken.
- Signed and up-to-date Patient Group Directions were in place to allow nurses to administer medicines in line with legislation, and healthcare assistants administered medicines against a patient specific prescription or direction from a prescriber.

### Monitoring risks to patients and staff

- A practice health and safety policy was available and the practice fulfilled their legal duty to display the Health and Safety Executive's approved law poster in a prominent position.
- There were some risk assessments available including the safe storage and management of oxygen and liquid nitrogen. The process was not always being used proactively to manage any new or emerging risk areas, including those identified through the incident reporting procedure. We observed that there was no lock on the door to the upstairs administration offices to prevent unauthorised access. However, when this was highlighted to the practice, they took immediate action to ensure a digital lock was fitted.
- A fire risk assessment had been undertaken in July 2016. This had resulted in an action plan and we saw evidence that the practice had responded to all the issues that



## Are services safe?

had been identified. Fire alarms, emergency lighting, and extinguishers were tested and serviced regularly to ensure they were in full working order. Staff had received annual fire training, and the practice undertook trial evacuations every six months to ensure staff were aware of the procedure to follow in the event of a fire.

- All electrical equipment was regularly inspected to ensure it was safe to use, and medical equipment was calibrated and checked to ensure it was working effectively. We saw certification that this had been completed by external contractors in the last 12 months.
- The practice had a documented risk assessment for legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings) which had been completed in May 2016. This had identified the need to replace the cold water storage tank and we observed that this had been arranged for October 2016. We saw evidence that infrequently used water sources were run regularly as a control measure, and this was supported by documentation.
- There were arrangements in place for planning and monitoring the number and mix of staff needed to meet patients' needs.
- The practice had a system to manage incoming correspondence to ensure that any actions, such as a change to a patient's medicines, were completed promptly. Staff understood the process in place and we saw that correspondence was up to date on the day of our inspection.

### **Arrangements to deal with emergencies and major incidents**

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

- Staff had received annual basic life support training. This had last been undertaken in October 2016.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. We observed that the defibrillator had been omitted during the previous annual portable appliance inspection schedule. The next inspection was due within one month of our inspection, and the practice assured us that the equipment would be tested as part of this.
- Emergency medicines were easily accessible to staff in a secure area of the practice and were in date.
- Anaphylactic shock kits were available in each clinical room. GPs had access to appropriate emergency medicines on home visits and we observed that these were checked regularly and were in date.
- An emergency alert system was available on computers to inform other staff to assist rapidly with any emergency situation, such as if a patient was to collapse. Some consulting rooms also had an audible alarm.
- The practice had a business continuity plan for major incidents such as power failure or building damage, which was regularly reviewed and updated. The practice had identified an alternative nearby location to temporarily co-ordinate and deliver services in case an incident the site inaccessible. Copies of the plan were available off site.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice delivered care in line with current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines and local guidance.

New guidance was usually discussed at a monthly clinical staff meeting. However, we observed that some recent NICE guidance on the diagnosis and management of menopause had been overlooked. Following our inspection, the practice confirmed that the senior GP had signed up to receive monthly GP NICE updates, and that new guidance had been added to the clinical meetings as a standard agenda item.

Clinicians attended CCG led training events twice each year and also attended CCG meetings to keep updated with new and updated clinical information.

### 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 (2014-15) were 99.8% of the total number of points available, which was 4.7% above the CCG average, and 5.1% higher than the national average.

Exception reporting rates at 11.3% were slightly above the local average of 9.1% and the national average of 9.2%. Exception reporting is the removal of patients from QOF calculations where, for example, a patient repeatedly fails to attend for a review appointment. A low figure for exception reporting usually demonstrates a proactive approach from the practice to engage patients in attending for regular reviews of their condition.

QOF data from 2014-15 showed:

- Performance for diabetes related indicators was 99.5%, which was higher than both the CCG average of 87.3% and the national average of 89.2%. However, there were slightly higher exception reporting rates at 14.3% (local 10.7%; national 10.8%)

- The practice achieved 100% for clinical indicators related to chronic obstructive airways disease. This compared to a local average of 98.5% and a national average of 96%, and with lower exception reporting at 5.7% (local 12.1%; national 12.3%)
- QOF achievement for 2014-15 for asthma was 100% which was slightly higher than local and national averages (98.9% and 97.4% respectively). This was achieved with exception reporting rates of only 0.4% (local 7.6%; national 6.8%). The practice told us they had a proactive approach to follow up patients who did not respond to invitations to attend review appointments, and also opportunistically reviewed patients who might attend the practice for another reason.
- Dementia related indicators scored 96.7%. This was 3.7% above the CCG average and 2.2% higher than the national average. Exception reporting rates were approximately 3% below local and national averages.
- Exception reporting was low for most conditions, but higher rates for conditions including osteoporosis and atrial fibrillation had made their overall figure slightly higher than averages. The high percentage of exception reporting for osteoporosis could be explained by the small number of patients, and the increased exception reporting for atrial fibrillation was likely to be a consequence of a recent audit. We observed that no patients were exception reported for depression. The practice told us that they were reluctant to use exception reporting and would always make efforts to try and engage their patient to attend the practice for reviews of their conditions.

Practice supplied data (subject to external verification) demonstrated that QOF achievement for 2015-16 has marginally decreased to 96.7%.

There was evidence of quality improvement including a programme of clinical audit.

- We saw that six clinical audits had been undertaken in the last 18 months, including three full-cycle audits where changes had been implemented and monitored with positive outcomes for patients. We reviewed a full cycle audit undertaken on two-week dermatology referrals (dermatology is a branch of medicine dealing with the skin, nails, hair and related diseases). The first cycle audit highlighted the number of referrals before the GP attended a dermoscopy course and had access

# Are services effective?

## (for example, treatment is effective)

to a dermascope (a device used to examine the skin at low magnification). The second cycle showed that the appropriateness of referrals had increased from 37.5% to 71%, although the numbers of patients within the audit were low. We saw an audit from September 2015 in relation to atrial fibrillation (an irregular heart rate) which identified that some patients were not receiving the recommended anticoagulation treatment although a plan was documented to address this. However, the second cycle audit had not been commenced to evaluate the impact of this.

- The practice worked with a CCG primary care pharmacist who had started to provide regular input. For example, the practice had sought advice regarding the prescribing of particular medicines and the pharmacist was in the process of identifying patients for review. The practice participated in an annual prescribing review with the CCG.
- The practice participated in local benchmarking activities. For example, they participated in annual quality focussed visits with the CCG to review comparative data including referral rates and hospital admissions. Data had demonstrated that the practice was a higher within their CCG for referrals to ear, nose and throat and gastroenterology. The practice subsequently undertook an audit to review their referrals to this specialty over a three month period in late 2015. The audit demonstrated that almost all referrals had been appropriate and in line with recommended guidance.

We observed data that demonstrated effective outcomes achieved by the practice when compared against the 21 practices within their CCG over the last 12 months. This included:

- Practice patients had the fourth lowest rate of attendance at the Accident and Emergency (A&E) department (194 per 1,000 patients; CCG 72 per 1,000)
- The practice had the fourth lowest rate of emergency hospital admissions in their CCG (63.8 per 1,000 patients; CCG average 72 per 1,000)
- The practice had the second lowest rate of emergency hospital admissions with zero length of stay (suggesting these were avoidable admissions) in their CCG (15 per 1,000 patients; CCG average 18 per 1,000)
- The practice was the highest performing practice in the CCG regarding the detection rate for cancer.

### Effective staffing

- The practice provided an induction programme for all newly appointed staff. We reviewed examples of these which were specific to individual roles, and we saw evidence that topics were signed off once completed. Staff told us they were well supported when they commenced their roles with shadowing opportunities and had easy access to support from their colleagues.
- Staff told us that they received an annual appraisal and we saw documentation that evidenced this. The appraisal included a review of the previous year's performance, and the setting of objectives and the identification of learning for the forthcoming year. We spoke to members of the team who informed us of how learning opportunities had been discussed during their appraisal and had been supported by the practice. For example, the health care assistant was undertaking an online care certificate consisting of 13 modules specific to their role. This would provide formal recognition and acknowledgement of the competencies of the health care assistant's work within the practice.
- Staff received mandatory training that included safeguarding, fire safety awareness, and basic life support. Staff had access to and made use of e-learning training modules and in-house training, and participated in CCG led protected learning time events. Annual training needs were documented within a personal 'training passport', and plans were being developed to review individual progress via quarterly one-to-one sessions with the practice manager.
- The practice ensured role-specific training with updates was undertaken for relevant staff, for example, administering vaccinations and taking samples for the cervical screening programme.
- Training and development was encouraged at all levels. The practice participated in the local college apprenticeship scheme for administrative and reception roles, and were providing the apprentice with opportunities to achieve their qualification. For example, the apprentice had been assigned responsibilities for co-ordinating the programme for flu vaccination recalls to assist with the module on health promotion.
- The two practice nurses were receiving support for their forthcoming revalidation. This included time to attend courses and updates, and a link had been established with the CCG to provide additional support. As the two

# Are services effective?

## (for example, treatment is effective)

nurses worked on different days, the practice was planning to increase the hours of one nurse to enable a cross-over day which would help facilitate joined up working and an opportunity to enhance peer support.

### Coordinating patient care and information sharing.

- The information needed to plan and deliver care and treatment was available to clinicians in a timely and accessible way through the practice's electronic patient record system. This included care plans, medical records, and investigation and test results. We viewed an examples of a care plan used for patients on the admissions avoidance scheme and saw that this were appropriate. The practice planned to extend the use of care plans more extensively across other vulnerable patient groups. Summary care plans for vulnerable patients were not accessible by other providers due to the use of different computer software systems, but plans were under review for the practice to migrate onto a different system which would facilitate information sharing with other services.
- Monthly multi-disciplinary meetings were held at the practice to assess the range and complexity of patients' needs, and to plan ongoing care and treatment for vulnerable patients including those at high risk of hospital admission and patients with end of life needs. This meeting included members of the practice team who met with representatives from community based services usually including district nursing team staff, a physiotherapist, an occupational therapist, a Macmillan nurse, and specialist nurses. Providers of different community based services were occasionally invited to attend this meeting to raise awareness of what was available, and to establish effective communication channels. Minutes were produced from the meeting and individual patient notes were updated with any important information arising from the discussions. We spoke with community-based health staff who told us that the practice team communicated with them effectively, and that GPs were approachable and accessible. They told us that the practice worked in collaboration with them and responded promptly to address patients' needs.
- A monthly clinical meeting was held for the GPs, practice nurse and the practice manager. This covered a wide range of topics including clinical significant events and

complaints; clinical policies; feedback from courses; and a review of clinical performance data provided by the local CCG. We observed that minutes were documented from this meeting.

### Consent to care and treatment

- Staff sought patients' consent to care and treatment in line with legislation and guidance. This included seeking consent about information sharing where a carer was involved.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLs).
- When providing care and treatment for children and young people, staff followed national guidelines to assist clinicians in deciding whether or not to give sexual health advice to young people without parental consent.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- The nurses offered health promotion advice to patients including weight management.
- The practice provided new patient health checks, and NHS health checks for patients aged 40-74. Practice data showed that the practice had achieved 94.2% of its target number of 156 health checks during 2014-15.
- The practice had undertaken an annual health review for 100% of their 13 patients with a learning disability in 2014-15. Two new patients had received a new patient check.
- The practice's uptake for the cervical screening programme was 86.8%, which was above the national average of 81.8%, and in line with the CCG average of 86.2%. Exception reporting was in line with local averages, and lower than national percentages. The successful performance in the cervical screening programme was achieved by the use of a robust recall system. The practice had encouraged uptake and this included vulnerable groups, for example, a leaflet on cervical screening designed for patients with a learning disability, was available.

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

- National screening programme data showed the uptake for bowel cancer screening was in line with local averages, and slightly higher than national averages. Breast cancer screening for females aged 50-70 years old in the last three years was higher at 82.9% when compared with local (77.4%) and national averages (72.2%). This was aided by clinicians working opportunistically to encourage patients to be screened.
- Childhood immunisation rates for the vaccinations given to children aged up to five years of age were mostly in line with local and higher than national averages. The overall childhood immunisation rates for the vaccinations given to under two year olds ranged from 96.4% to 100% (local average 89.6% to 97%; national average 73.3% to 95.1%) and five year olds from 95.9% to 100% (local average 88.7% to 98.5%; national average 81.4% to 95.1%).
- Uptake of the flu vaccination for patients aged over 65 was 74.20%, which was slightly above local (71.7%) and national (70.5%) averages. Flu vaccination rates for 'at risk' patients under 65 was the highest within the CCG at 50% (local average 43%).

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

Consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard. Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations and treatments.

Throughout our inspection, we observed that members of staff were courteous and helpful to patients and treated them with dignity and respect. A caring and patient-centred approach was demonstrated by all staff we spoke with during the inspection.

Feedback received via comment cards, and from patients we spoke with on the day, told us that patients consistently felt that they were treated with compassion, dignity and respect by clinicians and the reception team. Results from the national GP patient survey in July 2016 showed the practice was in line with local and national averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 92% of patients said the last GP they saw or spoke to was good at listening to them compared to the CCG average of 89% and the national average of 89%.
- 88% of patients said the last GP they saw gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to a CCG average of 89%, and the national average of 91%.

Staff informed us how individual members of the team had received good support from the practice throughout difficult circumstances. For example, a member of the team was being supported to work at the practice with suitable adjustments to accommodate their personal needs.

We were provided with examples of individual patient stories which reflected the caring approach of the practice

team. For example, a member of the reception team had identified that a patient with a diagnosis of cancer had no support at night and reported this to the GPs so that appropriate care arrangements could be put into place.

The practice acknowledged their patients' efforts in working with the practice. For example, two poems written by a patient had been framed and were on display within the waiting area.

### Care planning and involvement in decisions about care and treatment

Patients told us that they were involved in decision making about the care and treatment they received, and feedback on the patient comment cards we received aligned with these views.

Results from the national GP patient survey showed results were mainly in line with local averages and above national averages, in relation to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 86% and the national average of 86%.
- 85% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81%, and the national average of 82%.

### Patient and carer support to cope emotionally with care and treatment

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, and those at risk of developing a long-term condition.

The practice had coded 2% of the practice list as carers. At the time of our inspection, the practice was undertaking an exercise to review their carers register to ensure this was accurate for example, following patient deaths. A practice nurse was the designated 'Carers' Champion', and had established links with the local Carers Federation. New carers were recorded upon registration, or members of the practice team would identify carers, for example during home visits, and then refer them to the practice's champion. The practice encouraged carers to receive vaccination against the flu virus, and also offered them an annual health check, although no one had requested this.



## Are services caring?

There was a display area within the reception for carers, and this provided signposting details to a range of local support organisations and group, as well as general information.

The practice worked with the wider multi-disciplinary team to deliver high quality end of life care for patients. The practice worked within the Gold Standards Framework (GSF), which is an approach to optimise care for all patients approaching the end of life. Advanced care planning was undertaken to ensure that patient's preferred wishes were taken into account, and personalised care could be put in place to support the patient and their families. Patients at the end of life were reviewed at the practice's monthly multi-disciplinary team meeting. The practice used the Electronic Palliative Care Co-ordination System (EPaCCS)

which enabled the recording and sharing of people's care preferences and key details about their care at the end of life. This ensured seamless care, for example, with the ambulance service, the community nursing team, and the out of hours' provider to ensure continuity of care outside of the practice. All deaths were subject to an after death analysis within the practice to identify any learning points for the future.

Following a patient death, the practice would send a card to relatives or carers from the practice to offer condolences. On occasions, the GP visited bereaved relatives to provide support if this was requested, or if practice clinicians had undertaken significant end of life care for the patient. Information was available to signpost relatives or carers to appropriate services such as counselling where indicated.

# 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. For example, the practice were discussing the increase in their registered population and the potential impact of proposed further housing developments within their area, in order to be able to meet future demand with appropriate staff and premises.
- The practice provided a range of services that ensured these were easily accessible for their patients. This included phlebotomy (taking blood); 24 hour blood pressure monitoring; spirometry (a test to assess lung function); ECGs to test the heart's rhythm; monitoring of patients prescribed medicines to thin their blood; travel vaccinations; smoking cessation support; and performed cryotherapy and some limited minor surgery including joint and soft tissue injections.
- The practice had access to support for their patients from specialist nurses including respiratory and Parkinson's disease nurse specialists. A specialist diabetes nurse attended monthly joint clinics with the practice nurse to review some patients with diabetes. This had upskilled the practice nurse who was completing a course in the initiation of insulin, with mentorship provided by the specialist nurse.
- The practice offered access to some contraception services. A GP fitted implants on site, and undertook the removal of intrauterine devices (coils). The practice were intending to offer the fitting of coils on site in the future, and to become part of the C card scheme which is a free condom distribution service for young people aged 13-25.
- All of the practice's consulting rooms were accessible on the ground floor. The site was easily accessible for patients with reduced mobility, with good access from the car park and a disabled toilet was provided which included a raised-toilet seat. A hearing loop system was available within reception for patients with hearing difficulties, and information could be printed in larger font sizes for patients with a visual impairment. The

reception desk did not have a lowered section to speak easily with patients in a wheelchair. The practice had a wheelchair which was available for relatives and carers to assist patients with poor mobility.

- The waiting area contained a wide range of information on local services and support groups. This included information for carers, and local services available for patients with mental health issues. Health promotion material was displayed within the waiting area.
- A log in touch screen was available for patients upon arrival.
- Same day appointments were available for children and those patients with medical problems that required them to be seen urgently. Home visits were available for older patients and others with appropriate clinical needs which resulted in difficulty attending the practice.
- The reception area was compact and it was therefore difficult to always ensure patient confidentiality. However, if patients became distressed, or wished to discuss a sensitive issue, they could be moved into a free consulting room located close to the main reception desk.
- Patients could order repeat prescriptions on line. The practice participated in the electronic prescription service, enabling patients to collect their medicines from their preferred pharmacy without having to collect the prescription from the practice.
- Translation services were available for patients whose first language was not English.

### Access to the service

The practice opened daily from 7.45am and phone lines opened from 8am until 6.30pm. The practice closed on one afternoon on six occasions during the year for staff training.

GP consultations times varied each day but generally commenced in the morning from 8.30am, with the last appointment being available at 5.30pm. Nurse appointments were available between 8am until 12am each morning, and from 2.30pm until 6pm in the afternoon.

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 found it easy to get through to this surgery by phone compared to a CCG average of 68% and a national average of 73%.



# Are services responsive to people's needs?

(for example, to feedback?)

- 91% of patients were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 84% and a national average of 85%.
- 81% of patients described their experience of making an appointment as good compared to a CCG average of 69% and a national average of 73%.
- 72% of patients usually got to see or speak to their preferred GP, which was higher than both the CCG average of 52% and the national average of 59%.
- 80% of patients were satisfied with the practice's opening hours compared to the CCG and national averages of 76%.
- 77% of patients usually waited 15 minutes or less after their appointment time to be seen compared to a CCG average of 63% and a national average of 65%.

Patients could book up to three months in advance to see a GP or a nurse. On the day of our inspection, we saw that the next available routine GP appointment was available in eight working days' time. However, there was flexibility in the appointment system to provide alternative options. For example, a number of on-the-day appointments were released each morning, so that patients could ring back to secure an earlier appointment if needed. Telephone consultations were also offered.

When GP appointments reached capacity, patients who requested an on-the-day consultation were allocated an urgent appointment or placed on a telephone advice slot with the duty doctor. Patients who still required to be seen that day after the call were then given an appointment to see a clinician, and this would normally be the duty doctor.

## Listening and learning from concerns and complaints

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

- The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated person that co-ordinated the complaints process. Clinicians always reviewed any complaints of a clinical nature.
- We saw that information was available to help patients understand the complaints system.

We looked at two complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way with openness and transparency. The practice offered to meet with complainants to discuss their concerns whenever this was deemed appropriate. The practice undertook an annual review of complaints to identify any trends and consider the learning points and changes to practice. Lessons were learnt and shared with the team following a complaint, and action was taken to as a result to improve the quality of care. For example, further to a complaint in June 2015, the practice had raised awareness of their policy on contacting bereaved relatives, and included this on a quick reference guide to highlight its importance. This was monitored at the end of year complaints review and was found to be working effectively.

# 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 partnership had developed a vision to provide personalised, high quality general practice care, providing excellent care for local patients. The vision was underpinned with practice values which included reference to delivering quality patient-centred care by a skilled and motivated team within a safe and effective environment. The practice displayed their vision and values within the reception area.
- The management team were able to articulate their priorities which formed their basis of their future strategic direction. This was supported by a written five-year business plan which included the key changes that the partnership aspired to achieve.
- The practice manager met with senior partner each week to review business-related issues, and discussions were documented. This included issues such as finance, enhanced services, and practice performance.

### Governance arrangements

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

- There was a clear team structure in place, and staff were aware of their own roles and responsibilities. GPs and nurses had defined lead clinical areas of responsibility.
- Systems were in place for identifying, recording and managing risk, and implementing mitigating actions. The practice needed to ensure all risk assessments were completed and up to date.
- A range of practice specific policies had been implemented, and were available to all staff.
- An understanding of the performance of the practice was maintained which included the analysis and benchmarking of QOF performance, and referral and prescribing data. Actions were undertaken when any variances were identified.

### Leadership and culture

- The previous 12 months had seen a period of change and transition within the partnership and management team. One GP partner had left, and another had retired but had retained their partner status although this did not entail any direct ongoing clinical or managerial

responsibilities within the practice. There had also been a period of several months without a practice manager in post, although some interim cover arrangements had been provided for some of this time. A new and experienced practice manager had commenced working at the practice in August 2016. Despite these changes, the practice had managed to ensure continuity of the service without impacting upon patient care and experience. The new managerial arrangements had become quickly embedded and we observed that the practice was functioning well and effectively to ensure high quality care. The practice had established a strong platform for future development and were looking ahead proactively and with a passion for continuous improvement.

- The practice was mindful of proactive succession planning arrangements. For example, there were plans for a second GP to join the partnership in the near future, and the possibilities for a different skill mix were being considered.
- The practice management were receptive to new ideas. For example, following discussions during our inspection, the senior partner told us they would organise mentorship to support their expanded managerial role. In addition, the practice was going to organise an in-house appraisal for the salaried GP to review their role and training needs within the practice, and to complement their existing programme of GP appraisal.
- The senior GP, salaried GP, practice nurse and the practice manager had defined areas of lead responsibility for specified managerial functions including health and safety management. The senior and salaried GPs, and practice nurses had clinical lead areas of responsibility including asthma, mental health, sexual health and contraception, and end of life care.
- The practice proactively engaged with their CCG and worked with them to enhance patient care and experience. A GP sat on the CCG's Clinical Cabinet Meeting which acted as the clinical decision making forum within the CCG. The senior partner and practice manager attended monthly locality meetings, and were keen to progress collaborative working arrangements in the future, building upon established relationships with other practices in the area. The practice manager attended the local practice managers' meetings, and participated in various CCG led workstreams.

# Are services well-led?

Good 

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

- The partnership had previously had training practice status but this had ceased following the recent retirement of their GP trainer. The practice aspired to regain their training practice status in the future and support placements for GP registrars (qualified doctors who are undertaking additional training to become a GP).
- Staff told us there was an open culture within the practice and said the GPs and practice manager were visible within the practice and were approachable, and always took the time to listen to all members of staff. Staff said they felt respected, valued and supported by the GPs and the practice manager.
- Staff told us the practice held monthly staff meetings during which they had the opportunity to raise any issues. Staff told us that they felt confident and supported in doing so. The team used the meeting as an opportunity to review incidents and complaints. Minutes from this meeting were documented.
- Staff we spoke with told us that the practice was a good place to work, and the team supported each other to complete tasks. The practice team met outside of work occasionally for social events. Although there had not been any recent team building events organised by the practice, this was being considered as a follow-up event to our inspection.

## 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 patient surveys; via complaints received; a suggestion box; responses from the NHS Choices website; and responses received as part of the Families and Friends Test (FFT). The practice displayed the results of the latest national GP patient survey in the reception area. The practice had developed an action plan in response to the various sources of patient feedback, and this was displayed in the waiting room area, so that patients were informed on how the practice had responded to comments to enhance patient experience in the future.
- The practice had a patient participation group (PPG) with a core membership of between six and ten members who regularly attended quarterly meetings, and an extended virtual group of approximately 300 members. The practice manager would always try to attend the PPG meetings, or would identify a deputy to ensure a member of the practice team was available at every meeting. We spoke with four members of the PPG who described a positive relationship with the practice, and expressed that they were very satisfied in how the practice was run. There was limited evidence of the PPG's achievements as the group had only been established for approximately 15 months and meetings had been temporarily ceased for some months whilst waiting for the new practice manager to start. The practice had a dedicated PPG noticeboard within the reception area, which displayed the group's terms of reference and code of conduct. Plans were in place to display PPG meeting minutes on the display board and the practice website once the group was fully operational.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, the health care assistant had raised an issue that appointments needed to have more flexibility to account for some procedures that took longer to complete. The appointment system was subsequently reviewed to accommodate this suggestion. Staff informed us that they felt involved and engaged to contribute suggestions to improve how the practice was run.