

# Sleights and Sandsend Medical Practice

## 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

Outstanding 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive to people's needs?

Outstanding 

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 Sleights and Sandsend Medical Practice on 6 October 2016. Overall the practice is rated as outstanding.

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

- There is a genuinely open culture in which all safety concerns raised by staff and people who use services are highly valued as integral to learning and improvement.
- Risks to patients were assessed and well managed.
- 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.

- All staff were open and transparent and fully committed to reporting incidents and near misses. The level and quality of incident reporting shows the levels of harm and near misses, which ensures a robust picture of safety.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example, organised a 'Warm and Well' day providing advice from and links to social services and third sector groups.
- Feedback from patients about their care was consistently positive.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, increasing GP appointment times to 15 minutes. This is above and beyond the requirements of their contract with NHS England.
- The practice implemented suggestions for improvements and made changes to the way it

# Summary of findings

delivered services as a consequence of feedback from patients and from the patient participation group (PPG). For example the practice provides a no-cost medicines delivery service for housebound patients.

- The practice held several support groups on their premises and was actively involved in running most of them.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice actively reviewed complaints and how they are managed and responded to, and made improvements as a result.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.
- 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.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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.

- The provider was aware of and complied with the requirements of the duty of candour.

We saw several areas of outstanding practice including:

- The practice funded a weekly psychotherapy service which they had audited. They provided numerous case studies demonstrating reduced GP consultations, more appropriate use of healthcare services and reduced levels of medication.
- An advanced nurse practitioner visited weekly all seven care homes in the local area to provide training and advice to staff. This had led to an 80% reduction in home visit requests from care homes and a reduction of 30% in all home visits.
- A no-cost medication delivery system to housebound dispensing patients was offered using an eco-car powered by solar panels on the surgery roof.
- The practice had set up various social and community groups to suit the needs of their patient population. For example a “Living with Health and Illness Group” project which worked with people with long term conditions in order to help them understand and learn strategies to live with their condition.

However there were areas of practice where the provider should make improvements:

- Implement procedures to record and monitor near misses and dispensing errors to improve the safety of the service.
- Ensure dispensary staff follow new protocols.
- Maintain appropriate cold storage records to be in line with national guidance.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There is a genuinely open culture in which all safety concerns raised by staff and people who use services are highly valued as integral to learning and improvement.
- All staff are open and transparent and fully committed to reporting incidents and near misses. The level and quality of incident reporting shows the levels of harm and near misses, which ensures a robust picture of safety.
- Learning is based on a thorough analysis and investigation of things that go wrong. All staff are encouraged to participate in learning and to improve safety as much as possible.
- 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 to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated good for providing effective services.

- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- We also saw evidence to confirm that the practice used these guidelines to positively influence and improve practice and outcomes for patients.
- Data showed that the practice was performing highly when compared to practices nationally. The most recent published QOF results were 100% of the total number of points available.
- 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.
- Clinical audits demonstrated quality improvement.

Good



# Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

## Are services caring?

The practice is rated as outstanding for providing caring services.

Data from the national GP patient survey showed patients rated the practice higher than others for almost all aspects of care. For example

- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 93% and the national average of 87%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 98% and the national average of 95%.
- 93% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 85%.
- 98% of patients said the GP was good at listening to them compared to the local CCG average of 94% and the national average of 89%.
- 96% of patients said the GP gave them enough time compared to the CCG average of 92% and the national average of 87%.
- 98% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 97% of patients said the nurse was good at listening to them compared to the local CCG average of 95% and the national average of 91%.
- 97% of patients said the nurse gave them enough time compared to the CCG average of 96% and the national average of 92%.

Feedback from patients about their care and treatment was consistently positive. We received 25 CQC comment cards which were all extremely positive about the standard of care received. Patients said they felt the practice offered an excellent service and staff were helpful, outstandingly caring, treated them with dignity and respect and listened to their needs.

We spoke with four members of the patient participation group (PPG). They also told us they were highly satisfied with the care provided by the practice and said their dignity and privacy was respected.

We observed a strong patient-centred culture:

**Outstanding**



# Summary of findings

- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. For example, patients had reported difficulties obtaining a wheelchair on short-term loan. The practice now provides this service.
- We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on.
- Feedback from people who use the service, those who are close to them and stakeholders is continually positive about the way staff treat people. People think that staff go the extra mile and the care they receive exceeds their expectations.
- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. For example, 99% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 92% and the national average of 86%. 95% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 82%.
- 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.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, the practice worked with the CCG and the community professionals to identify their patients who were at high risk of attending accident and emergency or having an unplanned admission to hospital.
- There are innovative approaches to providing integrated patient-centred care on site for example case-conference meetings with social services, health visitors, district nurses and GPs. The practice undertook joint consultations with GP and other professionals.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient

Outstanding



# Summary of findings

participation group. For example, a no-cost medication-delivery system to housebound dispensing patients was offered using an eco-car powered by solar panels on the surgery roof. Additionally, the telephone system was changed following feedback from patients.

- Patients could access appointments and services in a way and at a time that suits them. For example, face to face consultations, telephone consultations, online appointment and repeat prescription requests.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The practice used innovative and proactive methods to improve patient outcomes and working with other local providers to share best practice. For example, an advanced nurse practitioner visited all seven care homes weekly. The visits and training had led to an 80% reduction in home visit requests from care homes and a reduction of 30% in all home visits. In addition, quarterly audits had highlighted a positive reaction from patients and relatives.
- The practice hosted a range of external stakeholders at the practice. Some of the services included midwife, health visitor, podiatry and retinal screening clinics keeping services closer to home for some patients who would have to travel extensively to the nearest hospital. These clinics were well-received and much appreciated by patients.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

- The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- 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.
- The practice had a dispersed model of leadership with leaders for reception, dispensary and nursing teams.

Good



# Summary of findings

- 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. Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- 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 practice had a very engaged patient participation group which influenced practice development. For example, the provision of no-cost medicine delivery service
- There was a strong focus on continuous learning and improvement at all levels. Audit and plan, do, study, act, cycle (PDSA) were used extensively to assess and improve services. PDSA is a quality improvement tool which provides a framework for developing, testing and implementing changes leading to improvement.



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as outstanding 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.
- An advanced nurse practitioner visited all seven care homes weekly. A teaching plan had been established every six weeks to cover topics such as parkinson's disease, dementia and common infections and antibiotic resistance, end of life care, key drug prescribing, deprivation of liberty, advanced care planning and providing support to staff and relatives.

Outstanding



### People with long term conditions

The practice is rated as outstanding 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 100%. This was above the CCG average of 95% and the national average of 89%.
- Longer appointments and home visits were available when needed.
- 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.
- The practice had established a Living with Health and Illness Group for patients and carers with long-term conditions and a local Diabetes Support Group. Both were available to patients from other practices.

Outstanding



### Families, children and young people

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

- Congratulation cards and six-week baby check appointments were sent following births.

Outstanding



# Summary of findings

- 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 relatively 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 79%, which was comparable to the CCG average of 79% and better than the national average of 74%. Text reminders were used to encourage patients to keep their appointments, and nurses telephoned patients who did not attend their appointment to encourage them to re-book.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Free condoms and anonymous chlamydia screening were available.

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

The practice is rated as outstanding 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 was proactive in offering online repeat prescriptions service, appointment booking and cancelling services and an on-line form to join the PPG.
- The practice offered a full range of health promotion and screening that reflects the needs for this age group.
- Extended opening hours were offered from 6.45am on Tuesday morning.

**Outstanding**



## **People whose circumstances may make them vulnerable**

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.

**Outstanding**



# Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients. For example local safeguarding meetings are frequently held at the practice.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. For example posters and cards to pick up in the toilets allowing confidential signposting to domestic violence helpline, ChildLine, pregnancy advisory services and genito-urinary clinics.
- 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.
- The practice had a member of staff who had taken on the role of carers' champion. They engaged with local services such as carers' resource and with patients. The practice had a designated area of the waiting room where a very comprehensive carers' resource file was available.

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

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

- Performance for mental health related indicators was 99%. This was above the CCG average of 97% and the national average of 93%.
- 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.
- 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.
- The practice funded a weekly psychotherapy service which they had audited. They provided numerous case studies demonstrating reduced GP consultations, more appropriate

Outstanding



# Summary of findings

use of healthcare services and reduced levels of medication. An audit highlighted excellent patient satisfaction; comments referred to a 'much improved ability to function on a daily basis', 'able to use the strategies taught with no need to seek medical advice' and 'improved lifestyle'.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing better than or similar to local and national averages. 216 survey forms were distributed and 122 were returned. This represented 2.4% of the practice's patient list.

- 83% of patients found it easy to get through to this practice by phone compared to the CCG average of 90% and the national average of 73%.
- 95% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 92% and the national average of 76%.
- 98% of patients described the overall experience of this GP practice as good compared to the CCG average of 94% and the national average of 85%.
- 95% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 90% and the national average of 80%.

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 were all positive about the standard of care received. Patients said they felt the practice offered an excellent service and staff were helpful, outstandingly caring, friendly and courteous, treated them with dignity and respect and all staff listened to their needs.

Six patients completed questionnaires during the inspection and we spoke with four members of the patient participation group. All ten patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The last three months Friends and Family test results show 92% of respondents are likely or extremely likely to recommend the practice to someone new to the area.

## Areas for improvement

### Action the service SHOULD take to improve

- Implement procedures to record and monitor near misses and dispensing errors to improve the safety of the service.
- Ensure dispensary staff follow new protocols.
- Maintain appropriate cold storage records to be in line with national guidance.

## Outstanding practice

- The practice funded a weekly psychotherapy service which they had audited. They provided numerous case studies demonstrating reduced GP consultations, more appropriate use of healthcare services and reduced levels of medication.
- An advanced nurse practitioner visited weekly all seven care homes in the local area to provide training and advice to staff. This had led to an 80% reduction in home visit requests from care homes and a reduction of 30% in all home visits.
- A no-cost medication delivery system to housebound dispensing patients was offered using an eco-car powered by solar panels on the surgery roof.
- The practice had set up various social and community groups to suit the needs of their patient population. For example a "Living with Health and Illness Group" project which worked with people with long term conditions in order to help them understand and learn strategies to live with their condition.

# Sleights and Sandsend Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC Lead Inspector and the team included a GP specialist adviser, a pharmacist specialist and a pharmacist technician.

## Background to Sleights and Sandsend Medical Practice

The Sleights and Sandsend Medical Practice is a rural practice situated in Sleights, North Yorkshire. The practice covers the area bounded by Staithes, Robin Hood's Bay and Goathland.

The main surgery is at Churchfield Surgery, Iburndale Lane, Sleights, Whitby, YO22 5DP which was purpose built over 20 years ago. At the time of the inspection, the branch surgery at East Row, Sandsend, Whitby, YO21 3SU was being rebuilt and not in use so was not inspected.

There are 5156 patients on the practice list and the majority of patients are of white British background. The practice population profile differs from the England average as the 50+ years age group is higher than the England average and the 0-49 years age group is lower than the England average. The practice scored seven on the deprivation measurement scale, the deprivation scale goes from one to ten, with one being the most deprived. The overall practice deprivation score is lower than the England average; the practice score is 18.3 and the England average is 21.8. People living in more deprived areas tend to have a greater need for health services.

The practice is a dispensing practice and dispenses to approximately 66% of their patients.

The practice has four GP partners and one salaried GP. There is one female doctor and four male. The practice employs three advanced nurse practitioners, two practice nurses and two health care assistants and two psychotherapists who attend one day a week. There is a practice manager, practice administrator, four secretary administration staff, eleven dispensary/reception staff and two housekeepers. One of the nurse practitioners works closely with four other local practices as part of the nursing workforce project. The practice employ a non-prescribing pharmacist two days a week to work equally on CCG prescribing objectives and supporting the practice GPs.

The practice is a training practice, currently has two third year students from Hull & York Medical School and has applied to be a teaching practice.

The practice is open 8am - 6pm Monday to Friday. Appointments are from 8.30am - 11am and 3pm-5pm daily. Extended hours appointments are offered from 6.45am on Tuesday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments are also available for people that needed them.

The branch surgery is open 8am-1pm Monday, Thursday, Friday and 8am-6pm Tuesday and Wednesday. Appointments are from 8.30am -11am Monday, Tuesday, Wednesday, Friday and 10am-11am on Thursday.

The practice has opted out of providing out-of-hours services to its own patients. Out of hours patients are directed to Harrogate & District NHS Foundation Trust (the contracted out-of-hours provider) via the 111 service.

# Detailed findings

The practice has a General Medical Services (GMS) contract with NHS England. It is a member of NHS Hambleton, Richmondshire and Whitby CCG.

## 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 6 October 2016.

During our visit we:

- Spoke with a range of staff (GPs, practice manager, advanced nurse practitioner, practice nurse, healthcare assistant, dispensary staff, psychotherapist, and reception and administration staff) and spoke with patients who used the service.

- Observed how patients were being cared for and talked with carers and/or family members
- 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.

# 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.

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, we asked to see records relating to a recent safety alert about home visits and saw evidence that the alert had been discussed at a clinicians' meeting and the current policy had been reviewed.

### 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. GPs and advanced nurse practitioners were trained to child protection or child safeguarding level three. Practice nurses and healthcare assistants were trained to child protection or child safeguarding level two.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe. Prescriptions were dispensed at Sleights Surgery for patients who did not live near a pharmacy.
- The practice had standard operating procedures (these are written instructions about how to safely dispense medicines) that were readily accessible and covered all aspects of the dispensing process. The practice had recently amended some procedures and not all staff had signed to say they understood these new procedures. Staff received formal and recorded annual reviews.
- Medicines' expiry dates were checked on a monthly basis using the dispensary computer system. We found this was not formally recorded however the practice resolved this immediately. Expired and unwanted medicines were disposed of in accordance with waste regulations.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by practice staff.



## Are services safe?

- There was a system in place for the monitoring of high risk medicines and we saw how this kept patients safe.
- The practice had signed up to the dispensing services quality scheme, which rewards practices for providing high quality services to patients of their dispensary. We were shown an incident record book of significant events which had reached the patient however the practice had not embedded the recording of near misses (a record of dispensing errors that have been identified before medicines have left the dispensary). Following the inspection additional 'near miss' training was provided to dispensing staff and a recording log was put in place.
- National patient safety alerts and medicines recalls were appropriately managed.
- All prescriptions were signed by a GP before they were given to patients and there was a robust system in place to support this. We saw evidence of how staff managed review dates of repeat prescriptions and medicines which had not been collected.
- We checked medicines stored in the treatment rooms and medicines refrigerators and found they were stored securely and were only accessible to authorised staff. There was a clear policy for ensuring medicines were stored within the required temperature range and this was being followed by practice staff. We found the practice monitored medicines refrigerators' temperatures and recorded the maximum and minimum temperatures since the last check. However the current temperature was not being documented: the practice resolved this on the day of the inspection.
- Vaccines were administered by nurses using directions which had been produced in accordance with legal requirements and national guidance. Prescription pads were stored securely and there were systems in place to monitor their use.
- The practice worked closely with a CCG pharmacist to improve the quality and cost effectiveness of their prescribing. The practice had also employed the same pharmacist to compliment the clinical team. We were told the pharmacist held responsibilities such as discharge letter reviews, medicine audits and answering medicine queries from reception; this in turn had improved care to the patients by releasing more GP time.
- 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).
- 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.

### 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.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

## Are services safe?

- 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.

# 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.
- 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 100% of the total number of points available, compared to the CCG average of 98% and the national average of 95%. Exception reporting rates were similar to CCG and national averages. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was better than the CCG and national averages. (Practice scored 100% compared to CCG average of 95% and national average 89%).
- Performance for mental health related indicators was above the CCG average and above the national average. (Practice scored 99% compared to CCG average of 97% and national average 93%).

The practice held daily clinical debrief meetings, weekly clinical meetings and monthly admissions avoidance reviews. Gold standards framework meetings, where end of life care was discussed, took place monthly.

There was evidence of quality improvement including clinical audit.

- There had been 10 clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored. For example, following a significant event, the practice undertook an audit of the prescribing of a high-risk medicine. The audit resulted in a change to the monitoring process. Re-audit, identified 100% compliance with the new process with fewer patients and a smaller volume dispensed.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- The practice used the PDSA (plan, do, study, act) cycle to audit new projects and take that learning to improve subsequent projects. For example, the learning from the introduction and development of a diabetes support group was used to launch a similar group for patients with multiple sclerosis.
- Information about patients' outcomes was used to make improvements such as the development of the in-house psychotherapy service. The practice had numerous case studies demonstrating the effectiveness of the psychotherapy service. For example, reduced GP consultations, more appropriate use of healthcare services and reduced levels of medication. A patient's referral to psychotherapy in 2016 had reduced their 111/999 calls from 95 in 2015 to six in 2016. An audit highlighted excellent patient satisfaction; comments referred to a 'much improved ability to function on a daily basis', 'able to use the strategies taught with no need to seek medical advice' and 'improved lifestyle'.
- The practice used innovative and proactive methods to improve patient outcomes and working with other local providers to share best practice. For example, an advanced nurse practitioner visited all seven care homes weekly. The visits and training had led to an 80% reduction in home visit requests from care homes and a reduction of 30% in all home visits. In addition, quarterly audits had highlighted a positive reaction from patients and relatives.

### Effective staffing

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

# Are services effective?

## (for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions had additional disease-specific training. 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 had received an appraisal within the last 12 months, and these were monitored by the practice manager. The appraisal process for all staff included 360 degree feedback. 360 degree feedback is a system or process in which staff receive confidential, anonymous feedback from the people who work around them. The goal is to better understand how the individual is functioning as part of the team and to improve the ways team members work together. Staff told us this was used in a supportive way.
- 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 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. These meetings took place at the practice with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

An example of effective working is a patient's referral to psychotherapy in 2016 had reduced their 111/999 calls from 95 in 2015 to six calls in 2016.

### 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.

### 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. Patients were signposted to the relevant service.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.
- Flu vaccination clinics were held. In 2015 the practice trialled Saturday morning 'flu jab' clinics. An audit showed this was effective, efficient and well-received by

# Are services effective?

(for example, treatment is effective)

patients. The practice committed to continue Saturday morning 'flu jab' clinics this year. An additional development this year was the practice visiting housebound patients to administer their flu vaccination.

The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 79% and better than the national average of 74%. There was a policy to 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 by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 97% and five year olds from 92% to 100%.

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



# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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.

The practice recognises that people who use services are active partners in their care. All of the 25 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, outstandingly caring, treated them with dignity and respect and listened to their needs.

We spoke with four members of the patient participation group (PPG). They also told us they were highly 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. Patients said they felt the practice offered an excellent service and staff were helpful, outstandingly caring, friendly and courteous, treated them with dignity and respect and all staff listened to their needs.

Over the last two years, four reviews were posted on NHS Choices website. All were five star ratings and comments referred to friendly staff who go out of their way to help, nothing too much trouble, always made to feel part of the decision making process, and an invaluable service to the family and the community.

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

- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 93% and the national average of 87%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 98% and the national average of 95%.
- 93% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 85%.
- 98% of patients said the GP was good at listening to them compared to the CCG average of 94% and the national average of 89%.
- 96% of patients said the GP gave them enough time compared to the CCG average of 92% and the national average of 87%.
- 98% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 95% and the national average of 91%.
- 97% of patients said the nurse was good at listening to them compared to the local CCG average of 95% and the national average of 91%.
- 97% of patients said the nurse gave them enough time compared to the CCG average of 96% and the national average of 92%.

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

People are truly respected and valued as individuals and are empowered as partners in their care

Staff are fully committed to working in partnership with people and making this a reality for each person. Staff always empower people who use the service to have a voice. They show determination and creativity to overcome obstacles to delivering care. People's individual preferences and needs are always reflected in how care is delivered.

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 and were shared with patients and carers.



## Are services caring?

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 better than local and national averages. For example:

- 99% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 92% and the national average of 86%.
- 95% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 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 91% and the national average of 85%.

The practice attributed these results to their policy of having 15 minute GP appointments.

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.
- Information leaflets were available in easy read format.

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

People's emotional and social needs are seen as important as their physical needs. 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 5% of the practice list as carers. The register improved care for

carers by, for example, alerting staff to offer flu jabs to carers. Reception staff were also aware of family circumstances and could advise if patients had become carers.

- An area of the waiting room was dedicated to carers with additional information on a notice board in the main corridor. There was a comprehensive folder of information available to direct carers to the various avenues of support available including pet care if hospitalised. Following the inspection the practice was looking to have more of this information available on their website to improve accessibility for young carers and those of working age.
- A local carers support group provided well-being clinics to support all unpaid carers from the age of 8 years upwards. The focus was to help reduce the stress of caring by assisting to maximise their income, provide an understanding and listening ear, signpost or refer to the relevant services and provide relevant advice and information. The practice was about to pilot a 30 minute appointment with a GP to assess the health needs of the carer to be followed by an hour-long appointment with Carers' Support.
- The practice had arranged a meeting with neighbouring practices and local schools to highlight the needs of young carers and examine ways of working together. An ambition was to run a 'Living with ADHD' support session at the practice for parents and siblings of patients with attention deficit hyperactivity disorder.
- All patients discharged from hospital were phoned by a member of the practice team to enquire after their well-being and check necessary support was being provided.

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



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**Services are tailored to meet the needs of individual people and are delivered in a way to ensure flexibility, choice and continuity of care.**

### 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, a comprehensive financial bid to create a well-being bus to reach out to rural communities. The practice has also worked with other agencies, to submit a comprehensive bid to NHS England to create a well-being hub attached to the surgery. The hub would be free to use for support groups.

- The practice offered a 'Commuter's Clinic' on Tuesday morning from 6.45am for working patients who could not attend during normal opening hours.
- 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.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, translation services available and a hearing loop was being trialled at the branch surgery. In response to patient requests the practice provided a wheelchair loan service.
- We found the entrance doors to the main surgery could be difficult for wheelchair users to access. Following the inspection, the practice installed a doorbell at a height appropriate for wheelchair users to enable them to request assistance entering the building.
- All standard GP appointments were 15 minutes long. There were longer appointments available for patients with a learning disability. Consultations of 30 minute were available for patients with complex needs and upon request. The practice had recognised that their practice population was primarily elderly and that this created a large population of patients who have more complex health needs and polypharmacy issues. The practice felt that longer appointments would enable

more time to address health needs and permit a holistic approach. 15 minute GP appointments were commenced in January 2015. The results from the most recent national GP patient survey (July 2016) showed 98% of patients said the GP was good at listening to them compared to the local CCG average of 94% and the national average of 89%; 96% of patients said the GP gave them enough time compared to the CCG average of 92% and the national average of 87%. The wait for an appointment had not increased.

- A no-cost medication delivery system to housebound dispensing patients was offered using an eco-car powered by solar panels on the surgery roof. This service is supported by the PPG; funded through a charitable fund which the PPG oversee and operated by trained volunteers.
- A support service was provided in-house for patients with drug and/or alcohol addiction. Trained counsellors supported and advised patients and joint care plans with patient, counsellor and GPs were used. A 'crisis' phone number was provided for patients needing additional help between appointments.
- The practice had a dedicated nurse practitioner service for care homes and planned to extend this to patients in the community who are at risk of unplanned admission to hospital.
- The practice offered a range of services aimed at providing care closer to the patient's home. For example, podiatry, health visitor, minor injury and minor surgery clinics on site minimised the distance patients had to travel and were well-received and much appreciated by the patients.
- A Warm and Well session was run alongside flu clinics to raise awareness of hypothermia and finding support.
- The practice had set up a local Diabetes Support Group and a Living with Health and Illness Group to support and empower patients. These groups were available to patients from other practices in the area. The learning from establishing these two groups was being used to plan an additional support group for patients with multiple sclerosis.
- Information about advanced care directives was on display in the waiting area. An advanced care directive is a legal document in which a person specifies what actions should be taken for their health if they are no longer able to make decisions for themselves because of illness or incapacity.





# Are services responsive to people's needs?

## (for example, to feedback?)

- One GP partner worked at the local community hospital one day a week, providing a link and continuity of care for patients in hospital. Two partners in the practice participated in the GP out of hours rota.
- The practice funded an in-house psychotherapy service enabling patients to have easier access. The practice had numerous case studies demonstrating reduced GP consultations, more appropriate use of healthcare services and reduced levels of medication. An audit highlighted excellent patient satisfaction; comments referred to a 'much improved ability to function on a daily basis', 'able to use the strategies taught with no need to seek medical advice' and 'improved lifestyle'.

### Access to the service

The practice was open 8am - 6pm Monday to Friday. Appointments were from 8.30am -11am and 3pm - 5pm daily. Extended hours appointments were offered from 6.45am on Tuesday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

The branch surgery was open 8am -1pm Monday, Thursday, Friday and 8am-6pm Tuesday and Wednesday. Appointments were from 8.30am -11am Monday, Tuesday, Wednesday, Friday and 10am -11am on Thursday.

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

- 85% of patients were satisfied with the practice's opening hours compared to the CCG average of 83% and the national average of 76%.
- 83% of patients said they could get through easily to the practice by phone compared to the CCG average of 90% 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.

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.

This was done by an advanced nurse practitioner telephoning the patient or carer to gather information to allow for an informed decision to be made by the GP on prioritisation according to clinical need. 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.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system for example posters displayed and summary leaflet available.

We looked at the two complaints received in the last 12 months and found these were dealt with in a timely way. Lessons were learnt from individual concerns and complaints and also from quarterly analysis of trends and action were taken to as a result to improve the quality of care. For example, following a patient raising concern over personal information on the automatic check in screen being viewable by others, the practice reduced the font size on the screen.

# 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. The whole practice staff team had devised the practice philosophy and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- Their business plan incorporated a clinical quality improvement strategy.

### 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.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There was a strong focus on continuous learning and improvement at all levels. Audit and the plan, do, study, act, cycle (PDSA) were used extensively to assess and improve services. PDSA is a quality improvement tool which provides a framework for developing, testing and implementing changes leading to improvement.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- A wide range of meetings took place examples of which included regular full staff meetings, team meetings, significant events, complaints, safeguarding and palliative care. The practice was flexible with their meetings and adjusted meeting timings so that staff could attend.

- The practice had a comprehensive understanding of the needs of their patient population and local community and worked proactively with others in the provision of health care and support services. The practice was committed to engaging with the community.

### 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. Staff told us the partners were approachable and always took the time to listen to all members of staff. Staff also reported a high level of satisfaction at work. 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 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.

- We noted the practice was trialling a web-based application (APP) to disseminate information and to gain staff input on items to be discussed at staff meetings.
- The practice hosted inter-agency meetings for example about care planning where community nurses and health visitors attended.
- 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.
- 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

# Are services well-led?

Good 

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

the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. Half-day practice development days were held quarterly.

- The practice shared ambitions, information and resources with local practices, CCG, Heartbeat Alliance, and community organisations (e.g. Carers Resource, Diabetes UK).
- The practice plans to introduce the Herbert protocol for patients with dementia. The Herbert protocol is a national scheme for patients with dementia. It records vital information about the person in advance. Information such as medication, description, photograph, significant places in the person's life and their daily routine. This can then be used in event of a vulnerable person going missing. The information will help the police and other agencies locate the missing person as quickly as possible and return them to safety.
- There was evidence of strong collaboration and support across all staff and a common focus on improving quality of care and peoples experiences. For example working closely with two other local practices to share resources and test new ideas.

## 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 group was wholly patient led and heavily involved with the practice. The PPG worked positively with the practice to address needs on a local basis as well as increasing awareness of patients on more national issues and is a member of the National Association for Patient Participation. The PPG was set up in 2009 and met at regular intervals to decide ways of making a positive contribution to the patient services and facilities offered by the practice. The Group worked closely with the practice to provide practical support. It carried out patient surveys and submitted proposals for improvements to the practice management team and

enabled a two way communication between the practice and patients to listen to opinions, experiences and views on services provided. An example of this was the introduction of a no-cost medication-delivery to housebound dispensing patients using an eco-car powered by solar panels on the surgery roof.

- The medication-delivery service is supported by the PPG; funded through a charitable fund which the PPG oversee and operated by trained volunteers.
- The PPG produced a practice newsletter which is displayed in the surgery waiting room and on the practice website. Their members led a Men's Health Week health promotion event and supported the Warm and Well Event.

The practice had gathered feedback from staff through staff meetings, appraisals and discussion. 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.

## 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. Some examples of this were,

- A recent merger brought an additional speciality into the practice and enabled more patients to benefit from the specialities of both practices. Access to GPs increased at both sites.
- Putting in place actions to further improve the GP patient survey results even though the results were above the national average.
- Working with four other practices in the locality to share resources.
- Working with the local ambulance service provider and the local authority to target frequent callers.

The practice trained their team to progress to other roles within the provider's organisation if they wished to do so. For example, they had trained reception staff who had progressed to be healthcare assistant.