Orchard 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?	Good ●
Are services well-led?	Outstanding ☆

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 Orchard Medical Practice on 4 August 2016. Overall the practice is rated as outstanding.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- 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.
- The practice sent letters to all eligible patients for the flu vaccine to attend an annual event where they hired a room. The practice provided refreshments and enabled patients to come and receive their inoculation and meet up with other people at the same time.
- The practice manager telephoned anyone who gave feedback positive or negative to the practice to thank them personally and to let them know how appreciated it was.
- The practice's computer system alerted GPs if a patient was also a carer.The practice had identified 764 patients as carers (4.1% of the practice list).
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this.
- Feedback from patients about their care was consistently positive.
- The practice staff were committed to going the extra mile for their patients. In 2015 one of the nurses was awarded practice nurse of the year and the reception staff, a HCA and the practice manager had received an award for 'going the extra mile'. These awards were from the CCG following nominations by the patients of the practice.
- 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. For example increasing the number of reception staff and the introduction of 'one problem clinics'.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice actively reviewed complaints (verbal and written) 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 practice had strong and visible clinical and managerial leadership and governance arrangements.
- Staff were proud of the practice and were constantly involved in developing and supporting new ways of providing treatment.

We saw areas of outstanding practice including

- The practice had produced a video that was played in one of the waiting areas which included some of the GPs and some members of the PPG. This was to encourage patients that maybe lonely and isolated to come and join the PPG or to join the walking group that had been set up in June 2015 in conjunction with members of the PPG. At the time of our inspection there were 15 patients that regularly attended. There were two walks that left from the practice each week where patients or the general public could join in for free and improve their health and wellbeing and meet other people. The practice had received feedback from patients saying how their fitness levels had improved and a consultant had written to the practice after seeing a patient that had started with the walking group and had improved with their wellbeing.
- The practice was passionate about helping people. The practice had a taxi fund which had been set up with the Patient Participation Group (PPG) in April 2016 to enable patients that were unable to get into the practice or those that needed to go to accident and emergency or the hospital were given money for the taxi. The fund had helped five people so far for example: a vulnerable drug user who could not and would not have gone to hospital with an infected ulcer as they could not afford it so the taxi fund was used; and a patient with long term conditions who had not been attending for reviews had telephoned the practice with a number of problems. This patient could not get into practice and therefore the taxi fund was used and the patient came into the practice for an appointment and also had a review. This patient was now a regular attender for their reviews.
- Appointments for mental health reviews were offered on Saturday mornings for patients to attend when surgery is quieter and less threatening this also meant that patients could be accompanied by friends or relatives who might be working Monday to Friday. Sit and wait appointments were also available for those patients of no fixed abode and those patients with mental health issues.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events and learning was shared with all staff in meetings and newsletters.
- Action was taken to improve safety in the practice and new processes and policies implemented.
- 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.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were 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.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Outstanding

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.
- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 90%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 88%.

Summary of findings

- 94% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 88%.
- 90% 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 84%.

Feedback from patients about their care and treatment was consistently positive.

We observed a strong patient-centred culture:

- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. The practice had a taxi fund which had been set up with the Patient Participation Group (PPG) in April 2016 to enable patients that were unable to get into the practice or those that needed to go to accident and emergency or the hospital were given money for the taxi.
- The practice staff were committed to going the extra mile for their patients. In 2015 one of the nurses, the reception staff, a HCA and the practice manager had received an award from the CCG. This was from nominations by the patients of the practice.
- The practice manager telephones anyone who gave good feedback on either NHS choices or direct to the practice to thank them personally and to let them know how appreciated it was.
- The practice had produced a video that was played in one of the waiting areas which included some of the GPs and some members of the PPG. This was to encourage patients that maybe lonely and isolated to come and join the PPG or to join the walking group that had been set up.
- The practice sent letters to all patients eligible for the flu vaccine to attend an annual event where they hired a room. The practice provided refreshments and enabled patients to come and receive their inoculation and meet up with other people at the same time.
- The practice had translated the practice leaflet into Syrian as they had Syrian refugees that were registered patients. This was completed for the family before they came into the practice and the GP was able to complete a health and wellbeing assessment and then make appropriate referrals.
- The practice's computer system alerted GPs if a patient was also a carer.The practice had identified 764 patients as carers (4.1% of the practice list).
- We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on.

Summary of findings

- Views of external stakeholders were very positive and aligned with our findings.

Are services responsive to people's needs?

Good

The practice is rated as good 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. The practice was a designated C-Card collection point (collection of condoms for ages 13-24). This meant that patients registered for this service could call into the practice to collect condoms.
- There are innovative approaches to providing integrated patient-centred care. Minor injuries clinic for patients to attend who could then be referred on for x-ray or other diagnostic tests.
- 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 participation group. In response to patient demand and in order to provide more appointments for patients the practice had developed a new way of delivering patient care. The practice had introduced clinics daily with GP and nursing staff which were one problem clinics. These clinics could be booked on the day and enabled patients to attend and be treated quickly.
- Patients can access appointments and services in a way and at a time that suits them. The practice offered extended hours on Tuesday evening until 8pm and Saturday morning 8am to 11.30am to allow patients that may not be able to attend due to work commitments.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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?

Outstanding

The practice is rated as outstanding for providing well-led services.

- High standards were promoted and owned by all practice staff and teams working 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 meetings.

Summary of findings

- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice. There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- There was a comprehensive understanding of the performance of the practice and individuals within the team.
- The practice carried out proactive succession planning through their 'grow your own' model. This had resulted in staff already employed by the Practice being recruited to the practice manager and assistant manager post, salaried GP and partner who had previously been GP Registrars.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- The practice gathered feedback from patients and it had an active patient participation group (PPG) which influenced practice development.
- 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 knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- There was a strong focus on continuous learning and improvement at all levels.
- Communication with staff was excellent. In addition to the staff meetings the practice developed a newsletter that was produced every few months. This enabled the practice to feedback to everyone information in relation to patient satisfaction, new services that was coming up for the future and other news such as new staff joining and general information relating to the practice.

Summary of findings

The six population groups and what we found

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

Older people

Outstanding ☆

The practice was rated as outstanding for caring and well-led and good for safe, effective and responsive services. The issues identified as outstanding overall affected all patients including this population Group.

- 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.
- Each care home was linked to a named GP to enable continuity of care and to build relationships with the care home and the patients.
- The nurse practitioner also completed home visits rather than patients waiting for the GPs to complete their morning surgery.

People with long term conditions

Outstanding ☆

The practice was rated as outstanding for caring and well-led and good for safe, effective and responsive services. The issues identified as outstanding overall affected all patients including this population Group.

- 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 showed the practice had achieved 97% of targets which was above the CCG average (82%) and the national average (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.

Families, children and young people

Outstanding ☆

The practice was rated as outstanding for caring and well-led and good for safe, effective and responsive services. The issues identified as outstanding overall affected all patients including this population Group.

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 83%, which was in line with the CCG average of 85% and the national average of 82%. Patients that had not responded and who had a positive result were sent a letter by recorded delivery. The practice at this stage would also include a leaflet in relation to cervical screening ensuring that it was in the language that was appropriate to the patient, for example Polish or Latvian.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice was a designated C-Card collection point (collection of condoms for ages 13-24). This meant that patients registered for this service could call into the practice to collect condoms. The practice staff had attended a course to be trained in this.

Working age people (including those recently retired and students)

Outstanding ☆

The practice was rated as outstanding for caring and well-led and good for safe, effective and responsive services. The issues identified as outstanding overall affected all patients including this population Group.

- 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 services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice had extended hours to 8pm Tuesday and Saturday 8am to 11.30am.
- Telephone consultations were available and had been increased to meet demand.

Summary of findings

People whose circumstances may make them vulnerable

Outstanding ☆

The practice was rated as outstanding for caring and well-led and good for safe, effective and responsive services. The issues identified as outstanding overall affected all patients including this population Group.

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- 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.
- Some GPs and a nurse manager had completed training in safeguarding children to level four.
- The practice would have sit and wait appointments for those patients that presented on the day who had no fixed abode or were otherwise vulnerable.

People experiencing poor mental health (including people with dementia)

Outstanding ☆

The practice was rated as outstanding for caring and well-led and good for safe and effective services. The practice was also rated outstanding in responsive for this population group.

- Performance for dementia related indicators showed the practice had achieved 95% of targets which was above the CCG average (91%) and in line with the national average (95%).
- 100% of patients experiencing poor mental health were involved in developing their care plan in last 12 months which was better than the national average of 88%.
- Appointments for mental health reviews were offered on Saturday mornings for patients to attend when surgery is quieter and less threatening this also meant that patients could be accompanied by friends or relatives who might be working Monday to Friday. Sit and wait appointments were also available for those patients of no fixed abode and those patients with mental health issues.

Summary of findings

- Sit and wait appointments were also available for those patients of no fixed abode and those patients with mental health issues.
- 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.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with and above and national averages. 243 survey forms were distributed and 106 were returned. This represented 0.6% of the practice's patient list and a 44% completion rate.

- 97% of patients described their overall experience of this surgery as good compared to the CCG average of 86% and the national average of 88%.
- 69% of patients found it easy to get through to this practice by phone compared to the CCG average of 75% and the national average of 77 %.
- 89% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG and the national average of 87%.
- 88% 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 77% 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 23 comment cards which were all highly positive about the standard of care received. Two of the comment cards, whilst still positive mentioned that there was sometimes a wait for an appointment however they understood the reasons for this. Patients commented that the GPs and nurses listened to them and that the staff were helpful and caring. Other comments said that the reception staff were friendly and professional.

We reviewed the results of the Friends and Family Test for the months of January 2015 to June 2016. This showed that out of 2945 that had been completed 95% of patients said they were either extremely likely or likely to recommend the practice to friends or family with 3% extremely unlikely or unlikely.

Outstanding practice

- The practice had produced a video that was played in one of the waiting areas which included some of the GPs and some members of the PPG. This was to encourage patients that maybe lonely and isolated to come and join the PPG or to join the walking group that had been set up in June 2015 in conjunction with members of the PPG. At the time of our inspection there were 15 patients that regularly attended. There were two walks that left from the practice each week where patients or the general public could join in for free and improve their health and wellbeing and meet other people. The practice had received feedback from patients saying how their fitness levels had improved and a consultant had written to the practice after seeing a patient that had started with the walking group and had improved with their wellbeing.
- The practice was passionate about helping people. The practice had a taxi fund which had been set up with the Patient Participation Group (PPG) in April 2016 to enable patients that were unable to get into the practice or those that needed to go to accident and emergency or the hospital were given money for the taxi. The fund had helped five people so far for example: a vulnerable drug user who could not and would not have gone to hospital with an infected ulcer as they could not afford it so the taxi fund was used; and a patient with long term conditions who had not been attending for reviews had telephoned the practice with a number of problems. This patient could not get into practice and therefore the taxi fund was used and the patient came into the practice for an appointment and also had a review. This patient was now a regular attender for their reviews.
- Appointments for mental health reviews were offered on Saturday mornings for patients to attend when surgery is quieter and less threatening this also meant that patients could be accompanied by friends or

relatives who might be working Monday to Friday. Sit and wait appointments were also available for those patients of no fixed abode and those patients with mental health issues.

Orchard Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser, a second CQC inspector and a practice nurse specialist adviser.

Background to Orchard Medical Practice

Orchard Medical Practice is a ten partner practice which provides primary care services to approximately 18,500 under a Personal Medical Services (PMS) contract.

- The practice is situated in the centre of Mansfield within Mansfield community hospital in a purpose designed wing of the hospital.
- The practice is on a bus route and is within walking distance of the town centre.
- There is a large car park at the practice and the practice is fully accessible to patients with mobility problems or those using wheelchairs.
- Services are provided from Orchard Medical Practice, Stockwell Gate, Mansfield, NG18 5GG.
- The practice consists of ten partners (seven male and three female) and one salaried GP. (female).
- The all female nursing team consists of a nurse practitioner, two nurse managers, five practice nurses, three health care assistants (HCA) and two phlebotomists.
- The practice has a practice manager and assistant manager who are supported by 23 clerical and administrative staff to support the day to day running of the practice including one apprentice.
- This practice provides training for doctors who wish to become GPs and at the time of the inspection had one doctor undertaking training at the practice. (Teaching practices take medical students and training practices have GP trainees and F2 doctors).
- The practice has a higher than average care home patients with double the CCG average.
- The practice has high deprivation and sits in the fourth more deprived centile.
- The practice is registered to provide the following regulated activities; surgical procedures, maternity and midwifery services; family planning, diagnostic and screening procedures and treatment of disease, disorder or injury.
- The practice lies within the NHS Mansfield and Ashfield Clinical Commissioning Group (CCG). A CCG is an organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.
- The practice is open between 8am and 6.30pm Monday, Wednesday, Thursday and Friday; 8am and 8pm on a Tuesday. Appointments are from 8.10am to 6.15pm daily. Extended hours appointments are offered until 8pm Tuesday and every Saturday morning. When the practice is closed patients are able to use the NHS 111 out of hour's service.

Detailed findings

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 4 August 2016. During our visit we:

- Spoke with a range of staff (GPs, management team, nurses and administrative staff).
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'
- Spoke with staff at local care homes that had residents that were patients of the practice.

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). We saw evidence that this had been followed.
- 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 shared information with other stakeholders and some learning from incidents had been shared and used CCG wide.
- 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, new processes and procedures formulated in relation to paediatric prescribing which was shared with the CCG and other practices.

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 were lead members of staff for safeguarding. There was two GP leads for adult and children safeguarding, these roles also had a nurse lead for support. At least one GP and a member of nursing staff attended safeguarding meetings and always provided reports where necessary for other agencies. The practice held safeguarding meetings which included school nurse, health visitor and midwives. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and practice nurses were trained to child protection or child safeguarding level 3 with some of the partners and the nurse manager having been trained to level 4. Following a serious case review completed by the CCG the practice was recognised as having a robust safeguarding protocol in place and procedures that had been followed in an exemplary fashion. This good practice was shared within the locality.
- 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. One of the nurse managers 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. The lead had also undertaken training to enable them to train the staff in infection prevention control. Annual infection control audits were undertaken by the CCG and we saw a detailed action plan to evidence the action that was taken to address any improvements identified as a result, for example including infection control in staff induction and amending policies and procedures where required.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines

audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed five 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. The practice had not completed DBS checks for the non patient contact staff however there was a risk assessment in place for this.

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. The practice had agreed a minimum level of GPs to be working in a morning and afternoon session and annual leave was covered internally and the practice had not needed locum cover for over two years.

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.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- 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 97% of the total number of points available.

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

- Performance for diabetes related indicators showed the practice had achieved 97% of targets which was above the CCG average (82%) and the national average (89%).
- Performance for hypertension (high blood pressure) related indicators were comparable to the CCG and national averages. The practice achieved 100% of targets compared to a CCG average (99%) and national average (98%).
- Performance for mental health related indicators was higher when compared to the CCG and national average. The practice achieved 100% of targets compared to a CCG (91%) and national average (93%).

  The practice had an exception reporting rate of 18% overall which was above the CCG average of 10% and the national average of 9%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

  Data showed that exception reporting data for some specific clinical domains was higher than the local CCG and national averages. For example:

- The practice had higher than average exception reporting for diabetes (25% compared to 12% CCG average and 11% national average).
- The practice had higher than average exception reporting for mental health (26% compared to 15% CCG average and 11% national average).

We looked at some of the areas that were higher and found the exceptions to be appropriate. The practice had a high proportion of patients in residential care some of which were too poorly for monitoring, for example diabetes and also end stage dementia in relation to mental health. Any exceptions were recorded on the patients electronic record as an alert which then stayed on the for the following year so that the practice could proactively manage the next recall.

There was evidence of quality improvement including clinical audit. There had been numerous clinical audits completed in the last two years.

- Four of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included processes in relation to prescribing been amended and updated and learning needs had been identified.
- We saw that audits were discussed and outcomes shared in clinical meetings.

Information about patients' outcomes was used to make improvements.

Effective staffing

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

Good

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff both clinical and administrative. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. The induction was set out over a number of weeks to ensure the staff were supported in their role.
- 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 such as diabetes management.
- 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.
- 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.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a four to six weekly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet and exercise, smoking and alcohol cessation.

The practice's uptake for the cervical screening programme was 83%, which was in line with the CCG average of 85% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. Patients that had not responded and who had a positive result were sent a letter by recorded delivery. The practice at this stage would also include a leaflet in relation to cervical screening ensuring that it was in the language that was appropriate to the patient, for example Polish or Latvian. 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

Good

Are services effective?

(for example, treatment is effective)

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 95% to 98%, which was comparable to the CCG average of 93% to 97%, and five year olds from 94% to 99%, which was comparable to the CCG average of 90% to 98%.

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.

Outstanding ☆

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 compassion, 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.
- Reception staff were welcoming and friendly and we saw staff come from behind the reception desk to speak with patients where required.

All of the 23 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, caring and treated them with dignity and respect.

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

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

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 90%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 88%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 96%
- 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 87%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 92%.
- 85% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 90%

The practice was passionate about helping people. The practice had a taxi fund which had been set up with the Patient Participation Group (PPG) in April 2016 to enable patients that were unable to get into the practice or those that needed to go to accident and emergency or the hospital were given money for the taxi. The fund had helped five people so far for example: a vulnerable drug user who could not and would not have gone to hospital with an infected ulcer as they could not afford it so the taxi fund was used; and a patient with long term conditions who had not been attending for reviews had telephoned the practice with a number of problems. This patient could not get into practice and therefore the taxi fund was used and the patient came into the practice for an appointment and also had a review. This patient was now a regular attender for their reviews.

The practice staff were committed to going the extra mile for their patients. In 2015 one of the nurses was awarded practice nurse of the year and the reception staff, a HCA and the practice manager had received an award for 'going the extra mile'. These awards were from the CCG following nominations by the patients of the practice. One of the practice nurses had previously collected a patient that they knew to be on their own and taken them to their own home for Christmas day dinner.

The practice actively encouraged feedback and the practice manager telephoned anyone that gave feedback, good or bad to the practice to personally thank them and to let them know how appreciated it was.

The practice had produced a video that was played in one of the reception areas which included some of the GPs and

some members of the PPG. This was to encourage patients that maybe lonely and isolated to come and join the PPG or to join the walking group that had been set up. The walking group was set up in June 2015 in conjunction with members of the PPG and at the time of our inspection there were 15 patients that regularly attended. There were two walks that left from the practice each week where patients or the general public could join in for free and improve their health and wellbeing and meet other people. The practice had received feedback from patients saying how their fitness levels had improved and a consultant had written to the practice after seeing a patient that had started with the walking group and had improved with their wellbeing.

The practice sent letters to all patients eligible for the flu vaccine inviting them to attend an annual event where they hired a room. The practice provided refreshments and enabled patients to come and receive their inoculation and meet up with other people at the same time. In 2015 this event enabled over 2000 patients to receive their vaccine on that day.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 94% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 88%.
- 90% 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 84%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 87%.

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. We saw notices in the reception areas informing patients this service was available.
- Staff told us that they used a service for sign language translation.
- Staff would book the translator and make sure the appointments were amended were required to suit the patient and the translation service.
- Information leaflets were available in easy read format.

The practice had translated the practice leaflet into Syrian as they had Syrian refugees that were registered patients. This was completed for a family before they came into the practice and the GP was able to complete a health and wellbeing assessment and then make appropriate referrals. Subsequent visits were booked alongside an interpreter.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 764 patients as carers (4.1% of the practice list). Carers would be accommodated with appointments times to fit in with their caring role. They were signposted for extra support locally and social services if necessary and offered health checks and flu vaccines. Written information was available to direct carers to the various avenues of support available to them.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended hours on Tuesday evening until 8pm and Saturday morning 8am to 11.30am to allow patients that may not be able to attend due to work commitments.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Telephone consultations were available with a nurse or a GP.
- Text messaging service to remind patients of their appointment date and time, with the option to cancel the appointment to assist in reducing missed appointments.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop in reception, a portable hearing loop and translation services available.
- Purpose built ground floor premises with automatic doors and wide corridors.
- Nurse practitioner to assist with home visits and care home visits.
- Minor injuries clinic for patients to attend and could then be referred for x-ray or other diagnostic tests.
- The practice offered a 'one problem clinic' daily. This would be increased if there were peaks in demand or staff shortages that may impact on appointments. There was a clinic with a GP and also with a nurse practitioner
- Family planning services and coil implants.
- The practice was a designated C-Card collection point (collection of condoms for ages 13-24). This meant that patients registered for this service could call into the practice to collect condoms. The practice staff had attended a course to be trained in this.
- Dedicated flu clinic with catch up sessions evenings and weekends
- Mental Health and Learning Disability patients were offered appointments on a Saturday and had dedicated longer appointments
- Patients at risk of developing a long-term condition were invited to join the walking group to try and improve their health and fitness levels. The walking group was promoted by the PPG in the practice waiting rooms and on the web site.
- Sit and wait appointments were also available for those patients of no fixed abode and those patients with mental health issues.
- Annual mental health reviews. Appointments were offered on Saturday mornings for patients to attend when surgery is quieter and less threatening this also meant that patients could be accompanied by friends or relatives who maybe working Monday to Friday.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday; 8am and 8pm on a Tuesday. Extended hours appointments were offered until 8pm on Tuesday and Saturday 8am to 11.30am. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

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

- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and the national average of 79%.
- 69% of patients said they could get through easily to the practice by phone compared to the CCG average of 75% and the national average of 77%.
- 89% of patients said they were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 87% and the national average of 87%.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 71% of patients said they felt they did not normally have to wait too long to be seen compared to the CCG average of 67% and the national average of 63%.

The practice were looking at ways to improve the phone system and had also increased the number of staff on reception to try and alleviate the issue of patients not been able to get through on the telephone. The practice were running surveys in practice to monitor this. Some comment cards mentioned that it was difficult at times to get through however the patients understood that the practice was busy and that this had improved of late. 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.

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. The practice had a nurse practitioner who was able to attend and complete home visits instead of waiting for a GP to finish their morning session. 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 with posters and information on the practice web site.

We looked at six complaints received in the last 12 months and found they had been handled satisfactorily and dealt with in a timely way. The response letters were transparent and investigations were thorough. The practice had apologised were necessary and actions had been completed to prevent reoccurrence. The practice had also recorded verbal complaints. The practice manager looked at these and contacted the patients to see if they were able to resolve any concerns. The practice manager had noted that a practice process for dealing with requests from parents in relation to obtaining their child's NHS number had resulted in a patient been frustrated. This had then been looked at separately with the information governance lead in the practice and a new pathway and process was developed for dealing with this situation. This meant that the practice would prevent a similar situation occurring for another patient in the future. Analysis of trends was reviewed annually with the practice looking at the trends and actions taken for all complaints and significant events and discussed with all staff at a practice meeting.

Are services well-led?

Outstanding ☆

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

Our findings

Vision and strategy

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

- The practice had a mission statement and ethos which was embedded throughout the practice -'putting patients first and going the extra mile'.
- The practice had a challenging and innovative strategy with supporting business plans that reflected the vision and values and were regularly monitored.
- The practice held regular clinical and staff meetings to ensure regular engagement took place.
- All staff were clear about the ethos of the practice and felt valued and involved in maintaining and promoting it.
- The practice had strong engagement with other stakeholders which assisted in delivering high quality care. The PPG played an active role in shaping the strategic vision of the practice. The practice had strong links with their patients and had a strong desire to improve.
- There was a proactive approach to succession planning in the practice. The practice was a training practice and part of the strategy was to 'grow their own' which was already evident as one of the salaried partners had originally joined the practice as a trainee.
- The partners had time out sessions in November 2015 and February 2016 to develop their forthcoming strategy and business development plans.
- The practice were engaged with the local CCG and worked to improve practice in the locality. Examples of good practice in relation to safeguarding protocols had been shared with other practices across Nottinghamshire by the CCG.

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. Staff we spoke with were all clear about their own roles and responsibilities. Staff were multi-skilled and were able to cover each other's roles within their teams during leave or sickness.
- The practice had a comprehensive range of practice specific policies which were implemented and were readily available to all staff. We looked at a number of policies and found them to be up to date and reviewed regularly.
- There is strong collaboration and support across all staff and a common focus on improving quality of care and people's experiences.
- There were rigorous arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The systems and processes in place for ensuring patient and staff safety demonstrated strong clinical governance. The practice carried out two-cycle audits to measure the impact of changes made following significant events and shared learning with other local practices to improve patient outcomes.
- The practice was effective in presenting information to the team in a way that was easy to understand such as analysis of trends of complaints.
- There was a clear culture of continual improvement and empowerment and we were provided with examples to support this.

Leadership and culture

On the day of inspection the partners and practice management 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 and management were approachable and always took the time to listen to all members of staff. There was an understanding of the challenges to providing good quality care and the practice had identified future developments to try and mitigate these.

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

Are services well-led?

Outstanding ☆

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

support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. We were shown examples of incidents that had involved patients and the practice had been open and transparent in informing the patients involved and meeting with families and patients were required. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice ensured that the patients were protected by a strong comprehensive safety system with a focus on openness, transparency and learning when things went wrong. The level and quality of incident reporting demonstrated that all staff were open and fully committed to reporting incidents and near misses.
- 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.
- The practice looked at data provided from national surveys and ran the same survey in surgery to ascertain views of patients that used the surgery to see if the views aligned. Surveys and feedback along with suggestions from staff and the PPG were reviewed and piloted to try and improve appointment availability.
- The partnership had succession planning in place and had identified their challenges and developed ways of tackling these, such as:
- Growing their own workforce i.e. GPs, nurses, HCAs and support staff
- Innovation i.e. nurse practitioners, triage, and one problem clinics.
- Sharing staff across practices i.e. nurse practitioner attending care homes for visits

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

- Staff told us the practice held regular team meetings.
- Staff told us that there was an open, non-hierarchical 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 and management in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- Communication with staff was excellent. In addition to the staff meetings the practice developed a newsletter that was produced every few months. This enabled the practice to feedback to everyone information in relation to patient satisfaction, new services that was coming up for the future and other news such as new staff joining and general information relating to the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team.
- The PPG was patient led. The practice had initially been involved in agenda setting however the group had since taken over the agenda.
- The PPG had been involved with awareness weeks and since December 2015 there had been four so far including a dementia awareness week were local agencies and charities had attended to talk to patients.
- The practice had looked at the patient survey result and through discussions the practice had introduced the Saturday morning clinics and the one problem clinics to try and alleviate patients concerns in getting an appointment. The one problem clinic had been promoted by members of the PPG talking to patients and raising awareness.
- The PPG raise funds for the practice and through this have purchased items such as scales for patients to use

Are services well-led?

Outstanding ☆

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

in the waiting area that can calculate body mass index and the next item to be purchased would be a bariatric wheelchair which was highlighted as a need following a significant event.

- The practice had promoted the NHS friends and family test in practice and had also set up a room on occasion for patients to use the computer and record a review on NHS choices.
- The practice had a page on social media to inform patients of services and for patients to leave comments or reviews.
- Any comments, feedback or reviews from patients would be acted on by the practice usually with a phone call from the practice manager to thank patients for their time and discuss any concerns.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff had feedback that they needed more staff on reception, since then an extra four staff have been provided for reception cover and pre bookable appointments were increased at the request of staff. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

The practice were looking at various objectives over the next two years including

- The practice had written to and emailed local schools to inform them that they were a site offering the pick up of condoms in preparation for the new academic year to ensure that local teenagers are aware of their C-Card initiative.
- Explore opportunities for collaborative working with other GP practices and to create a foundation upon which to build and deliver services closer to home. A business case had been submitted to the CCG for the development of the locality hub in conjunction with other local practices. The practice had led the process bringing together the practices and engaging them in the innovation.
- The practice had engaged with Smoke Free Life to hold clinics starting in September 2016 for both their own patients and those patients within the locality for patients wishing to quit smoking.
- Two of the partners were mentors for non-clinical prescribers outside of the practice and had at the time of our inspection successfully mentored ten people including two podiatrists. This role was a voluntary role which provided a service to the community and the NHS as a whole.

Aspirations for projects and social initiatives were part of the business plan for between 2016 and 2018.

- Explore opportunities to work with a local school to develop after school projects such as garden allotments.
- Encourage and support the PPG to develop practice based community services such as exercise groups.

The practice had also identified challenges for the future for example the size of premises was already limiting services provided and had therefore submitted a business plan to increase the amount of consulting rooms.

The practice was a training practice for GPs and were recruiting apprentices in other areas of the practice which would enable them to grow the team. This had already resulted in them been able to recruit two salaried GPs, one of which was now a partner, both of whom had started as a trainee. The administration team apprentices had gone on to be full time staff and one had left the practice having started as an apprentice was now studying a business degree and another had gone on to be a HCA.

Two of the partners were mentors for non-clinical prescribers outside of the practice and had at the time of our inspection successfully mentored ten people including two podiatrists. This role was a voluntary role which provided a service to the community and the NHS as a whole.

One partner had become a Director (voluntary post) of an evolving Multi-Academy Education Trust, a post which was dependent on their local population knowledge and skills and expertise acquired within the NHS. The practice actively supported this individual in terms of the time commitment available to attend scheduled daytime meetings.

Are services well-led?

Outstanding ☆

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

This was a further example of the extended roles for which the GPs are sought because of their unique combination of skills and experience, not only in the practice, but more widely on behalf of the NHS.