Mill Street Medical Centre

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Mill Street Medical Centre on 14 September 2016. Overall the practice is rated as good.

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

- The practice is situated in extended purpose built premises. The practice was clean and had good facilities including disabled access and access to translation services.
- The practice had recently merged with another smaller practice and provided services for 12,360 patients. The aims of the merger were to give patients a wider choice of clinicians, enhanced surgery opening times and more services.
- The merger had come at a time when three GPs were on maternity leave and the practice had struggled to recruit GPs to cover. During this period, the practice had prioritised the appointments to acutely unwell patients, the elderly and children. The practice had revised the appointment system, employed a new salaried GP and was employing a clinical pharmacist to reduce the pressure on the appointment system.
- There were systems in place to mitigate safety risks including analysing significant events and safeguarding.
- The practice 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).
- Patients' needs were assessed and care was planned and delivered in line with current legislation.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. The practice sought patient views about improvements that could be made to the service; including having a patient participation group (PPG) and acted, where possible, on feedback.

Summary of findings

- Staff worked well together as a team and all felt supported to carry out their roles.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

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

Are services effective?

Good

The practice is rated as good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. Clinical audits demonstrated quality improvement. Staff worked with other health care teams. Staff received training suitable for their role.

Are services caring?

Good

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

Are services responsive to people's needs?

Good

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

Are services well-led?

Good

The practice is rated as good for being well-led. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity. The practice proactively sought feedback from staff and patients and had an active PPG. Staff had received inductions and attended staff meetings and events.

Summary of findings

The six population groups and what we found

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

Older people

Good

The practice is rated as good for providing services for older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and offered home visits and care home visits. The practice participated in meetings with other healthcare professionals to discuss any concerns. There was a named GP for the over 75s. The practice was involved in a project looking at identifying those elderly patients, particularly those with dementia, or who were taking several medications, which were at increased risk of falls injuries and proactively referring these patients to the local falls assessment team.

People with long term conditions

Good

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

Families, children and young people

Good

The practice is rated as good for providing services for families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.

Working age people (including those recently retired and students)

Good

The practice is as rated good for providing services for working age people. The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible. There were online systems available to allow patients to make appointments. The practice offered extended opening hours on Tuesday evenings until 8.45pm and early Thursday morning appointments from 7am.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for providing services for people whose circumstances make them vulnerable. The practice held a register of

Summary of findings

patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks and longer appointments were available for people with a learning disability. The practice also had a substance misuse clinic.	
People experiencing poor mental health (including people with dementia) The practice is rated as good for providing services for people experiencing poor mental health. Patients experiencing poor mental health received an invitation for an annual physical health check. Those that did not attend had alerts placed on their records so they could be reviewed opportunistically. The practice worked with a mental health nurse.	Good 

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2016 (from 104 responses which is approximately equivalent to 1% of the patient list) showed the practice was performing in line with or lower than local and national averages in certain aspects of service delivery. For example,

- 51% of respondents described their experience of making an appointment as good (CCG average 70%, national average 65%)
- 39% patients said they could get through easily to the surgery by phone (CCG average 66%, national average 73%).
- 84% said the last GP they spoke to was good at treating them with care and concern (CCG average 86%, national average 85%).

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

- 76% described the overall experience of their GP surgery as good (CCG average 84%, national average 85%).
- 71% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 77%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 21 comment cards, of which 14 were very complimentary about the service provided. These patients said they received an excellent, caring service and patients who more vulnerable were supported in their treatment. However, there were other comments about the difficulty obtaining appointments (four) and the length of time patients had to wait beyond their designated appointment time (one). Two patient comments were negative about the care received from a GP and three were unhappy with the helpfulness of reception staff.

We reviewed information from the NHS Friends and Family Test which is a survey that asks patients how likely they are to recommend the practice. Results for August 2016 from 20 responses showed that, nine patients were either extremely likely or likely to recommend the practice and nine responses said unlikely and two were unsure.

Mill Street Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector and included a GP specialist advisor.

Background to Mill Street Medical Centre

Mill Street Medical Centre is based near St Helens town centre. There were 12,360 patients on the practice register at the time of our inspection. The practice has a higher than average elderly population (9%) compared with the national average of 7.8%. Fifty seven percent of patients had a long standing health condition compared with the national average of 54%.

The practice is a training and teaching practice managed by seven GP partners (two male, five female) and a business partner. There are three salaried GPs, a registrar and a FY2 trainee doctor. There are four practice nurses and four healthcare assistants. Members of clinical staff are supported by a practice manager, reception and administration staff.

The practice is open 8am to 6.30pm every weekday. The practice offers extended hours with appointments up to 8.45pm on Tuesdays and earlier appointments on Thursdays from 7am. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours services, St Helens Rota.

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

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people

Detailed findings

- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

The inspector :-

- Reviewed information available to us from other organisations e.g. the local clinical commissioning group (CCG).
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 14 September 2016.
- Spoke to staff and representatives of the patient participation group.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

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

Good

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events and incidents. 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 practice carried out a thorough analysis of the significant events. Significant events were discussed at staff meetings.

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

Overview of safety systems and processes

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding vulnerable adults and children. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. Health visitors were invited to attend clinical meetings to discuss any concerns.
- 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
- The practice was clean and tidy. Monitoring systems and cleaning schedules were in place. It was not clear what cleaning equipment was used for consultation and treatment rooms. There was information about cleaning materials used (COSHH- Control of Substances Hazardous to Health), but this was not accessible to the cleaning staff. The practice management assured us this would be dealt with immediately.
- One of the GPs was the infection control clinical lead. There was an infection control protocol and staff had received up to date training.Infection control audits were undertaken and actions had been taken to address any shortfalls. There were spillage kits and appropriate clinical waste disposal arrangements in place.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice met with the medicines management team on a quarterly basis to discuss latest trends and recommendations. Emergency medication was checked for expiry dates. Blank prescription pads were securely stored and there were systems in place to monitor their use. The practice had two prescription clerks to deal with the administration. The practice was taking on a clinical pharmacist the week after our inspection to help with medication reviews for the management of patients with chronic illnesses.
- 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 DBS.

Monitoring risks to patients

- There were procedures in place for monitoring and managing risks to patient and staff safety. Staff had a safety handbook and all staff had received a risk assessment of their working environment. There was a health and safety policy available which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire safety equipment tests and fire drills. Staff were aware of what to do in the event of fire and had received fire safety training as part of their induction.
- 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

Good

Are services safe?

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

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

Arrangements to deal with emergencies and major incidents

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

- All staff received annual basic life support training and there were emergency medicines available.
- The practice had a defibrillator and oxygen. There were first aid kits and an accident book available. However, the contents of the first aid kits were out of date and not all staff were aware of where the kit was kept. The practice management assured us this would be dealt with immediately.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients and held regular meetings to discuss performance. (QOF is a system intended to improve the quality of general practice and reward good practice). The practice had good systems in place to ensure they met targets and results from 2014-2015 were 99% of the total number of points available with lower than local and national exception reporting. Performance for mental health related indicators was comparable or better than local and national averages for example:

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 92% compared to local average of 92% and national averages of 88%.

Performance for diabetes related indicators was comparable or better than local and national averages for example:

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2014 to 31/03/2015) was 81% compared with a local average of 82% and national average of 78%.

The practice carried out a variety of audits that demonstrated quality improvement. For example, medication audits and clinical audits.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as infection prevention and control, fire safety, health and safety and confidentiality. Staff had access to an employee handbook and also a safety handbook.
- The learning needs of staff were identified through a system of meetings and reviews of practice development needs. Staff received annual appraisals but due to the recent merger of the staff from two different practices, appraisals were planned to be completed in the next six months. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. Training included: safeguarding, fire safety awareness, equality and diversity, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules. Staff told us they were supported in their careers and had opportunities to develop their learning. For example, some receptionists were also healthcare assistants.
- The practice was a member of St Helens GP Federation of Training practices. The practice had two GP and two nurse trainers. The practice was also a teaching practice for medical students.

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.

Good

Are services effective?

(for example, treatment is effective)

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. The practice liaised with local mental health nursing teams.

Consent to care and treatment

Patients' consent to care and treatment was sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. GPs were aware of the relevant guidance when providing care and treatment for children and young people. Consent forms were used for minor surgery.

Supporting patients to live healthier lives

Patients who may be in need of extra support were identified by the practice. This included patients who required advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

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

- Childhood immunisation rates for the vaccinations given to two year olds and under ranged from 64% to 98 % compared with CCG averages of 70% to 97%. Vaccination rates for five year olds ranged from 94% to 100% compared with local CCG averages of 91% to 98%.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 79% compared to a national average of 82%.

Information for patients with long term conditions, such as asthma, was available on the practice website.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect. Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.

Results from the national GP patient survey published in July 2016 (from 104 responses which is approximately equivalent to 1% of the patient list) showed patients felt they were treated with compassion, dignity and respect. For example:

- 91% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 88% said the GP gave them enough time (CCG average 88%, national average 87%).
- 84% said the last GP they spoke to was good at treating them with care and concern (CCG average 86%, national average 85%).
- 89% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 91%).
- 78% said they found the receptionists at the practice helpful (CCG average 84%, national average 87%)

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were comparable with local and national averages. For example:

- 83% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.
- 83% said the last nurse they saw was good at involving them in decisions about their care (CCG average 87%, national average 85%)
- 81% said the last GP they saw was good at involving them in decisions about their care (CCG average 83%, national average 82%)

Staff told us that telephone translation services were available. The practice website could be translated into other languages.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had a register of 317 carers on its list. Information was available to direct carers to the various avenues of support available to them on the practice website.

Staff told us that if families had suffered bereavement, their usual GP sent a card and offered an appointment to meet the family's needs or signposted those to local counselling services available. Information was also available on the practice website. We saw evidence of patients thanking the practice for their support in times of bereavement.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had recently merged with another smaller practice. The aims of the merger were to give patients a wider choice of clinicians, enhanced surgery opening times and more services. Patients and staff had been involved in a survey to ascertain their views.

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

- There were longer appointments available for people with a learning disability or when interpreters were required.
- Home visits were available for elderly patients.
- Urgent access appointments were available for children of any age and those with serious medical conditions.

There were a range of services available including:-

- Saturday morning flu clinics for vaccinations.
- A GP led well woman clinic
- Dermatology clinic and minor surgery
- INR clinic (for patients on anticoagulant medication)
- Substance misuse clinics
- ECG, phlebotomy if required, 24 hour blood pressure monitoring and spirometry.
- Visiting midwife
- Baby clinics
- Vaccinations and immunisations
- NHS Health checks
- Chronic disease clinics for example, diabetes management.

Access to the service

The practice is open 8am to 6.30pm every weekday. The practice offers extended hours with appointments up to 8.45pm on Tuesdays and earlier appointments on Thursdays from 7am. The practice used a text reminder service for patients. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service by contacting St Helens GP rota. GPs from the practice were part of the rota for out of hours for St Helens.

Results from the national GP patient survey published in July 2016 (from 104 responses which is approximately equivalent to 1% of the patient list) showed that patient's satisfaction with how they could access care and treatment were lower compared with local and national averages. For example:

- 67% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 72% of respondents were able to get an appointment to see or speak to someone last time they tried (CCG average 84%, national average 85%).
- 39% patients said they could get through easily to the surgery by phone (CCG average 66%, national average 73%).
- 45% said they usually waited 15 minutes or less after their appointment time to be seen (CCG average 64%, national average 65%).
- 51% of respondents described their experience of making an appointment as good (CCG average 70%, national average 65%)

We spoke with members of the patient participation group and reviewed comment cards. We noted that patients from the smaller practice had experienced difficulties with the appointment system.

The practice was aware of the issues surrounding appointments. The merger had come at a time when three GPs were on maternity leave and the practice had struggled to recruit GPs to cover.

In response, the practice had taken on a new salaried GP and was employing a clinical pharmacist to reduce the pressure on the appointment system. The practice's website had previously made the situation clear and the practice had prioritised the appointments to acutely unwell patients, the elderly and children. In addition, the practice had altered its appointment system from September 2016 to meet the demand. The patient practice information leaflet advised patients to call after 11am if they did not require on the day appointments to reduce the number of calls earlier in the day.

Good

Are services responsive to people's needs?

(for example, to feedback?)

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. Patients were advised to contact the surgery before 10am if they required a home visit so that they could plan which GP needed to visit.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Information about how to make a complaint was available on the practice website and practice information leaflet but there was nothing in the waiting room to notify patients. The practice management assured us this would be dealt with immediately. Information was available if patients asked at reception. The complaints policy clearly outlined a time frame for when the complaint would be acknowledged and responded to and made it clear who the patient should contact if they were unhappy with the outcome of their complaint.

The practice discussed complaints at staff meetings. We reviewed a log of previous complaints and found both written and verbal complaints were recorded and written responses included apologies to the patient and an explanation of events. However, we noted one comment we received advised us that a patient's complaint had gone unanswered.

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

Evidence reviewed showed the merger was discussed at partners meetings and that there were clear timelines for actions to be taken for the merger. There was a business plan for 2015-2016 that incorporated plans for the merger. The partners usually met on Saturday mornings every three months to discuss the overall strategy of the practice. The aim of the merger was to give patients a wider choice of clinicians, enhanced opening times and a wider range of services. The ethos of the practice was that patients' needs were at the heart of everything the practice did.

Governance arrangements

There was an overarching clinical governance policy. Evidence reviewed demonstrated that the practice had:-

- Recently merged with another practice. All staff from the other practice had joined Mill Street Medical Centre. Staff were in the process of receiving training and there were plans in place for lead roles to be established.
- Set up a new computer system called 'intradoc'. Staff were in the process of receiving training on how to use the system. All policies were available on this system for staff to access.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information. Meetings were planned and regularly held including: weekly partners meetings, monthly meetings for all staff for protected learning time and monthly meetings with other healthcare professionals. Minutes from these meetings were kept.
- A system of reporting incidents without fear of recrimination and whereby learning from outcomes of analysis of incidents actively took place.
- A system of continuous quality improvement including the use of audits which demonstrated an improvement on patients' welfare.
- Proactively gained patients' feedback and engaged patients in the delivery of the service and responded to any concerns raised by both patients and staff.

Leadership, openness and transparency

Staff felt supported by management. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues with the practice manager or GPs and felt confident in doing so. The practice had a whistleblowing policy and all staff were aware of this.

The practice 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). 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.

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 when possible. Patients and staff had been involved in the planning of the recent merger with another practice. Patients at the smaller practice were informed of the opening times by letter.

- There was an established PPG and the practice had acted on feedback.
- The practice used the NHS Friends and Family survey to ascertain how likely patients were to recommend the practice. The practice website and text service also asked for feedback from patients.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

Clinicians kept up to date by attending various courses and events. The lead GP was involved with the local CCG and the practice participated in local pilots. For example, the practice was involved in a project looking at identifying those elderly patients who were at increased risk of falls injuries and proactively referring patients to the local falls assessment team.

Are services well-led?

Good

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

The practice manager kept an overall training matrix to ensure all staff received regular training. As a result of the merger, further training for all staff regarding systems in place was on going.