

Woodlands 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 Woodlands Medical Practice on 13 October 2016. Overall the practice is rated as outstanding.

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

- There was an effective system in place for reporting and recording significant events and learning was shared with all staff in meetings.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Patient survey figures were consistently above average when compared with CCG and national averages.
- Comments about the practice and staff were wholly positive.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- 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.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. We saw this to be the case on the day of inspection.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

Summary of findings

- The practice offered extended hours so that appointments could be made up from 7.15am on a Tuesday and Friday morning for patients that worked and could not attend during normal opening hours. These appointments were reserved for working patients but were released to the other patients if they had not been booked the day before.
- Safety alerts and alerts from Medicines and Healthcare products Regulatory Agency (MHRA) were reviewed and cascaded to the appropriate persons. The practice had a log of the alerts received which showed the title of the alert and the members of staff that it had been passed to. It also showed actions taken, for example searches on records and patients contacted were necessary.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- 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.

We saw areas of outstanding practice including

- The practice took the care of vulnerable people seriously. For example, patients with learning disabilities were managed alongside the primary care liaison nurse for learning disabilities. The practice was proactive in identifying patients including those that reached the eligible age to be an adult with a learning disability. Over 90% of eligible health checks were completed which was achieved by sending pictorial leaflets to patients explaining the health check and liaison with the primary care liaison nurse regarding non attenders or non responders. Carers were supported in the practice. The practice had a carers champion and the practice had had identified 471 patients as carers (4.9% of the practice list). The practice computer system also alerted staff if patients had a carer. The practice had 371 patients that had been identified as having a carer (3.8% of the practice list). These patients would be contacted by the carers champion to see what support could be offered. The practice contacted external agencies to assist with supporting carers for example for families of palliative patients at times to arrange services such as night sitting to alleviate the pressures of carers and had received an award in 2016 from the CCG for going the extra mile.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services

- There was an effective system in place for reporting and recording significant events and learning was shared with all staff in meetings.
- 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.

Good



Are services effective?

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 and had been maintained for 12 years.
- The practice used guidelines to positively influence and improve practice and outcomes for patients. For example, bespoke clinical templates were designed to support the clinical staff to provide more hands on care using both local, national guidelines and to reflect the practices own processes and procedures.
- The practice had an effective programme of continuous clinical and internal audits. The audits demonstrated quality improvements and staff were actively engaged in monitoring and improving patient outcomes as a result. In addition batch audits were regularly maintained to missed opportunities
- 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.

Good



Are services caring?

The practice is rated as outstanding for providing caring services.

Outstanding



Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for almost all aspects of care.
- 90% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 84% and the national average of 85%.
- 94% of patients described the overall experience of this GP practice as good compared to the CCG average of 85% and the national average of 85%.
- 95% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 75% and the national average of 78%.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. We saw several examples of person centred care provided from administrative staff and clinicians.
- The practice had identified 471 patients as carers (4.9% of the practice list). The practice computer system also alerted staff if patients had a carer. The practice had 371 patients that had been identified as having a carer (3.8% of the practice list).
- Views of external stakeholders were very positive and aligned with our findings. For example from external agencies, residential care home and multidisciplinary teams.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Patients said that staff go the extra mile and one staff member had been won an award for going the extra mile from the CCG.
- Relationships with patients were strong, caring and supportive.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- 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 were innovative approaches to providing integrated patient-centred care. The practice had services that prevented patients been referred to secondary care such as an ear care programme including an aural toilet service and audiology (hearing tests), D-Dimer near patient testing was provided at the practice. (Near patient D-dimer test is a test available for use in GP practices which saves time and money to identify deep vein thrombosis (DVT) and pulmonary embolism (PE)).

Good



Summary of findings

- 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 for example the practice had implemented flu clinics on a Saturday morning.
- Patients could access appointments and services in a way and at a time that suits them. The practice offered extended hours so that appointments could be made from 7.15am on a Tuesday and Friday morning for patients that worked and could not attend during normal opening hours.
- 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?

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

- High standards were promoted and owned by all practice staff and teams working together across all roles.
- There was an overarching governance framework which supported the delivery of the high-quality person-centred care. Arrangements were in place to monitor and improve quality and identify risk.
- There was a comprehensive understanding of the performance of the practice and individuals within the team.
- There was a proactive approach to succession planning in the practice. The practice was a training practice and part of the future planning was to 'grow their own' which was already evident as one of the salaried partners had originally` joined the practice as a trainee.
- The practice proactively sought feedback from staff and patients, which it acted on. There was a high level of constructive engagement with staff and a high level of staff satisfaction. The patient participation group was very active.
- 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.

Outstanding



Summary of findings

- There was a strong focus on continuous learning and improvement at all levels, this was demonstrated through internal meetings held to improve the quality of service provided.

Summary of findings

The six population groups and what we found

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

Older people

The practice 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.
- Named GP leads did weekly ward rounds of the care homes and also attended for home visits when required.

Outstanding



People with long term conditions

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 was better compared to the national and CCG average. (100% compared to 82% CCG average and 89% national average).
- Longer appointments and home visits were available when needed.
- All patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had initiated insulin treatment in six type two diabetic patients over the past two years, this prevented referral to secondary care.

Outstanding



Summary of findings

Families, children and young people

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.

- 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. Children that had attended A&E three times or had not attended appointments with secondary care were flagged to the safeguarding lead.
- Immunisation rates were above CCG averages 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 92%, which was above the CCG average of 85% and the national average of 81%.
- The practice was the highest performer in the CCG for cervical and breast screening as of December 2015.
- The practice along with some female members of the PPG had hosted an event one evening in the practice in 2015 to encourage patients to attend for cervical screening. This event also gave demonstrations on how check their own breasts.
- 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.

Outstanding



Working age people (including those recently retired and students)

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.
- Telephone consultations were available and had been increased to meet demand.

Outstanding



Summary of findings

- The practice offered extended hours so that appointments could be made from 7.15am on a Tuesday and Friday morning for patients that worked and could not attend during normal opening hours. These appointments were reserved for working patients but were released to the other patients if they had not been booked the day before.

People whose circumstances may make them vulnerable

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 those with a learning disability ensured that these patients had a review each year.
- The practice worked alongside the primary care liaison nurse for learning disabilities. The practice was proactive in identifying in maintaining a current register of these patients. Health checks for these patients were completed in the environment best suited for the patient which could be the patient's home or a day centre if the practice was not suitable.
- Vulnerable patients at risk of safeguarding were recorded on a register so that these were discussed at meetings with other health care professionals in the case management of vulnerable patients. The practice maintained a list that ensured the patients were discussed until there were no concerns.
- 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.

Outstanding



People experiencing poor mental health (including people with dementia)

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.

- 100% of patients diagnosed with dementia that had their care reviewed in a face to face meeting in the last 12 months, which was above the CCG average of 83% and the national average of 84%.

Outstanding



Summary of findings

- 100% of patients experiencing poor mental health were involved in developing their care plan in last 12 months which was above the CCG average of 85% and the national average of 89%.
- The practice held registers of patients experiencing poor mental health and ensured that these patients had a review each year.
- 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 when 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 in July 2016. The results showed the practice was performing above local and national averages. 256 survey forms were distributed and 131 were returned. This represented 1.4% of the practice's patient list.

- 77% of patients found it easy to get through to this practice by phone compared to the CCG average of 68% and the national average of 73%.
- 90% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 84% and the national average of 85%.
- 94% of patients described the overall experience of this GP practice as good compared to the CCG average of 85% and the national average of 85%.
- 95% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 75% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 29 comment cards which were highly positive about the standard of care received. Patients said they felt the practice offered an excellent and efficient service and patients were able to get an appointment quickly. They said that staff were helpful, caring, approachable and treated them with dignity and respect.

We spoke with residential care homes in the area that had residents that were patients at the practice. Staff said that the practice was excellent and that they had named GP's that always attended when requested and also visited to complete ward rounds each week. They said that the GP's had a good relationship with the staff and patients.

Outstanding practice

- The practice took the care of vulnerable people seriously. For example, patients with learning disabilities were managed alongside the primary care liaison nurse for learning disabilities. The practice was proactive in identifying patients including those that reached the eligible age to be an adult with a learning disability. Over 90% of eligible health checks were completed which was achieved by sending pictorial leaflets to patients explaining the health check and liaison with the primary care liaison nurse regarding non attenders or non responders. Carers were supported in the practice. The practice had a carers champion and the

practice had had identified 471 patients as carers (4.9% of the practice list). The practice computer system also alerted staff if patients had a carer. The practice had 371 patients that had been identified as having a carer (3.8% of the practice list). These patients would be contacted by the carers champion to see what support could be offered. The practice contacted external agencies to assist with supporting carers for example for families of palliative patients at times to arrange services such as night sitting to alleviate the pressures of carers and had received an award in 2016 from the CCG for going the extra mile.

Woodlands 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.

Background to Woodlands Medical Practice

Woodlands Medical Practice is a four partner practice which provides primary care services to approximately 9678 under a Primary Medical Services (PMS) contract.

- The practice is situated in Sutton-in-Ashfield and has been for over 60 years.
- There is ample parking at the practice with designated disabled spaces.
- Services are provided from Bluebell Wood Way, Sutton In Ashfield, Nottinghamshire, NG17 1JW
- The practice consists of four partners (three male and one female) and three salaried GPs (female).
- The all female nursing team consists of a practice nurse manager, two practice nurse, three health care assistants (HCA), a phlebotomist and an audit nurse.
- The practice manager and assistant practice manager are supported by 11 clerical and administrative staff to support the day to day running of the practice.
- The practice has a higher than average number of patients over 40 to 54 years of age.
- The practice has areas of deprivation and sits in the middling deprived centile.

- The practice has a very high proportion of care home patients (almost three times as many as the average for Mansfield & Ashfield practices).
- This practice provides training for doctors who wish to become GPs and at the time of the inspection had two doctors undertaking training at the practice. (Teaching practices take medical students and training practices have GP trainees and F2 doctors).
- 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.
- When the practice is closed patients are able to use the NHS 111 out of hours service.
- The practice has opted out of providing out-of-hours services to their own patients. This service is provided by Nottingham Emergency Medical Service (NEMS) when the practice is closed.
- The practice is open between 8.30am and 6pm Monday to Friday. Appointments are available between these times with pre-bookable extended hours appointments from 7.15am on a Tuesday and Friday morning for patients that work and cannot attend during normal opening hours. These appointments were reserved for working patients but were released to the other patients if they had not been booked the day before.

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 13 October 2016.

During our visit we:

- Spoke with a range of staff (GPs, practice management, nursing staff and administrative staff).
- Spoke with members of the patient participation group (PPG).
- Spoke with staff members from residential care homes where residents were patients of the practice.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.
- The practice staff were all aware of significant events and were able to discuss the actions taken and we saw minutes of meetings to show these were discussed.
- The practice had identified that they had not recorded lower level administrative incidents and were looking to widen the awareness of incident reporting to the team.

We reviewed 18 incident reports and we saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, one recent significant event had involved a patient that was subject to a deprivation of liberty order (DoL) and as the practice was not aware of this they had not informed the coroner of the patient's death. (The Mental Capacity Act allows restraint and restrictions to be used – but only if they are in a person's best interests. Extra safeguards are needed if the restrictions and restraint used will deprive a person of their liberty. These are called the Deprivation of Liberty Safeguards.) Since then one of the GP's has contacted all the care homes that the practice has patients residing at and is now keeping a register and has implemented a process to prevent reoccurrence.

Patient safety alerts had been received into practice, there was a process in place for dissemination and action. The practice had a log of the alerts received which showed the title of the alert and the members of staff that it had been passed to. It also showed actions taken, for example searches on records and patients contacted were necessary. Dates of when actioned were also included and if the alerts were not applicable. This was a standing agenda item on the partners meeting for discussion.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding and also a deputy lead. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3 with the lead for safeguarding trained to level 4 and the nurses having been trained to level 2. We saw examples multi-disciplinary meetings that were held to discuss individual cases. The practice were active in identifying any at risk children and monitored children that had frequently attended A&E and also those that did not attend appointments such as any referrals made to secondary care. These patients would be passed to the lead for safeguarding and would be assessed to see if a safeguarding referral was required. The practice maintained a list that ensured the patients were discussed until there were no concerns.
- Notices in the waiting room and in treatment rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to

Are services safe?

be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The practice nurse made monthly checks for infection control in between the annual audits. The cleaning was provided by an external company and we saw that they had their work monitored on a monthly basis.

- 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. 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 back corridor which identified local health and safety representatives. The practice had up to date fire risk assessment. All electrical equipment was checked to

ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The most recent Legionella risk assessment had been recently completed and therefore the report was not available to be viewed at the time of the inspection however we did see evidence to show it had been done. We did see the risk assessment completed in 2014 which showed work that needed to be completed and we were also shown evidence of that work undertaken.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and two oxygen cylinders 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. The practice held a copy

Are services safe?

electronically and a paper copy was also held. The plan also contained telephone numbers of contractors such as plumbers and electricians and the local radio stations to keep the patients informed if required.

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 used guidelines to positively influence and improve practice and outcomes for patients. For example, bespoke clinical templates were designed to support the clinical staff to provide more hands on care using both local, national guidelines and to reflect the practices own processes and procedures.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available. Exception reporting for the practice was 10% which was in line with national and CCG averages. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice had achieved 100% QOF continuously over a 12 year period. We were shown unverified data for 2015/16 to confirm the consistent 100% QOF achievement.

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

- Performance for diabetes related indicators was better compared to the national and CCG average. (100% compared to 82% CCG average and 89% national average).

Exception reporting for this indicator was 15% against the CCG average 12% and national average 11%

- Performance for mental health related indicators was better compared to the national and CCG average. (100% compared with 91% CCG average and 93% national average).

Exception reporting for this indicator was 7% against the CCG average 15% and national average 11%.

- 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%).

Exception reporting for this indicator was 2% against the CCG average 3% and national average 4%.

The practice exception reporting was low in most areas other than atrial fibrillation (patients treated on anti-coagulation therapy 38% compared with CCG 15% and national average 13%) and chronic kidney disease (16% compared to CCG average 7% and national average 8%). The practice process was not to except until later in the year in February/March each year. This was so that if a patient came in for an appointment that may have previously declined or not responded to a recall the staff are still able to opportunistically capture anything that was outstanding. We looked at the QOF data in these areas and the exception reporting and found that it was likely to be due to patient declining treatment or being unsuitable for treatment. The practice had a large number of patients in residential care some of which were too poorly for monitoring.

There was evidence of quality improvement including clinical audit.

- The practice had a log of ten audits that had been undertaken in the last year. Four of these audits were completed two cycle audits. The topics for the audits were identified following significant events, clinical indication or medicine alerts that had been received.
- The practice had an effective programme of continuous clinical and internal audits. The audits demonstrated quality improvements and staff were actively engaged in monitoring and improving patient outcomes as a result. In addition batch audits (searches set up by the practice to run automatically) were regularly maintained to ensure the practice did not miss any opportunities in relation to recalling patients, for example reviews.

Are services effective?

(for example, treatment is effective)

- One of the two cycle completed audits was of antibiotics. The practice had been identified as being a high prescriber of antibiotics. Audits in August 2015 and repeated in December 2015 showed a significant drop in the numbers of antibiotics prescribed. Since this audit the practice was now the lowest prescriber for antibiotics in the CCG. The practice had reviewed anonymised data of individuals prescribing. The practice discussed ways to improve and actions such as, patient education and awareness, information prescriptions (standard leaflet for coughs and colds explaining why antibiotics were not being issued and delayed prescriptions (issued but kept at practice to use if symptoms had not settled within a specified time) were adopted. The practice planned to re-audit in 12 months.
- A second audit that we looked at was in relation to monitoring of patients on a particular medicine. The first audit showed considerable room for improvement and the second audit showed that the number of patients being monitored had risen from 58% to 97%.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services.
- Audits were discussed at practice meetings with lessons learned shared and findings reviewed.
- The practice had identified training as mandatory for different staff groups. All staff received training that included: fire safety awareness, safeguarding, basic life support and information governance.
- The practice held a log of training completed by staff and all training was reviewed at the annual appraisal. Staff had their own 'passport' to record their training and this would be brought to the appraisal. Training that was due to be reviewed was organised by the practice to hold a group session at protected learning events or training was accessed on line via e-learning.
- Staff had received an appraisal within the last 12 months other than two staff members that had not been able to attend however this was to be booked with the GP lead for appraisals.

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 monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice worked alongside the primary care liaison nurse for learning disabilities. The practice was proactive in identifying in maintaining a current register of these patients. The practice ran searches on the practice computer system to identify any young patients reaching the eligible age bracket to be an adult with a learning disability so that the practice can then offer the health checks to those patients eligible. The practice completed over 90% of eligible health checks. This was done by sending out pictorial leaflets to patients to explain what a

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment and there was a clear system in relation to staff training the practice had identified as mandatory.

- The practice had an induction programme for all newly appointed staff and we saw this in the recruitment files that we viewed. The checklist said that it covered such topics as fire safety, health and safety and confidentiality.
- 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.

Are services effective?

(for example, treatment is effective)

health check is and liaised with the primary care liaison nurse regarding any patients that did not attend an appointment or did not respond to the invitation. Telephone reminders were made the day before the appointments. Health checks for these patients were completed in the environment best suited for the patient which could be the patient's home or a day centre if the practice was not suitable.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Smoking cessation advice was available from a local support group and was provided weekly in the practice.
- The practice was also able to refer to an exercise and weight management programme.

The practice's uptake for the cervical screening programme was 90%, which was above the CCG average of 81% and the national average of 77%. The practice demonstrated how they encouraged uptake of the screening programme and ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. Bowel screening rates for the practice was 64% compared with the CCG average of 59% and breast screening was the highest practice in the county at 86% compared with the CCG average of 80%.

The practice alongside some female members of the PPG had hosted an event one evening in the practice in 2015 to encourage patients to attend for cervical screening. This event was attended by approximately 30 patients and assisted in four patients that were previously non responders to have the screening test. The event also included discussions on breast screening and demonstration of how patients should check themselves.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 99% to 100% which was above the CCG average of 93% to 97% and five year olds from 97% to 100% which was above 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.



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; and conversations taking place in these rooms could not be overheard. Music was playing in reception to help assist with confidentiality at the reception desk.
- The chairs in the reception had been moved to face the opposite direction to the reception desk at the suggestion of the PPG. This was to make the atmosphere less regimented and also assisted with confidentiality. The reception staff said that this had improved the environment for both them and the patients.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. There was also a sign offering this at reception.

All of the 29 patient Care Quality Commission comment cards we received were wholly positive about the service experienced. Patients said they felt the practice offered an excellent and efficient service and patients were able to get an appointment quickly. They said that staff were helpful, caring, approachable and treated them with dignity and respect. Relationships with patients were strong, caring and supportive.

We spoke with three members of the patient participation group (PPG). They also told us they were very 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:

- 96% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 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 85%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. Comment cards said that the clinical staff were excellent and good listeners. 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 in line with or above local and national averages. For example:

- 93% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.



Are services caring?

- 89% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. We also saw a patient appointment that was booked to coincide with a request for an interpreter.
- The practice had a portable hearing loop and also arranged sign language interpreters to attend appointments for those patients that required this service.

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 notice boards were arranged in themes with information specifically about carers, young people, heart disease, screening as well as more general information for patients to access. One member of the PPG assisted in checking the notice boards and keeping them up to date by removing any old literature and making sure new information was readily available.

People's emotional and social needs were seen as important as well as physical needs. The practice employed an Audit Nurse role that was had initially started

to deal with the administration of QOF but had since grown. One of the roles this staff member had was the carers champion. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 471 patients as carers (4.9% of the practice list). The practice computer system also alerted staff if patients had a carer. The practice had 371 patients that had been identified as having a carer (3.8% of the practice list). The new patient checklist asked if patients were carers. Any patients that were identified as a carer would be contacted by the audit nurse to see what help and support could be offered. The staff member contacted Age UK and pathways which is an organisation funded by Nottinghamshire County that provides varying support for carers. The staff member looked to assist and support carers by ensuring they received support that they may be entitled to such as benefits and other disability assistance. The staff member had also on occasion contacted the practice of the cared for, with the patient's consent to make sure that they were also providing the required care and assistance. The staff member had contacted agencies for families of palliative patients at times to arrange services such as night sitting to alleviate the pressures of carers and had received an award in 2016 from the CCG for going the extra mile. This from nominations from patients and their families. The staff member's name was on the carers notice board for anyone to contact if they needed support or advice. We saw many testimonials from external agencies which showed how this role had helped patients and their families. Leaflets were 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. A sympathy card was also sent to the family and there had been times that the GP had attended funerals of patients and had on occasion spoken at funerals. Phone calls were either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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.

- Maternity services and antenatal clinics for pregnant women were hosted weekly with the community midwife.
- There were longer appointments available if patients requested a double appointment and 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.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and translation services available.
- The practice offered extended hours so that appointments could be made up from 7.15am on a Tuesday and Friday morning for patients that worked and could not attend during normal opening hours. These appointments were reserved for working patients but were released to the other patients if they had not been booked the day before.
- The practice had online booking facilities and patients could book on the day or up to six weeks in advance.
- 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.
- The practice offered an ear care programme including an aural toilet service and audiology (hearing tests). This had included 34 hearing tests, 37 aural toilet and 192 ear syringes in the past 12 months. This had prevented referrals to secondary care and brought the care closer to home with virtually no waiting list and could be at a time more convenient to the patient.

- D-Dimer near patient testing was provided at the practice. (Near patient D-dimer test is a test available for use in GP practices which saves time and money to identify patients that may have deep vein thrombosis (DVT) and pulmonary embolism (PE)). In the past 12 months the practice had performed nine of these tests which had prevented all these patients from needing a referral to secondary care to exclude a DVT.
- PSA monitoring (prostate specific antigen) was provided as a nurse led service in-house, this allowed patients who have had no significant treatment complications to continue their PSA monitoring and injection therapy at the practice. One of the aims of this service was to provide a more locally accessible and convenient service and improved experience of care for patients and reduced secondary care referrals, follow ups and reducing waiting times for patient appointments. In the past 12 months the practice had performed 88 Decapeptyl injections in-house. This service also ensured patients were closely monitored and potentially identified disease progression sooner.

Access to the service

The practice was open between 8.30am and 6pm Monday to Friday. The telephone line was open for emergency contact between 08:00 and 08:30 and again between 6pm and 6.30pm. Appointments were available between these times with extended hours appointments from 7.15am Tuesday and Friday with the GP and Nurse. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 86% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 76%.
- 77% of patients said they could get through easily to the practice by phone compared to the CCG average of 68% and the national average of 73%.

Staff worked in partnership with other agencies to make sure the services were in place for patients. The staff were committed in empowering patients to have a voice. Alongside the friends and family test the PPG approved one additional question per quarter to ensure that the practice

Are services responsive to people's needs?

(for example, to feedback?)

were meeting the needs of the patients and any suggestions were discussed at the PPG meetings and where possible put into place. Feedback each quarter was advertised in the waiting area to keep the patients informed of any actions taken following their suggestions, such as review of appointment system and flu clinics held on Saturday mornings.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice were reviewing the appointment system and had made changes over the previous months in conjunction with the PPG. Patient feedback and suggestions were discussed and the practice were reviewing the changes made to see if there were any further improvements or changes required.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

- We saw that information was available to help patients understand the complaints system for example a complaints leaflet in reception.

We looked at four complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. Response letters that were sent included apologies were appropriate. Staff we spoke with were aware of the complaints received and actions taken to prevent reoccurrence. We saw the minutes from the annual complaints review which had been held in March 2016. A member from the PPG had also attended the review to look at the themes and to help the practice in suggesting ways to improve services. The review showed that actions such as customer care training for staff had been completed at a practice learning event. We saw the minutes of that event which confirmed this.

The practice also recorded complaints that were informal or recorded anonymously on NHS choices website. Actions were taken again to prevent reoccurrence. There had also been four incidents of behaviour which had been classed as zero tolerance which the practice had recorded and actioned by sending letters to the patients concerned.

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. 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 future planning was to 'grow their own' which was already evident as one of the salaried partners had originally joined the practice as a trainee.
- Management were enthusiastic about upskilling and empowering staff members. There was a large emphasis on education and continuous learning.
- The practice held regular clinical and staff meetings to ensure regular engagement took place.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. The framework drove systematic approaches towards processes and mechanisms to improve and maintain the highest quality of care. This outlined the structures and procedures in place and ensured that:

- The practice had strong clinical and non-clinical leads and systems in place to effectively manage safeguarding, HR, education and quality for the entire practice.
- Practice specific policies were implemented and were available to all staff on the shared drive, as a hard copy or from the practice's computer system.
- One of the partners had devised templates on the practice's computer system which linked to NICE guidance and included prompts for clinicians. These

could then be saved to the patient record. For example templates would link to end of life care which would then prompt clinicians to discuss aspects such as do not DNAR (do not attempt resuscitation).

- Protocols were linked to NICE guidance and were accessible from the practice's computer system. This enabled staff to more easily follow recommended practice in management of long term conditions and other diseases and illnesses.
- All documents were recorded separately to show when they were due to be reviewed or updated.
- A comprehensive understanding of the performance of the practice was maintained.
- The practice had a board in the staff area that was updated monthly which showed where the practice was in terms of performance and highlighted any areas that the practice were underachieving. The staff we spoke with said that this was useful and motivational to make sure they were providing the best care that they could.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- 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.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were extremely approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when

Are services well-led?

Outstanding



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

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

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

- We saw that well established and embedded communication channels within the practice ensured that the flow of information to staff was effective. For example the practice manager communicated urgent information directly using a task on the computer system which showed that staff had received it.
- Staff told us the practice held regular team meetings. The practice held formal full practice meetings twice yearly which were minuted.
- The practice had a “stand up” meeting held each week. This was a ten minute meeting which gave staff any information or updates to processes. It meant that by it being a ten minute meeting all staff could attend and it was focussed to the topics that needed to be covered. The headlines of this meeting in bullet points were sent out to all team members via a task on the practice computer system. Staff had to read the task or it carried on prompting them to action. The copies of this were kept in a folder by the manager so they could refer to if required.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the 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.
- Once a year the practice had an afternoon where they went on a walk in the countryside. Staff were able to bring along children or pets and it was a team building

exercise. Staff were split into groups so that for example administrative staff and nurses and GPs were mixed up so that they could build relationships with other disciplines.

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.
- The practice proactively sought feedback from staff and patients, which it acted on. There was a high level of constructive engagement with staff and a high level of staff satisfaction. The patient participation group was very active.
- The practice used the NHS friends and family test for feedback of the practice and each quarter they added a different question which had been agreed with the PPG. For example, the practice had asked patients, were you satisfied with your appointment today and when would you prefer to attend for a flu vaccination.

The results of this were advertised in the patient waiting area with the responses and also what the practice had done following each question feedback.

- The PPG worked with the practice to look at ways to improve and had been active in changes in the waiting area to improve the seating area.
- The practice had gathered feedback from staff through staff meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management, such as suggestions to have early morning appointments available. Staff told us they felt involved and engaged to improve how the practice was run and development plans for the future.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. There was a strong reflective and learning culture in the organisation and we saw staff had a drive to improve the work they did.

Are services well-led?

Outstanding



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

We saw that systems and processes to facilitate quality improvement were thoroughly embedded into practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice had piloted early acute home visits using an experienced Advanced Nurse Practitioner which had resulted in no unplanned admissions however this staff member had since left the practice.

The practice placed a high value on its status as a training and teaching practice and embraced a philosophy of 'growing' its own workforce for the future. Two former registrars allocated to the practice for their placements have remained with the practice; both were now partners.

The partners were actively involved with the CCG and one had been elected by their peers as a CCG Governing Body member and had previously sat on the CCG Activity and Finance Committee. Another served as Practice Lead Chair for the North Ashfield Locality.

One of the partners was a mentor for non-clinical prescribers outside of the practice. This role was a voluntary role which provided a service to the community and the NHS as a whole.