

Colwall Surgery

Quality Report

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

Ratings

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

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	6
What people who use the service say	10

Detailed findings from this inspection

Our inspection team	11
Background to Colwall Surgery	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Colwall Surgery on 10 January 2017. The overall rating for this service is good.

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

- The practice was aware of and provided services according to the needs of their patient population.
- There were processes and procedures to keep patients safe. This included a system for reporting and recording significant events, keeping these under review and sharing learning where this occurred.
- The practice was aware of the requirements of the duty of candour and systems were ensured compliance with this.
- Patients told us they were treated with dignity and respect and that they were fully involved in decisions about their care and treatment.
- Advanced care planning and annual health checks were carried out for patients with dementia and poor mental health with significantly higher than national average results.

- Regular meetings and discussions were held with staff and multi-disciplinary teams to ensure that patients received the best care and treatment in a coordinated way.
- The practice had an active Patient Liaison Group (PLG). The PLG was proactive in representing patients and assisting the practice in making improvements to the services provided.
- Staff received regular training and skill updates to ensure they had the appropriate skills, knowledge and experience to deliver effective care and treatment.
- Information about services and how to complain was available and easy to understand. Patients told us that they knew how to complain if they needed to.
- There was a clear leadership structure and staff told us they felt supported by management.
- There was a culture of openness and accountability.

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 for reporting and recording significant events.
- Lessons learned were shared at meetings so that improvements made were monitored.
- When there were unintended or unexpected safety incidents, patients were given an explanation and were told about any actions taken to improve processes to prevent the same thing happening again. The practice was aware of the requirements of the duty of candour and systems ensured they complied with this.
- The practice had systems, processes and practices to keep patients safe and safeguarded from abuse. Staff had received training relevant to their role.
- The practice assessed risks to patients and had systems for managing specific risks such as health and safety, infection control and medical emergencies.
- Appropriate recruitment procedures were followed to ensure that only suitably qualified staff were employed to work at the practice.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff received appraisals and had personal development plans in place.
- The practice had improved the quality of care and treatment it provided through clinical audit and ongoing monitoring.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to or above average for the local and the national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff worked with other health care teams and there were systems to ensure appropriate information was shared.
- A pre-dementia register kept patients under regular review and facilitated early diagnosis and treatment for this disease.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Results from the National GP Patient Survey published on 7 July 2016 showed that the practice achieved above average for results in relation to patients' experience and satisfaction scores on consultations with the GP and the nurse.
- Patients were very complimentary about the practice and commented that staff were very friendly, that they received excellent care from the GPs and the nurses, and could always get an appointment when they needed one.
- Patients rated the practice above local and national averages for the care and support provided.
- Staff were courteous and very helpful to patients both attending at the reception desk and on the telephone. We saw that patients were treated with dignity and respect.
- Information to help patients understand and access the local services was available.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Colwall Surgery reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to make improvements to the services they provided. For example, the practice provided an enhanced service for those patients at the end of their life.
- Patients said they were able to make an appointment with the GPs and that there was continuity of care, with urgent appointments available the same day.
- Information about how to complain was available and easy to understand and evidence showed that the practice had responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders accordingly.
- 77% of patients found it easy to get through to this practice by telephone compared to the Clinical Commissioning Group (CCG) average of 80% and the national average of 73%. A new telephone system with more available lines was installed last year in response to patient feedback about the difficulties of telephone access.
- 92% of patients described the overall experience of this GP practice as good compared to the CCG average of 91% and the national average of 85%.
- 92% 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 84% and the national average of 78%.

Good



Are services well-led?

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

Good



Summary of findings

- There was a clear leadership structure and staff understood their roles and responsibilities. Governance systems ensured that services were monitored and reviewed to drive improvement within the practice.
- The practice had a clear vision to deliver high quality care to patients. They promoted healthy lifestyles and worked with other agencies to support patients. Staff were clear about the vision and their role to achieve this.
- The practice had systems for responding to notifiable safety incidents and shared this information with staff to ensure appropriate action was taken.
- Formal clinical meetings and full team meetings were held to share best practice or lessons learnt.
- Staff felt supported by management and were comfortable raising any concerns as everyone at the practice was approachable and easy to talk to.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a result of feedback from patients and from the Patient Liaison Group (PLG). A PLG is a group of patients registered with a practice who worked with the practice team to improve services and the quality of care. A new telephone system was installed in response to patient feedback about telephone access to the surgery.
- The practice was aware of and complied with the requirements of the duty of candour. A culture of openness and honesty was encouraged.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older patients.

- The practice offered personalised care to meet the needs of the older people in its population and was responsive to their needs.
- The practice offered a range of enhanced services, for example, in dementia and end of life care.
- Home visits and rapid access appointments were offered for those patients with enhanced needs.
- Nationally reported data showed that outcomes for patients were above local and national standards for conditions commonly found in older patients.
- The practice were proactive with their older patients particularly in referring patients for full assessment and treating osteoporosis (bone disease) when it was diagnosed. The practice told us they were organising hip protectors for nursing home patients to lessen the risk of hip fractures for patients in this population group.
- Telephone consultations were provided which was particularly helpful for those patients with poor mobility.
- GPs or the district nurses visited those patients who were housebound or living in nursing homes to ensure that patients received their flu injection.

Good



People with long term conditions

The practice is rated as good for the care of patients with long-term conditions.

- GPs had a specialist interests in dementia, asthma and heart disease. These specialisms meant that Colwall Surgery had consistently been one of the lowest referring practices to secondary care in Herefordshire.
- The practice nurses had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Nursing staff had received appropriate training in chronic disease management, such as asthma and diabetes.
- The practice had taken part in a pilot for a diabetes prevention programme in Herefordshire. Patients between the ages of 35 and 95 were invited for a health review to assess for pre-diabetes so that early intervention could be applied.

Good



Summary of findings

Patients were invited to attend focus group meetings. The initial meeting had been held on 16 January 2017 and was attended by 11 patients, with a further focus group session scheduled for 31 January 2017.

- Longer appointments and home visits were available when needed.
- All patients diagnosed with a long term condition had a named GP and a structured annual review to check that their health and medicine needs were being met.
- Clinical staff had close working relationships with external health professionals to ensure patients received up-to-date care.
- NHS health checks were offered for early identification of chronic disease and there was proactive monitoring.
- The practice patient leaflet and website provided information about other organisations and websites patients could access.
- Telephone consultations were provided which was particularly helpful for those patients with poor mobility.

Families, children and young people

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

- Same day appointments were offered to all children under the age of five.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Staff had been trained to recognise signs of abuse in vulnerable children and the action they should take if they had concerns. There was a lead GP for safeguarding children and GPs were trained to an appropriate level in safeguarding. All safeguarding concerns were discussed at the weekly GP meetings.
- There were systems to identify and follow up children living in disadvantaged circumstances and who were considered to be at risk of harm. For example, children and young people who had a high number of accident and emergency attendances.
- The practice worked with health visitors to coordinate care.
- Performance for cervical screening indicators was in line with Clinical Commissioning Group (CCG) and national averages. The percentage of women aged 25-64 who attended for a cervical screening test in the last five years was 80% compared with CCG and national averages of 80% and 81%.
- The practice nurses had oversight for the management of a number of clinical areas, including immunisations, cervical cytology and some long term conditions.

Good



Summary of findings

- Childhood immunisation rates for the vaccinations given were comparable to local and national averages.
- The practice offered a number of online services including requesting repeat medicines and booking appointments.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age patients (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering a full range of health promotion and screening services that reflected the needs of this age group.
- Health promotion advice was offered such as smoking cessation and nutrition.
- The practice offered online appointment booking and the facility to request repeat prescriptions online.
- Telephone consultations were provided which was particularly helpful for those patients who worked during appointment times.

Good



People whose circumstances may make them vulnerable

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

- Staff had been trained to recognise signs of abuse in vulnerable adults and the action they should take if they had concerns. There was a lead GP and all clinical staff were trained to an appropriate level for safeguarding adults. All safeguarding concerns were discussed at weekly GP meetings.
- The practice held a register of patients living in vulnerable circumstances including those patients with a learning disability.
- Longer appointments were available for patients with a learning disability. The practice had carried out annual health checks for 11 of the 12 patients on their register for 2015/2016.
- Health screening was available for vulnerable patients including travellers and those who were homeless.
- Vulnerable patients were informed how to access various support groups and voluntary organisations.

Good



Summary of findings

- Clinical staff regularly worked with multidisciplinary teams in the case management of vulnerable patients. Alerts were added to patients records for increased staff awareness so that longer appointments could be allocated if appropriate.

People experiencing poor mental health (including people with dementia)

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

- The practice had a high proportion of elderly (approximately 7% above the local average and 18% above the national average) and a high number of patients with dementia on their patient list. A pre-dementia register enabled GPs to keep patients under regular review and facilitate early diagnosis and treatment for this disease. A community dementia worker provided additional support through regular monthly memory clinics held at the surgery.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- Advanced care planning and annual health checks were carried out for patients in this population group. Nationally reported data showed that outcomes for patients were significantly higher than the national average for conditions commonly found for patients with poor mental health.
- A shared care arrangement was in place with the Drugs and Alcohol Service for patients with substance misuse concerns.
- Referrals to the Improving Access to Psychological Therapies (IAPT) team were made for patients who needed psychological support or counselling services.
- Patients experiencing poor mental health were advised how to access various support groups and voluntary organisations. There was a system to follow up patients who had attended accident and emergency departments where they may have been experiencing poor mental health.
- Clinical staff were trained to recognise patients presenting with mental health conditions and to carry out comprehensive assessments.

Good



Summary of findings

What people who use the service say

The National GP Patient Survey results published in July 2016 showed the practice was performing in line with or above local and national averages. There were 212 responses to 121 surveys sent to patients. This represented a response rate of 57% and 4% of the practice's patient list.

Results showed:

- 77% of patients found it easy to get through to this practice by telephone compared to the CCG average of 80% 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 89% and the national average of 85%.
- 92% of patients described the overall experience of this GP practice as good compared to the CCG average of 91% and the national average of 85%.
- 92% 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 84% and the national average of 78%.
- We also asked for CQC comment cards to be completed by patients prior to our inspection. We received 16 comment cards which were all extremely positive about the services provided by the practice. Patients commented that the practice provided an excellent service and that all staff were friendly and professional at all times.

We spoke with one members of the Patient Liaison Group (PLG) during the inspection. A PLG is a group of patients registered with the practice, who worked with the practice team to improve services and the quality of care. They were very positive about the service they received. They told us this was an excellent practice and that all the staff went over and beyond expectation to provide care and support for their patients.

Colwall Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector and included a GP specialist advisor.

Background to Colwall Surgery

Colwall Surgery operates from a purpose built building providing services for patients living in Colwall and surrounding villages including parts of Malvern and Ledbury. At the time of the inspection the practice served a population of approximately 3,200 patients. It has a population of older patients that is higher than local and national averages (approximately 7% above the local average and 18% above the national average). The practice area has an average rate of deprivation of 5% compared with the local average of 4% and the national average of 5%.

Colwall Surgery is registered with the Care Quality Commission (CQC) as an individual provider and has a General Medical Services (GMS) contract with NHS England. The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities. The practice also provides minor surgery.

The practice is supported by a partner GP (female) and a regular locum (male) at the practice. The GPs are supported by a practice manager, two practice nurses, a healthcare assistant, administration staff, reception staff and a cleaner.

The practice has three ground floor consultation rooms and two treatment rooms. There is suitable access to the building for patients with a disability or those patients who use a wheelchair. A car park with disabled parking for patients is available.

Opening hours are from 8am to 6pm on Monday to Friday each week with appointments between these times. Patients are directed to a telephone number to call outside these hours and also have access to a Walk in Centre in Hereford, which is open from 8am to 8pm daily where they can see a GP or a nurse. The practice is closed at weekends. The practice is part of the local Prime Minister's GP Challenge Fund service for extended opening hours to improve access for patients. These are available late evening and at weekends at nearby practice hubs in Hereford, Ross on Wye and Leominster.

The practice does not provide an out-of-hours service but has alternative arrangements for patients to be seen when the practice is closed. For example, if patients call the practice when it is closed, an answerphone message gives the telephone number they should ring depending on the circumstances. Information on the out-of-hours service (provided by Primecare) is available on the practice website and in the patient information leaflet.

Home visits are available for patients who are housebound or too ill to attend the practice for appointments. There is also an online service which allows patients to order repeat prescriptions book appointments and to view medical records.

The practice treats patients of all ages and provides a range of medical services. This includes disease management such as asthma, diabetes and lung diseases. Other appointments are available for health checks, childhood vaccinations and screening.

Detailed findings

At the time of our inspection, the practice had taken steps to become a training practice for trainee GPs (qualified doctors who are training to become GPs) and the lead GP was progressing their assessment for this provision.

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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

How we carried out this inspection

Before our inspection of Colwall Surgery we reviewed a range of information we held about this practice and asked other organisations to share what they knew. We carried out an announced inspection on 10 January 2017. During our inspection we:

- Reviewed policies, procedures and other information the practice provided before the inspection. We also supplied the practice with comment cards for patients to share their views and experiences of the practice.

- Spoke with a range of staff that included two GPs, the practice manager, two practice nurses, a healthcare assistant, and reception and administration staff.
- Looked at procedures and systems used by the practice.
- Spoke with a member of the Patient Liaison Group (PLG). A PLG is a group of patients registered with the practice who work with the practice team to improve services and the quality of care.
- Observed how staff interacted with patients who visited the practice.
- 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 are provided for specific groups of patients' and what good care looks like for them. The population groups are:

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

Are services safe?

Our findings

Safe track record and learning

Colwall Surgery used an effective system for reporting and recording significant events. We reviewed safety records, incident reports and minutes of meetings where these were discussed.

- Staff told us they were encouraged to report any incident and knew how to access the appropriate form which was available on the practice intranet. The practice encouraged a no blame approach to reporting incidents. The incident 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).
- Guidance was available for staff to follow which included escalating incidents locally and nationally.
- We looked at the significant events that had been recorded since May 2016. There were 20 incidents recorded with actions taken following investigation to ensure there was no recurrence of the incidents. These demonstrated a consistent approach to responding to incidents. Examples of good care and practise were also recorded.
- Changes to practise had been made as a result of investigations into reported events. For example, three separate incidents had identified that improvements in communication with patients was required. As a result, discussions during team meetings ensured appropriate approaches were followed by all staff. We saw meeting minutes that confirmed this.
- Detailed analyses of learning outcomes had been shared with staff and those staff we spoke with confirmed this.
- When things went wrong with care and treatment, patients were informed of the incident, received support, information, a written apology and were told about any actions taken to improve processes to prevent a recurrence.
- Patients we spoke with confirmed they could speak with the practice manager if they had concerns they wanted to share.
- Learning was shared with local and national agencies and the practice told us about learning they had taken

from other sources. For example, additional staff training had been undertaken in the use of specific equipment in response to an incident that had been reported and shared by another practice.

Patient safety alerts were well managed.

- Alerts were received by email from external agencies such as Medicines and Healthcare products Regulatory Agency (MHRA) and the National Institute for Health and Care Excellence (NICE).
- These were coordinated by the practice manager who ensured actions taken had been recorded.
- All actioned alerts were discussed in weekly clinical meetings.
- GPs and nurses described examples where appropriate changes had been made as a result of alerts received. For example, a recent alert for a medicine prescribed for patients diagnosed with diabetes had been acted upon, with medicine reviews completed for two patients identified as a result of patient record searches.
- The practice had a developed a policy for urinary sepsis in 2011 well ahead of the alert issued in 2016. In 2014 they had developed clinical guidelines and a care pathway which they had shared with local practices. The guidance also included a checklist for clinicians to follow when assessing patients, with an advice sheet for sharing with patients.

Overview of safety systems and processes

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

- Arrangements to safeguard adults and children from the risk of abuse which 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. Details of local safeguarding guidelines were also available to staff. There was a GP lead for safeguarding adults and children and staff confirmed they knew who this was. Staff demonstrated they understood their responsibilities and had received training relevant to their role. Clinical staff had completed training in safeguarding children to level three.
- Safeguarding was a standing agenda item for weekly clinical meetings. Minutes of meetings showed that discussions had taken place about children who were considered to be at risk of harm. The GP safeguarding

Are services safe?

lead told us they also had weekly meetings with the health visitor and shared information accordingly. GPs gave examples where they had shared their concerns with relevant agencies.

- Staff told us they would not hesitate to share any concerns they had about patients and demonstrated their awareness of signs and indicators of potential abuse. Staff gave us examples where they had shared their concerns about patients.
- A notice was displayed in the waiting room and in all consultation rooms advising patients that chaperones were available if required. All staff who acted as chaperones were trained for the role. Training records confirmed this. Disclosure and barring checks (DBS) had been completed for staff members who undertook the role of chaperone within their duties. (DBS checks identify whether a person has a criminal record or is on an official list of patients' barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Appropriate standards of cleanliness and hygiene were maintained. We observed the premises to be visibly clean and tidy. The healthcare assistant was the infection control lead supported by the practice manager. They liaised with the local infection prevention and control teams to keep up to date with best practice. There was an infection control protocol and staff had received up to date training. Infection control audits were carried out annually and we saw that action was taken to address any improvements identified as a result. The last audit had been completed in December 2016 with no action required although additional cupboard space for the healthcare assistant had been highlighted for consideration.

There were suitable arrangements for managing medicines, including emergency medicines and vaccines to ensure patients were kept safe.

- This included obtaining, prescribing, recording, handling, storing, security and disposal of medicines.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The nurses were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. We saw that PGDs had been appropriately signed by nursing staff and the lead GPs.

- There were processes for handling repeat prescriptions which included the review of high risk medicines. We reviewed a sample of anonymised patient records and saw that appropriate blood tests had been carried out for patients prescribed high risk medicines within the correct timescales. These records showed that appropriate monitoring was maintained.
- Systems confirmed that staff were protected against Hepatitis B. All instruments used for treatment were single use. The collection of clinical waste was contracted to an external company and there was suitable locked storage available for waste awaiting collection.
- There was a sharps injury policy and staff knew what action to take if they accidentally injured themselves with a needle or other sharp medical device. A laminated poster was clearly displayed in treatment rooms to guide staff should this become necessary.

The practice had appropriate recruitment policies and procedures.

- We looked at three files for different staff roles including a receptionist, an administrator and a healthcare assistant and found that recruitment checks had been carried out in line with legal requirements. This included proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. Systems and processes were followed when locum GPs were required.
- Arrangements were made for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw rotas to confirm this. Staff told us they worked flexibly to cover for each other when they were on leave or when staff were unexpectedly on sick leave.
- There was a system to check and monitor clinical staff registrations and professional membership regularly.

Monitoring risks to patients

There were procedures for monitoring and managing risks to patient and staff safety.

- All electrical and clinical equipment was checked by an external agency to ensure it was safe to use and that it was working properly. The latest electrical and equipment checks had been done in June and July 2016. These included equipment such as blood pressure monitoring machines and weighing scales.

Are services safe?

- The practice also completed a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health, infection prevention and control (IPC) and Legionella (a bacterium which can contaminate water systems in buildings). The Legionella risk assessment had been reviewed in July 2015.
- There was a health and safety policy available with a poster displayed which listed the contact details for local health and safety representatives.
- An up to date fire risk assessment was available and staff had completed fire training during 2015/2016.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on all the practice's computers which alerted staff to any emergency.
- All staff had received annual basic life support training.
- Emergency medicines and equipment were easily accessible and all staff knew of their location. Medicines

were available to treat a range of emergencies including those for the treatment of cardiac arrest (where the heart stops beating), a severe allergic reaction and low blood sugar. All the medicines we checked were in date and stored securely.

- Oxygen and a defibrillator (used to help restart the heart in an emergency) were available with appropriate pads and masks for adults and children.
- There was a system of checks to ensure all medicines and equipment was safe to use at all times. For example, all equipment was checked on a weekly basis or following use.
- A first aid kit and an accident book were available.
- There was a business continuity plan to deal with a range of emergencies that may affect the daily operation of the practice. Procedures to guide staff should the need for alternative premises become necessary were included. The plan was kept under six monthly review and copies were kept within the practice and offsite by key members of the practice (GPs and practice manager). Contact details for all staff were included.

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.

- There were systems to ensure all clinical staff were kept up to date. They had access to best practice guidance from NICE and used this information to develop how care and treatment was delivered to meet patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for patients

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards.

- The practice participated in the Quality and Outcomes Framework (QOF). The QOF is a voluntary incentive scheme for GP practices in the UK intended to improve the quality of general practice and reward good practice.
- The most recent published results for 2015/2016 showed the practice had achieved 99.7% of the total number of points available, compared with the local average of 98% and the national average of 95%.
- There was a QOF lead and monthly monitoring audits were completed so that action could be planned and taken if needed.
- GPs used their specialist skills in areas such as dementia, asthma, heart disease which resulted in the practice being low referrers to secondary care.
- The practice had a high number of elderly patients on their patient list. The lead GP for dementia services had established a pre-dementia register to keep patients under regular review and facilitate early diagnosis and treatment for this disease. A community dementia worker provided additional support through regular monthly memory clinics held at the surgery.

Data showed the practice performed mainly above local and national levels:

- Performance for diabetes related indicators was overall above average. For example, the percentage of patients

with diabetes who had a blood glucose level within the acceptable recommended range was 83%, which was above the Clinical Commissioning Group (CCG) and national average of 80% and 78% respectively. The practice exception reporting rate was generally lower than local and national averages for most diabetes related indicators with the exception of the above indicator which, at 21% was above the local and the national averages of 12% and 13%. Exception reporting relates to patients on a specific clinical register who can be excluded from individual QOF indicators. For example, if a patient is unsuitable for treatment, is newly registered with the practice or is newly diagnosed with a condition.

- Patients with mental health concerns such as schizophrenia, bipolar affective disorder and other psychoses with agreed care plans was 100% which was above the CCG average of 90% and national averages of 89%. The practice exception reporting rate was generally lower than local and national averages for most mental health related indicators with the exception of the above indicator which, at 18% was above the CCG and the national averages of 13%.
- The proportion of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 90% which was higher than the local and national averages of 83% and 84% respectively. The practice exception rate was 5% which was below the CCG average of 6% and below the national average of 7%.

We saw that action had been taken to mitigate exception reporting through processes that monitored patient outcomes and wellbeing, including follow-ups and reviews. In addition, the complex needs of many patients meant that although the practice worked with patients to maintain their health, other demands often resulted in missed appointments and reviews. The practice explained they also had a large number of elderly patients with complex health problems which meant it was not always possible for the practice to maintain maximum control of all indicators.

The practice had a system for completing clinical audits where they considered improvements to practise could be made.

- We looked at four audits, three of which were completed audit cycles carried out in the last two years.

Are services effective?

(for example, treatment is effective)

Audits demonstrated that where improvements had been identified they had been implemented and monitored. For example, minor surgery audits showed that patient satisfaction had remained high and that complication and infection rate was non-existent. The success rate of joint injections had increased (from 48% to 84%) and obtaining written consent had increased from 52% to 96%.

- The practice participated in local audits, national benchmarking, accreditation and peer review.
- The practice GPs regularly attended locality meetings with neighbouring practices where information was exchanged with other care professionals.

Effective staffing

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

- All new staff followed an induction programme that enabled them to understand their new role and establish training needs to include such topics as safeguarding, fire safety, health and safety and complaints.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. The practice held annual staff appraisals to review and support staff in their ability to perform their duties. Training needs were identified and set as an objective for the forthcoming year. All staff had received an appraisal within the last 12 months.
- There was a comprehensive, well-structured training programme for all staff. A training record identified training required and completed for each member of staff.
- Staff received appropriate training to meet their learning needs and to cover the scope of their work. For example, nursing staff completed role specific training for immunisations and vaccines, cytology (smear sample taking) and infection control. Nurse revalidation was introduced during 2016 and was an objective for completion in 2017.
- Staff had access to and made use of e-learning training modules and in-house training. This included safeguarding, fire procedures, basic life support and confidentiality.
- Further training had been arranged to be completed in asthma and lung disease treatment in February 2017 by practice nurses following the resignation of the lead nurse in September 2016.

- The practice was advertising for an apprentice. They had an apprentice previously and this had led to successful employment within the practice.

Coordinating patient care and information sharing

The practice had systems to provide staff with the information they needed through the practice's patient records and their intranet system.

- This included care and risk assessments, care plans, medical records and test results.
- The practice shared relevant information with other services in a timely way, for example, when referring patients to other services.
- The practice maintained disease registers to monitor patient care which included registers for pre-dementia and bone density recall.

There were systems to enable the practice to work effectively with other services to provide the care patients needed.

- Clinical staff worked 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. For example, when patients were referred to other services such as secondary care and following their discharge from hospital.
- The practice told us they had good relationships with other healthcare workers such as district nurses, the community psychiatric nurse, the community mental health worker, social workers, Macmillan nurses and health visitors. Multi-disciplinary meetings were held monthly to discuss patients such as elderly frail patients, patients with cancer, patients on the admission avoidance list or those who required palliative care.

Consent to care and treatment

Practice staff obtained patients' consent to care and treatment in line with legislation and guidance.

- Staff had access to guidance on obtaining consent for treatment, immunisation or investigation.
- We saw evidence that showed informed consent had been documented. Completed forms were scanned to patient records. A minor surgery audit had identified where written consent had not always been obtained

Are services effective?

(for example, treatment is effective)

for invasive procedures and that action had been taken to address this. Latest results had shown improvements had been made and written consent had been obtained for 96% of patients.

- Staff demonstrated they understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. All staff had completed Mental Capacity Act and Deprivation of Living Safeguards training provided by the lead GP at the practice.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- When providing care and treatment for children and young patients, assessments of capacity to consent were also carried out in line with relevant guidance.
- The GPs and the practice nurses understood the need to consider Gillick competence and Fraser guidelines when providing care and treatment to young patients under 16. The Gillick test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions. Fraser guidelines related specifically to contraception and sexual health advice and treatment.

Supporting patients to live healthier lives

The practice identified patients who needed additional support and were pro-active in offering help.

- The practice kept a register of all patients with a learning disability (12 patients were registered) and ensured that longer appointments were available for them when required. Reviews of their health were carried out annually and 11 patients had received a review of their care in the past year.
- Staff told us that being a small practice they knew their patients well and would be able to use this knowledge and their contact with patients to help maintain or improve mental, physical health and wellbeing. Staff gave us examples where this knowledge had helped them recognise concerns in patients. For example, when patients appeared unwell or they suspected there might be a health issue. Staff told us they had notified the GP in these instances and follow up appointments with the patients had been arranged. Staff also encouraged patients to attend for screening or immunisations.
- Although the practice were low referrers for secondary care they ensured patients were referred appropriately.

Registers of referrals made were maintained to monitor progress for these. Correspondence from patients thanked GPs for their swift response, referral and the prompt treatment they had received as a result.

Cervical screening and child immunisation results available for 2015/2016 showed the practice was comparable to local and national averages.

- Childhood immunisation rates for the vaccinations given to under two year olds ranged from 75% to 90% and five year olds from 90% to 100%. This compared with local averages of 85% to 97% and 90% to 95% respectively. The practice had lower than average numbers of eligible children on their register during the timeframe (12 children).
- The practice's uptake for the cervical screening programme was 80% which was comparable to the local average of 80% and the national average of 81%. The practice exception rate of 3% was in line with the local rate of 5% and the national rate of 6%. The practice telephoned patients who did not attend for their cervical screening test to remind them of its importance. The healthcare assistant had responsibility for managing calls and recalls of patients for this screening programme and the practice told us they had seen improved patient uptake as a result.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening, with results which were in line with local and national averages.

- The percentage of patients aged 50-70, screened for breast cancer in the last 36 months was 73% which was in line with the local and the national averages of 73% and 72% respectively.
- The percentage of patients aged 60-69, screened for bowel cancer in the last 30 months at 61% was in line with the local average of 62% and the national average of 58%.

It was practice policy to offer a health check to all new patients registering with the practice, to patients who were 40 to 75 years of age and also some patients with long term conditions. The practice had completed 34% of the 270 patients eligible for health checks for the year 2015/2016. The NHS health check programme was designed to identify patients at risk of developing diseases including heart and kidney disease, stroke and diabetes over the next 10 years.

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

The practice had taken part in a pilot for a diabetes prevention programme in Herefordshire. Patients between the ages of 35 and 95 were invited for a health review to assess for pre-diabetes so that early intervention could be applied. The practice held registers of patients with indicators which fell outside the quality monitoring registers to help them target borderline or patients who could be at future risk of developing diabetes. The practice was unable to demonstrate improved outcomes for patients at this time as the pilot was still in the early stages.

Patients had however, been invited to attend focus group meetings. The initial meeting had been held on 16 January 2017 and was attended by 11 patients, with a further focus group session scheduled for 31 January 2017.

There were processes for GPs and practice nurses to follow to ensure that patients were followed up within two weeks if they had risk factors for disease identified at the health checks. GPs described the processes they would follow to schedule further investigations if needed.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Patients were treated with dignity and respect.

- We spent time in the waiting area observing how staff engaged with patients. We saw that staff were polite, friendly and helpful to patients both attending at the reception desk and on the telephone.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Curtains were provided in consultation rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations and we observed that conversations taking place in these rooms could not be overheard.

We received 16 comment cards which were very positive about the standard of care received by patients. Patients were very complimentary about the practice. They commented that they received an excellent service, that staff were helpful, caring, considerate and treated them with dignity, compassion and respect.

We spoke with a member of the Patient Liaison Group (PLG) who also spoke highly of the practice and told us the care and the treatment they received was exceptional. They said they were always seen by their GP when they needed and that the GPs were professional and always approachable. Patients were appreciative of the caring and friendly approach from the receptionists, who they felt were always prepared to help them, listen to them and treat them as individuals.

Results from the National GP Patient Survey published in July 2016 showed that the practice scored results that were in line with or above average in relation to patients' experience of the practice and the 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 93% and the national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 91% and the national average of 87%.

- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 98% and the national average of 95%.
- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 85%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they were fully involved in their treatment including making decisions about their care and treatment options.

- They commented that GPs listened and never gave the impression that time was limited even when the waiting room was full of patients. Patients confirmed that they were given information to help them make an informed decision about treatment options available to them.
- Interpreter and translation services were available for those patients who needed these.
- Care plans were completed for patients with a learning disability and for patients who were diagnosed with asthma, dementia and mental health concerns. Care plan reviews had been completed for 11 of the 12 patients with a learning disability registered with the practice during the past year.

Results from the National GP Patient Survey published in July 2016 showed that patients surveyed had responded positively to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 91% and the national average of 86%.
- 91% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 82%.

Are services caring?

- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 85%.

Patient and carer support to cope emotionally with care and treatment

There were notices, an information screen and leaflets available in the waiting area which explained to patients how to access a number of support groups and organisations.

The practice maintained a register of those patients who were also carers and the practice's computer system alerted GPs if a patient was also a carer. The register showed that at the time of the inspection 93 carers were registered with the practice (3% of the practice population). Written information was available to direct carers to the various avenues of support available to them. Health checks were offered to carers and new patients were asked about carers their carers role on the new patient registration form. Carers were also referred to Herefordshire Carers who arranged for a social care assessment to be made if needed. The practice manager attended training sessions facilitated by Herefordshire Carers and a member of staff held the carers lead for the practice.

The practice had initiated a community collaborative, a central focus group which aimed to provide support to carers and vulnerable patients, particularly those living in isolation in Colwall. Two meetings had been held to date to

establish the aims and the management of the collaborative. The meetings included representatives from the parish council, the Patient Liaison Group (PLG), local businesses and community groups.

Monthly memory clinics were held at the practice for patients with dementia and their carers. The sessions were provided by the Community Psychiatric Nurse (CPN) and a member of the Alzheimer's Society. A GP liaised with the CPN to review patients with dementia at monthly multi-disciplinary meetings and ensure that appropriate support was provided and monitored. Clinical staff described examples where they worked over and above with the CPN in their commitment in providing support to improve outcomes for patients in difficult circumstances.

Annual flu clinics were held on a Saturday morning and had become established as a community social and fundraising event. These clinics had been held in the local school and community hall on previous occasions. Support agencies such as Age Concern, Herefordshire Carers and the Patient Liaison Group (PLG) attended to provide information about services and support available to patients. The practice told us they had also used these occasions to identify and encourage carers onto their carers register, and as a result of the last clinic four additional carers had been identified.

GPs told us that they routinely visited patients or families when they experienced bereavement. Information about sources of help and advice was also offered. Leaflets about bereavement support were available in the patients waiting area.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Services were planned and delivered to take into account the needs of different patient groups to ensure flexibility, choice and continuity of care.

- The practice understood the needs of their patient population and made arrangements to identify and address these. They took part in regular meetings with NHS England and worked with the local Clinical Commissioning Group (CCG) to plan services and improve outcomes for patients in the area.
- Patients of all ages were treated and provided with a range of medical services. This included a number of disease management clinics such as asthma, diabetes, dementia and heart disease.
- A GP telephone triage system meant that GPs could assess the most appropriate support, care or treatment that was needed for patients. Appointments were arranged for the same day or for another time depending on the needs of each patient. Telephone consultations were also provided which was particularly helpful for those patients with poor mobility or those who worked during appointment times.
- Same day appointments were available for children and those with serious medical conditions. Longer appointments were available for patients with specific needs or long term conditions such as patients with a learning disability.
- Patients who were too ill to attend the practice for appointments received home visits.
- GPs had a specialist interests in dementia, asthma and heart disease. These specialisms meant that Colwall Surgery had consistently been one of the lowest referring practices in Herefordshire.
- The practice were proactive with their older patients particularly in referring patients for full assessment and treating osteoporosis (a condition that weakens bones) when it was diagnosed. The practice told us they were organising hip protectors for nursing home patients to lessen the risk of hip fractures for patients in this population group.
- The practice supported patients in a number of nursing homes including homes in Ledbury, Eastnor and Malvern. Weekly visits were made to those patients.

- GPs or the district nurses visited those patients who were housebound or living in nursing homes to ensure that patients received their flu injection.
- Annual reviews were carried out with patients who had long term conditions such as diabetes and lung diseases, for patients with learning disabilities, and for those patients who had mental health problems including dementia. We saw anonymised records to confirm this.
- Notes were made on records of those patients with hearing impairments about the best way for staff to contact and communicate with the patient.
- A shared care arrangement was in place with the Drugs and Alcohol Service for patients who had substance misuse concerns.
- Health screening was available for vulnerable patients including travellers and those who were homeless.
- Weekly services by a community mental health worker and monthly services by a community psychiatric nurse were provided at the practice.
- Referrals to the Improving Access to Psychological Therapies (IAPT) team were made for patients who needed psychological support or counselling services.
- Suitable facilities for patients with disabilities were provided including access for those patients who used wheelchairs.
- A children's play area, baby changing and breast feeding facilities were available.
- Translation services were available for those patients whose first language was not English.
- A private chiroprapist and osteopath operated from the practice premises.

Access to the service

Opening hours were from 8am to 6pm on Monday to Friday each week with appointments between these times. Patients were directed to a contact telephone number outside these hours and also had access to a Walk in Centre in Hereford, which was open from 8am to 8pm daily where they could see a GP or a nurse. The practice was closed at weekends. Appointments could be booked up to six weeks in advance. There was an online service which allowed patients to order repeat prescriptions, view their records and book appointments.

Extended hours were not provided. The practice told us there had previously been poor take up of extended hours appointments which they considered was due to the high number of retired and elderly patients within the patient

Are services responsive to people's needs?

(for example, to feedback?)

population. They had surveyed their patients and this had revealed a low demand. Extended hours provision was withdrawn as a result. The practice was however, part of the local Prime Minister's GP Challenge Fund service for the provision of extended opening hours to improve access for patients. These were available late evening and weekends at nearby practice hubs in Hereford, Ross on Wye and Leominster. GP, nurse and healthcare assistant appointments were available at these hubs and these appointments could be booked from Colwall Surgery.

Colwall Surgery did not provide an out-of-hours service but had alternative arrangements for patients to be seen when the practice was closed. For example, if patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours service (provided by Primecare) was available in the practice patient information leaflet and on the website.

Results from the National GP Patient Survey published in July 2016 showed that patients' satisfaction with how they could access care and treatment was above local and national averages for most responses except for access to the practice by telephone. For example:

- 77% of patients said they could get through easily to the practice by telephone which was below the CCG average of 80% and above the national average of 73%. A new telephone system had been installed in response to patient feedback to improve telephone access.
- 81% of patients described their experience of making an appointment as good which was above the CCG average of 80% and the national average of 73%.
- 69% of patients said they usually waited 15 minutes or less after their appointment time which was above the CCG average of 68% and the national average of 65%.
- 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 89% and the national average of 85%.

Patients we spoke with told us they were happy with the appointments system and were able to make appointments without any difficulty. They told us they could always see a GP if the appointment was urgent. We received 16 comment cards which were all positive about the appointment system and availability at the practice.

The practice had a system to assess requests for a home visit. This included deciding whether a home visit was clinically necessary and the urgency of the need for medical attention. All visit requests were assessed by GPs as they were received. Appropriate arrangements were made according to the assessment. There were protocols in reception for staff to follow and staff were clear about their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- The complaints policy and procedure was in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated person for responding to all complaints.
- Accessible information was provided to help patients understand the complaints system.
- We found that there was an open and transparent approach towards complaints.
- The practice also kept a book for recording verbal, minor, informal complaints and monitored this to identify trends, themes or difficulties for individual patients. These were discussed at team meetings and practise was reviewed and changed where improvements needed were identified. The complaints policy was followed for both written and verbal complaints.
- We looked at four complaints recorded for the period May 2015 to March 2016, which demonstrated a consistent approach to complaints received. Complaints had been responded to in an open and transparent way. These had been fully investigated in accordance with the practice's complaints policy and procedure.
- The procedures for handling complaints ensured that where lessons were learned these were recorded and shared accordingly. Where trends had been identified from complaints changes to procedures had been made. For example, training had been provided as a result of a complaint made to the practice.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care to patients. They promoted healthy lifestyles and worked with other agencies to help patients achieve this. Their aims and objectives were set out in their statement of purpose. The practice had a strategy and supporting business plans which reflected the vision and values of the practice and these were regularly monitored.

At the time of the inspection plans were progressing for the retirement of the registered GP with the remaining GP partner to become registered with the Care Quality Commission (CQC). Succession planning for the next five years considered preparations for the future retirement of staff to ensure that adequate staff was maintained to provide services for patients.

The practice had taken steps to become a training practice for trainee GPs (qualified doctors who were training to become GPs) and the lead GP was progressing their assessment for this provision at the time of the inspection.

Governance arrangements

The practice had a governance framework that supported the delivery of the strategy and good quality care. This outlined the structures and procedures ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. Staff were aware of their content and where to access them.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements to the services provided by the practice.
- The practice used the Quality and Outcomes Framework (QOF) to measure its performance. QOF is a national performance measurement tool. The QOF data for this practice showed that in all relevant services it was performing mostly above or in line with local and national standards. We saw that QOF data was regularly discussed at monthly meetings and action taken to maintain or improve outcomes.
- Appropriate arrangements were made for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

During the inspection the GPs and the management team demonstrated that:

- They had the experience, capacity and capability to run the practice and ensure high quality care.
- They prioritised safe, high quality and compassionate care.
- There were systems 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 practice encouraged a culture of openness and honesty.

The GPs and the practice manager were visible in the practice:

- Staff confirmed that there was an open culture within the practice.
- Staff said they felt respected, valued and supported 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.
- Staff told us that the GPs and the practice manager were approachable and always took the time to listen to all members of staff. Their views were encouraged at any time as well at team meetings and during their appraisals.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service.

- The practice had gathered feedback from patients through the Patient Liaison Group (PLG). A PLG is a group of patients registered with a practice who worked with the practice to improve services and the quality of care.
- The PLG had been established for over five years and met quarterly at the practice. The times of the meetings were varied to encourage increased attendance. We saw minutes of meetings to confirm this.

Are services well-led?

Good 

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

- The PLG chair was a member of the Clinical Commissioning Groups (CCG) Patient Participation Group (PPG) network and attended these meetings (held by the CCG).
- The practice carried out annual patient surveys and reviewed the results with the PLG, and an action plan was devised for the forthcoming year. In January 2015, the PLG had met patients in the waiting area to gain their views and responses to assist with the survey. Results showed patients were satisfied with the care they received from both the GPs and the nurses. Findings from the survey were published on the website, in the newsletter and made available to patients in the waiting area. Action plans were reviewed at the quarterly PLG meetings and annually to ensure objectives were achieved. Information from the website and the practice newsletters confirmed this. Action identified included rationalising overloaded information available to patients in the waiting area. The next practice patient survey was scheduled to be completed by March 2017.

- A new telephone system with more available lines was installed last year in response to patient feedback about the difficulty accessing the practice by telephone.

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

- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- They felt involved and engaged to improve how the practice provided services for patients.
- Staff had contributed to the business development plan and were able to discuss updates and additions with the management team.
- Staff told us they were confident they would be supported if they needed to raise any issues or concerns.

Continuous improvement

A GP had completed training to become a GP trainer and the practice was looking forward to the prospect of accommodating trainee GPs (qualified doctors who were training to become GPs) at the practice in the near future.