

Canberra Old Oak 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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Canberra Old Oak Surgery on 29 June 2017. Overall the practice is rated as good. The practice was rated good for providing safe, effective, caring, responsive and well-led services.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- There were effective systems to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence guidelines and other locally agreed guidelines.
- Staff were proactively supported to acquire new skills and had access to appropriate and bespoke training to meet their learning needs and to cover the scope of their work.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

Summary of findings

- The practice used innovative and proactive methods to improve patient outcomes and worked with other local and national healthcare providers to share best practice.

We saw areas of outstanding practice:

- The practice benefited from a corporate business intelligence tool which provided access to bespoke searches relevant to medicines management and effective care. This enabled the practice to readily identify when follow up tests and screening were due in the management of patients with long term conditions and those experiencing poor mental health. The practice demonstrated that the system and continuous patient recall had improved compliance of tests and screening in the eight months they had managed the practice. Data for 2016/17 showed the practice as the second highest achiever in the GP locality network for the nine diabetes key processes, with a 13% improvement since taking over the practice in August 2016.
- Staff had access to a suite of bespoke training materials to cover the scope of their work and meet their learning needs. This included access to a corporate learning and development portfolio featuring face-to-face, web-based and blended training programs tailored for each staff role. For

example, fortnightly web-based training for healthcare assistants and nurses' development support, bi-monthly development for practice management, fortnightly consultant led development program for clinicians and monthly face-to-face training for the physician associate and pharmacist. All staff at the practice, including receptionists undertook annual mandatory training on the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards.

The areas where the provider should make improvement are:

- Review the effectiveness of storing emergency equipment and medicines in two separate locked locations.
- Review the arrangements in place for when prescriptions issued for collection at the practice or nominated pharmacy are not collected.
- Continue to monitor and act in response to patient feedback including the national GP patient survey findings to drive improvements where applicable.
- Consider highlighting through available resources the bi-lingual skills of staff members.

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.

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, 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 to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Unpublished Quality and Outcome Framework (QOF) data 2016/17 showed that the practice had achieved the maximum number of points available for all of the clinical indicators measured.
- Our findings at inspection showed that there were effective systems to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence guidelines and other locally agreed guidelines.
- Clinical audits demonstrated quality improvement.
- Staff were proactively supported to acquire new skills and had access to appropriate and bespoke training to meet their learning needs and to cover the scope of their work.
- The practice used innovative and proactive methods to improve patient outcomes and worked with other local and national healthcare providers to share best practice.
- 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.
- End of life care was coordinated with other services involved.

Good



Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed the practice was mostly comparable with CCG and national averages for its satisfaction scores on consultations with GPs and nurses.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, the practice had a higher prevalence of diabetes compared to the CCG average and implemented effective processes to ensure these patients were managed appropriately.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions as part of their care planning.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from four examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.

Good



Summary of findings

- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- The practice was aware of the requirements of the duty of candour. In three examples we reviewed we saw evidence the practice complied with these requirements.
- The practice leaders encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Training was a priority and was built into staff rotas. Staff had access to a suite of bespoke training materials to cover the scope of their work and meet their learning needs.
- Staff had received inductions, annual performance reviews and attended staff meetings.

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 people.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice used risk stratification tools to identify older patients at risk of unplanned hospital admission and invited them for review to create integrated care plans aimed at reducing that risk.
- All patients over the age of 75 years had a named GP and received prioritised access.
- The practice offered regular health checks for patients over 75 years, dementia and chronic disease screening and in-depth medication reviews.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services. For example, they used co-ordinate my care to share information about older patients receiving end of life care to relevant services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. For example, the practice worked in partnership with the local Age UK branch to support elderly patient access.

Good



People with long term conditions

The practice is rated as outstanding for the care of people with long-term conditions.

- There was a systematic approach to long-term disease management with all the members of the team trained to contribute towards improved outcomes for patients.
- Clinical staff including the practice pharmacist, physician associate and nursing team had specific roles in long-term disease management support.

Outstanding



Summary of findings

- Unpublished Quality and Outcomes (QOF) data for 2016/17 showed that the practice had exceeded the upper target range for all indicators relating to long-term conditions and achieved 100% in each.
- The practice benefited from a corporate business intelligence tool which provided access to bespoke searches identifying when follow up tests were required for patients with long-term conditions. The practice had evidence to show that the system and continuous patient recall system had improved compliance of tests in the eight months they had managed the practice.
- Data for 2016/17 showed the practice as the second highest achiever in the GP locality network for the nine diabetes key processes with a 13% improvement, since taking over in August 2016. Similar improvements were shown to have been achieved in patients diagnosed with hypertension with an 8% increase of those treated to target.
- The practice used risk stratification tools to identify patients with long-term conditions at risk of unplanned hospital admission and invited them for annual review to create avoidance admissions care plans aimed at reducing the risk. Data showed that there had been a 25% increase in uptake since taking over the practice.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- There were systems 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 accident and emergency (A&E) attendances.
- All staff had received training on female genital mutilation (FGM) including identification or reporting of cases where suspected.

Good



Summary of findings

- Immunisation rates were high for all standard childhood immunisations with a 90% plus achievement rate in the first quarter of 2017/18 and demonstrated a significant improvement in the uptake rate of 36% since taking over the two merged practices in August 2016.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, the practice provided shared antenatal and postnatal care with the midwifery and health visiting team.
- The practice referred women/families to a local centre for children and families who provided support for those in pregnancy or adopting children. The service offered parent infant psychotherapy, support on parent-infant relationships such as difficulties bonding or post-natal depression.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.
- The practice provided contraceptive and sexual health services.

Working age people (including those recently retired and students)

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

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, Saturday morning appointments, daily telephone consultations and extended hour appointments during weekday evenings and weekends within the GP locality network.
- The practice was proactive in offering a variety of online services as well as a full range of health promotion and screening that reflected the needs of this population group. Since taking over the two merged practices in August 2016, the number of patients registered for on line services had increased from approximately 300 to nearly 600 patients, providing them access to services that did not require attendance at the practice.
- The practice could refer patients to the local health trainer service team who supported people to improve lifestyle choices and reduce the risk of chronic disease.

Good



Summary of findings

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, those with a learning disability and patients receiving palliative care.
- Longer appointments were made available for vulnerable patients.
- Patients with a learning disability were invited for annual health checks and medication review with 77% completed in the last year.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.
- All staff at the practice including receptionists undertook annual mandatory training on the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards.

Good



People experiencing poor mental health (including people with dementia)

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

- The practice carried out advance care planning for patients living with dementia.
- Unpublished QOF data for 2016/17 showed that all of the patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was 50% higher than the previous year's achievement as separate practices prior to them merging in August 2016.
- The practice maintained a register of patients experiencing poor mental health and they were invited for annual health checks and quarterly medication reviews.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.

Good



Summary of findings

- The practice benefited from a corporate business intelligence tool which provided access to bespoke searches identifying when follow up tests were required for patients prescribed medicines used to manage mental health conditions.
- Unpublished QOF data for mental health related indicators 2016/17 showed that the practice had achieved 100% in those measured.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- A virtual clinic attended by clinical staff and specialist consultant was used to discuss complex cases and implement agreed management plans followed up by the practice.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice used videos in different languages which had been produced by the provider in conjunction with a local social enterprise organisation, to help Muslim patients experiencing poor mental health understand the support that was available.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2017 which was based on aggregated data for January 2017 to March 2017. Three hundred and seventy one survey forms were distributed and 62 were returned. This represented approximately 1% of the practice's patient list. The results showed the practice was performing below local and national averages for some responses. However, due to the survey collection time period, data maybe attributable to either of the two merged practices. Data showed that,

- 72% of patients described the overall experience of this GP practice as good compared with the CCG average of 82% and the national average of 85%.
- 63% of patients described their experience of making an appointment as good compared with the CCG average of 70% and the national average of 73%.
- 50% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 77%.

The practice had undertaken their own on-line patient survey over two periods during May 2017 to gauge patient experience. The survey was used to produce an action

plan to further develop the practice. At the time of the inspection eighty-one patients had completed the survey and analysed results were very similar to the national GP patient survey results presented above.

Results from the Friends and Family Test (FFT) for December 2016 to May 2017 showed that 94% of respondents would recommend the practice to their friends and family.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 14 comment cards which were all positive about the standard of care received from clinical and non-clinical staff. Comments received described staff as helpful, kind, professional and understanding and the environment as safe.

We spoke with two patients during the inspection including one member of the patient participation group (PPG). Both patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service SHOULD take to improve

- Review the effectiveness of storing emergency equipment and medicines in two separate locked locations.
- Review the arrangements in place for when prescriptions issued for collection at the practice or nominated pharmacy were not collected.
- Continue to monitor and act in response to patient feedback including the national GP patient survey findings to drive improvements where applicable.
- Consider highlighting through available resources the bi-lingual skills of staff members.

Outstanding practice

- The practice benefited from a corporate business intelligence tool which provided access to bespoke searches relevant to medicines management and effective care. This enabled the practice to readily identify when follow up tests and screening were due in the management of patients with long term conditions and those experiencing poor mental health. The practice demonstrated that the system and continuous patient recall had improved compliance of tests and screening in the eight months they had managed the practice. Data for 2016/17

Summary of findings

showed the practice as the second highest achiever in the GP locality network for the nine diabetes key processes, with a 13% improvement since taking over the practice in August 2016.

- Staff had access to a suite of bespoke training materials to cover the scope of their work and meet their learning needs. This included access to a corporate learning and development portfolio featuring face-to-face, web-based and blended training programs tailored for each staff role. For

example, fortnightly web-based training for healthcare assistants and nurses' development support, bi-monthly development for practice management, fortnightly consultant led development program for clinicians and monthly face-to-face training for the physician associate and pharmacist. All staff at the practice, including receptionists undertook annual mandatory training on the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards

Canberra Old Oak Surgery

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 Canberra Old Oak Surgery

Canberra Old Oak Surgery is a GP practice situated within the London Borough of Hammersmith & Fulham. The practice lies within the administrative boundaries of NHS Hammersmith & Fulham Clinical Commissioning Group (CCG) and is part of the GP locality group Network Four. The practice provides primary medical services to approximately 6,200 patients living within Hammersmith and Fulham and holds an Alternative Provider Medical Services (APMS) contract. (APMS is a locally negotiated contract open to both NHS practices and voluntary sector or private providers).

Canberra Old Oak Surgery is managed by the provider organisation AT Medics Limited. The management contract commenced on 1 August 2016 following amalgamation of The Practice Canberra and Old Oak Surgery when the provider contracts for each practice ceased on 31 July 2016. AT Medics Limited is run by six GP directors who are all practicing GPs and they manage over 30 GP locations across London.

Canberra Old Oak Surgery is situated within Parkview Centre for Health and Wellbeing, Cranston Court, 56 Bloemfontein Road, Shepherds Bush, London, W12 7FG. This is a purpose built health and social care facility which opened in June 2015. The practice shares the premises with three other GP practices, along with a wide range of

community services including district nursing, health visiting, community dental services and wellbeing and support services. The health centre building is owned and managed by Community Health Partnerships.

The practice has access to five consultation rooms, a dedicated reception and waiting area on the ground floor and administrative space on the first floor. Accessible facilities are available throughout the building. There is no public car parking on site but pre-payable on street parking is available in the surrounding area.

The practice population is ethnically diverse with a large number of registered patients from an Arabic or Middle Eastern background. Fifty percent of registered patients are between 17 and 40 years of age, 22% are between 41 to 60 years of age and 8% are 60 years plus. The practice area is rated in the second most deprived decile of the national Index of Multiple Deprivation (IMD). People living in more deprived areas tend to have greater need for health services.

The practice team comprises of two male GP and two female GPs who collectively work a total of 16 clinical sessions per week. They are supported by a full time female physician associate (physician associates support doctors in the diagnosis and management of patients), an independent prescribing pharmacist, two part-time female practice nurses, a full-time and one part-time female health care assistant, a senior manager, practice manager, two administrators and four receptionists.

The practice opening hours are from 8am to 6.30pm Monday to Friday. Consultation times in the morning are from 9am to 12noon and in the afternoon from 3pm to 6pm Monday to Friday. Extended hour appointments are offered from 10am to 2pm on Saturday. Pre-bookable appointments can be booked up to three months in advance. The out of hours services are provided by an

Detailed findings

alternative provider. The details of the out-of-hours service are communicated in a recorded message accessed by calling the practice when it is closed and on the practice website.

The practice provides a wide range of services including chronic disease management, maternity services and health checks for patients 40 years plus. The practice also provides health promotion services including, cervical screening, childhood immunisations, child health surveillance and contraception and family planning.

The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening services; family planning; maternity and midwifery services and treatment of disease, disorder or injury.

The practice had not previously been inspected by the CQC.

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 29 June 2017. During our visit we:

- Spoke with a range of staff including AT Medics Clinical Director and area team managers, the practice GP lead,

physician associate, practice pharmacist, community pharmacist, practice nurse, practice manager and administration staff. We also spoke with patients who used the service.

- Observed how patients were being cared for in the reception area and talked with carers and/or family members.
- Reviewed a 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.
- Looked at information the practice used to deliver care and treatment plans.

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 living 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 a system 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).
- From the sample of seven documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events and shared learning across the practice and regionally with other AT Medics GP practices.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an incident where an urgent secondary care referral was delayed, the practice had implemented additional steps to their internal two week referral process. This included the maintenance of a log documenting all two week wait referrals made and patient contact to remind of appointment date and to confirm appointment attendance.
- The practice also monitored trends in significant events and evaluated any action taken.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding 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 child safeguarding concerns were discussed at multi-disciplinary team meetings held at the practice which were attended by the community child protection lead and health visitor.

- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three and nurses to level two. All staff had received training on female genital mutilation (FGM) including identification or reporting of cases where suspected. Posters about FGM transcribed in locally spoken languages were displayed in the waiting room.
- A notice in the waiting room and 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. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the practice premises to be clean and tidy. There were cleaning schedules and monitoring systems in place which included a comprehensive inventory of the cleaning schedules for all clinical equipment kept in each consultation room.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Bi-annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, the latest audit identified that the dirty utility area was not always being used for urine sample testing which was discussed at a practice meeting and re-audited to reassess compliance.

Are services safe?

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised most risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- The practice benefited from a corporate business intelligence tool which provided access to bespoke searches relevant to medicines management and effective care. This enabled the practice to identify and track patients who were at risk of potential harm due to the medicines they take, such as high risk medicines. The practice had evidence to demonstrate that they had improved compliance of tests in the eight months they had managed the practice. For example, the number of patients who had been issued with warfarin medication without an International Normalised Ratio (INR) being recorded in the previous three months had been reduced from eight to zero.
- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. However, we did observe that an effective system was not in place to monitor when prescriptions issued for collection at the practice or nominated pharmacy were not collected. We were told that a review of all uncollected prescription items was undertaken on a three monthly basis however, this did not facilitate timely identification of patients at potential risk. The practice and prescribing pharmacist carried out regular medicines audits, with the support of the local clinical commissioning group 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 to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient, after the prescriber had assessed the patients on an individual basis).

We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence

of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

Monitoring risks to patients

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

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and regular fire drills were carried out. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health (COSHH) and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. The practice was able to mobilise staff resource from other GP practices within the provider organisation to provide assistance where necessary.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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.

Are services safe?

- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available. Emergency medicines were 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. It was observed that emergency equipment and medicines were individually stored in two separate locked locations in close proximity however, the efficiency of this arrangement had not been tested.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. Following a recent major cyber-related incident which had affected NHS services nationwide, the business continuity plan had been stress tested and determined to be effectual for ensuring continuity of services. Following this event the practice had initiated a WhatsApp social network group to communicate quickly and urgently with all staff members in relevant groups.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments and audits.

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). Canberra Old Oak Surgery had only been providing services since 1 August 2016, this meant that there was no published or independently verified QOF performance data at the time of our inspection.

As part of this inspection, we reviewed unpublished QOF data for 2016/17 which the practice extracted from their clinical system. This showed in the eight months since they had taken over the merged two practices in August 2016, they had achieved 100% of the total number of 559 QOF points available in 2016/17 with an overall exception rate of 9%. The practice demonstrated there had been a 25% reduction in the overall exception reporting rate of 12% in 2015/16. (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).

Unpublished QOF data 2016/17 showed that the practice had achieved or exceeded the upper target range for all of the indicators measured. For example,

Performance for diabetes related indicators 2016/17 showed that ;

- 83% of patients on the diabetes register had an IFCC-HbA1c less than or equal to 64 mmol/mol measured in the last 12 months. The most recent published data showed that the national average for this indicator was 78% for the year 2015/2016.
- 80% of patients on the diabetes register had a total cholesterol level of 5 mmol/l or less measured in the last 12 months. (2015/16 national average 80%).
- 80% of patients on the diabetes register had a blood pressure reading of 140/80 or less measured in the last 12 months. (2015/16 national average 78%).

Performance for mental health related indicators 2016/17 showed that;

- 92% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record. (2015/2016 national average 89%).
- 92% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses a record of alcohol consumption had been recorded in the preceding 12 months. (2015/2016 national average 89%).
- All of the patients diagnosed with dementia had had a care plan reviewed in a face to face meeting (2015/2016 national average 84%). Mental health exception reporting rate was 4% for 2016/17 compared to 27% in 2015/16.

Performance for other health related indicators 2016/17 showed that;

- 81% of patients with hypertension had well controlled blood pressure. (2015/2016 national average 83%). Hypertension exception reporting rate was 4% for 2016/17 compared to 27% in 2015/16.
- 93% of patients with COPD had received a review of their care (2015/2016 national average 90%).

The practice had evidence to demonstrate where improvements had been made in the identification and outcomes of patients across a number of long term conditions. For example, due to a higher prevalence rate of diabetes in the patient population compared with the local CCG average, the practice had focused upon the condition to ensure as many patients received the nationally recommended nine care processes. The corporate business

Are services effective?

(for example, treatment is effective)

intelligence monitoring tool and bespoke searches facilitated the identification of patients with one or more missing care processes and also where clinical measurements fell outside the target range. Through a systematic process of regular patient recall and review this had resulted in an increase in the number of patients identified with complications affecting their kidneys or feet, as well as improved patient outcomes in blood pressure, lipids and blood sugar level control.

For example, in the eight months since taking over the two merged practices in August 2016 the number of patients on the diabetes register who had an IFCC-HbA1c less than or equal to 75 mmol/mol had been increased from 68% to 74%, which the practice highlighted was a difficult area to improve upon.

Data for 2016/17 showed the practice as the second highest achiever in the GP locality network for the nine diabetes key processes with a 13% improvement, since taking over in August 2016. In addition the practice had also increased the number of patients identified at risk of developing diabetes from 115 to 200, who were subsequently offered lifestyle advice and support to prevent onset of the disease.

Similar improvements were shown to have been achieved in patients diagnosed with hypertension with an 8% increase of those treated to target. In addition the number of patients with a history of coronary heart disease with measured cholesterol levels of 5mmol/l or less had improved by 11%.

The business intelligent monitoring tool and continuous patient recall system was attributed to have been influential in improved clinical outcomes and in the reduction of exception reporting rates. Since taking over the two merged practices in August 2016 mental health exception rates had reduced from 27% to 4% and hypertension exception rates from 12% to 1%.

There was evidence of quality improvement including clinical audit:

- There had been two clinical audits commenced in the last two years, one of these was a completed audit where the improvements made were implemented and monitored. The second audit was due further audit in the next year to monitor any improvement.
- Findings were used by the practice to improve services. For example, the practice had conducted an audit into

prescription of combined oral contraceptive (COC) pill. Results from the first cycle showed not all patients prescribed COC had up to date recordings of blood pressure, smoking status and body mass index (BMI) in line with prescribing guidelines. Following these results patients with missing data were contacted and invited for review to update these details. The audit was also discussed at the practice clinical meeting to raise awareness of the issue and encourage doctors to complete and record these checks before prescribing the COC. Second cycle data showed improvement in results from 66% to 100% of patients having up to date clinical information on blood pressure, BMI and smoking status recorded in their notes.

Information about patients' outcomes was used to make improvements. For example, the practice used risk stratification tools to identify patients at risk of unplanned hospital admission and these patients were invited in for review to create integrated care plans aimed at reducing this risk. Care plans were reviewed and updated following a patient's discharge from an unplanned admission.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had a comprehensive induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on-line resources, and discussion at practice meetings.
- The learning needs of staff were identified through a system of supervision, appraisals, meetings and reviews of practice development needs. Staff had access to appropriate and bespoke training to meet their learning

Are services effective?

(for example, treatment is effective)

needs and to cover the scope of their work. Staff also had access to the corporate on-line learning library covering a range of topics tailored to each individual staff role.

- All staff with the exception of those recently employed had received an appraisal within the last 12 months.
- Staff received mandatory training that included, safeguarding, fire safety awareness, basic life support, infection prevention and control, equality and diversity and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- From the sample of 30 documented examples we reviewed we found that 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. Information was shared between services, with patients' consent, using a shared care record. 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 ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

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 (MCA) 2005. All staff including receptionists undertook mandatory annual MCA and Deprivation of Liberty (DOL) training. 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 and signposted those to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- A dietician was available within the health centre site and smoking cessation advice was available from a local support group.
- The practice had hosted a successful Health & Wellness open day in November 2016 for all members of the public, including patients attending the other GP practices and community services within the building. The event was attended by a wide range of local healthcare providers offering information and advice on accessible services aimed at improving the health and well-being of different groups of people.

We were unable to assess the practice's performance for the cervical screening programme, as this information had not yet been published. However, the practice showed us un-validated data for 2016/2017 which demonstrated the practice uptake for the cervical screening programme was 82%. The most recent published data showed that the national average for this indicator was 81% for the year 2015/2016.

We were also unable to formally assess the practice's performance for childhood immunisation 2016/17, as this information had not yet been published. However, the

Are services effective?

(for example, treatment is effective)

practice showed us data for this period although this had not yet been validated. There are four areas where childhood immunisations are measured; each has a target of 90%. The practice had achieved the target in two areas;

- 87% of children aged one had received the full course of recommended vaccines.
- 92% of children aged two had received pneumococcal conjugate booster vaccine.
- 82% of children aged two had received haemophilus influenzae type b and Meningitis C booster vaccines.
- 90% of children aged two had received Measles, Mumps and Rubella vaccine.

Immunisation achievement rates for five year olds were;

- 90% of five year olds had received measles, mumps and rubella dose one vaccinations.
- 73% of five year olds had received measles, mumps and rubella dose one vaccinations.

The practice had an effective recall system in place for child immunisation with a named administration lead responsible. Child immunisation data provided by the practice for the first quarter of 2017/18 showed further

improvements with immunisation uptake rate of 90% plus and booster rate of 75%. This was in contrast to a very low childhood immunisation rate of 36% and booster rate of 29% at the time of the amalgamation of the two founding GP practices in August 2016.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems 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.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40 to 74 years of age. 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

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 14 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, kind, understanding and treated them with dignity and respect. Particular reference was made by some patients to the caring, supportive and understanding demeanour of the physician associate.

We spoke with two patients during the inspection including one member of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required. We were told that the reception team were always helpful, pleasant and kind. Results from the national GP patient survey published 7 July 2017 showed the majority of patients felt they were treated with compassion, dignity and respect. However, data maybe attributable to either of the two previous merged practices. The practice was mostly comparable with CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 74% of patients said the GP was good at listening to them compared with the CCG average of 85% and the national average of 89%.

- 80% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 86%.
- 85% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%
- 64% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 86%.
- 90% of patients said the nurse was good at listening to them compared with the CCG average of 85% and the national average of 91%.
- 89% of patients said the nurse gave them enough time compared with the CCG average of 96% and the national average of 92%.
- 94% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 95% and the national average of 97%.
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 71% of patients said they found the receptionists at the practice helpful compared with the CCG average of 85% and the national average of 87%.

The practice had undertaken their own on-line patient survey over two periods during May 2017 to gauge patient experience. Data analysed by the practice demonstrated lower satisfaction scores in relation to nurse experience than the national GP survey findings as presented above.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey published 7 July 2017 showed patients responded positively to

Are services caring?

questions about their involvement in planning and making decisions about their care and treatment. Results were mostly in line with local and national averages. For example:

- 79% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 82% and the national average of 86%.
- 67% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 86% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 83% and the national average of 90%.
- 82% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The results from the practice own on-line patient survey conducted in May 2017 were mostly similar to the national GP survey findings.

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

Staff told us that interpretation 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. Patients were also told about multi-lingual staff that might be able to support them although we saw potential opportunity for this to be advanced further. Practice staff spoke a range of languages including those spoken by some of the practice's patient population including Arabic, Bengali, Farsi, Gujarati, Somali and Urdu. Information leaflets were available in easy read format and in different languages.

The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice pro-actively attempted to identify carers and was consciously aware that those performing the role may not recognise themselves as carers. In an effort to combat this practice had utilised various resources and developed a carer's noticeboard advising patients about services and support available to them. They regularly sent text messaging with links to information about support services available to carers and had also hosted an open day with representatives from an independent carer's organisation in attendance to increase carer identification. At the time of inspection the practice had identified 96 patients as carers (1.6% of the practice list). Carers were invited to receive annual flu vaccination and were offered NHS health checks. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement, their usual GP contacted them followed by a sympathy card sent by administration staff. The practice had bereavement support packs and provided information on their website to promote the well-being of bereaved people. Posters were displayed in the practice providing information to gain further support at the practice and from external organisations.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population.

- The practice offered extended hours on a Saturday morning from 10am to 2pm for working patients who could not attend during normal opening hours. Extended hours were offered through the GP locality network within the same building as the practice premises, from 6.30pm to 8pm Monday to Friday, 9am to 5.30pm Saturday and 9am to 1pm Sunday. They were also offered at another local practice managed by the provider, from 6.30pm to 9pm Monday to Friday and 9am to 3pm Saturday and Sunday.
- The practice provided 90 appointments per week per 1000 patients which were offered within the multi-disciplinary team of GPs, physician associate, pharmacist prescriber, nurses and health care assistant. A further 27 extended hour appointments were provided through the GP locality network.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Longer appointments were available for patients with a learning disability and for those patients with multiple long term conditions.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and on-going conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Patients were able to receive travel vaccines available on the NHS and were referred to other clinics for vaccines available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available. Practice staff were able to communicate in many of the languages spoken by their practice population and the practice website translated to multiple languages.

- The practice had considered and implemented the NHS England Accessible Information Standard to ensure that patients received information in formats that they can understand and receive appropriate support to help them to communicate.
- An interactive on-line messaging system, 'message my GP' was available for patients to direct non-clinically urgent queries to a GP with a response turnaround of up to 48 hours.
- Patients signed up to do so, could book routine appointments, request repeat prescriptions and view some test results on line.

Access to the service

The practice was open between 8am to 6.30pm Monday to Friday. Appointments in the morning were from 9am to 12noon and in the afternoon from 3pm to 6pm Monday to Friday. Extended hours appointments were offered from 10am to 2pm on Saturday. Access to additional services in the evenings and weekends were available through the GP locality network. In addition to pre-bookable appointments that could be booked up to three months in advance, urgent appointments were also available for patients that needed them.

Results from the national GP patient survey published 7 July 2017 showed that patient's satisfaction with how they could access care and treatment was mostly comparable to local and national averages. However due to the survey collection time period, data maybe attributable to either of the two previous merged practices. Data showed that,

- 74% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 76%.
- 68% of patients said they could get through easily to the practice by phone compared to the national average of 71%.
- 68% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 80% and the national average of 84%.
- 64% of patients said their last appointment was convenient compared with the CCG average of 76% and the national average of 81%.

Are services responsive to people's needs?

(for example, to feedback?)

- 63% of patients described their experience of making an appointment as good compared with the CCG average of 70% and the national average of 73%

The practice had undertaken their own on-line patient survey over two periods during May 2017 to gauge patient experience. Data analysed by the practice focused upon the areas where negative responses were greater than positive ones, which identified similar areas of patient dissatisfaction as the national GP survey findings. This being accessing the practice by phone and experience of making an appointment. They had put in place an action plan to address the concerns including promotion of online services to patients and to increase the number of staff answering calls during peak periods. Patients told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. This was managed by the duty doctor who in cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints.

The practice had a system 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. There were leaflets available at reception, and information on the practice's website.

We looked at two of four written complaints received in the last 12 months and found these were satisfactorily handled, with openness and transparency and dealt with in a timely way. Lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care. For example, an additional step had been implemented to the secondary care referral process to address a problem identified when a non-urgent referral had been sent to the incorrect hospital department.

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 patient-centred care and promote good outcomes for patients.

- The practice had a mission statement which was publically displayed and staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs, nurses and administration staff had lead roles in key areas. For example, mental health, infection control and fire safety.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly to ensure that staff had access to the latest versions.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice. Weekly practice bulletins were distributed to all staff which included performance information and areas that required focus and attention.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. Since the amalgamation of the two founding GP practices in August 2016 there was evidence of quality improvement across many aspects of patient care.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.
- Practice staff benefited from a socialisation and networking site to share learning, ideas and resources with other GP practices and staff within the provider organisation.

Leadership and culture

On the day of inspection the management team 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 GPs and management team were approachable and always took the time to listen to all members of staff. The management team sought to encourage and motivate staff to develop in their roles and within the organisation. We spoke with staff that had progressed into more senior roles and into different roles within the practice and wider organisation.

The provider was aware of and had 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). This included support training for all staff on communicating with patients about notifiable safety incidents. The practice leaders encouraged a culture of openness and honesty. From the sample of three documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.

Are services well-led?

Good 

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

- 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. Minutes were comprehensive and were available for practice staff to view.
- 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 management team encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- Staff we spoke with described high levels of job satisfaction.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly including attendance by a representative from the local health watch team. They carried out patient surveys and submitted proposals for improvements to the practice management team. For example, a suggestion was made that all staff members should wear name badges and this had been implemented.
- the NHS Friends and Family test, complaints and compliments received
- staff through regular staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice demonstrated some innovative processes that had been developed and implemented by the provider organisation for operational use at practice level. For example, a streamlined document handling system had been implemented to reduce the volume of correspondence that GPs dealt with. The process was operated by administrative staff trained with the skills to manage correspondence received in the practice. They followed a protocol that had undergone a cycle of development reviews until the final version ensured patient safety was not compromised. Periodic random sample audits were carried out to ensure the system was effectively applied. The process was reported to have reduced 70% of correspondence dealt with by GPs and saved one hour of GP administration time each day and freed up more GP appointments.

We were shown other examples where administration workflows had been more efficiently restructured through stringent testing, staff training and audit. Administration staff for example, were assigned as a 'buddy' to assist GPs in telephone consultation schedules to reduce GP time taken up with non-clinical activity. The practice shared innovation with other healthcare organisations.

Staff had access to a suite of bespoke training materials to cover the scope of their work and meet their learning needs. This included access to a corporate learning and development portfolio featuring face-to-face, web-based and blended training programs tailored for each staff role. For example, fortnightly web-based training for healthcare assistants and nurses' development support, bi-monthly development for practice management, fortnightly consultant led development program for clinicians and monthly face-to-face training for the physician associate and pharmacist.