

# Billet Lane Medical Practice

## Quality Report

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Date of inspection visit: 23 August 2017  
Date of publication: 02/10/2017

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 Billet Lane Medical Practice on 14 September 2016. The overall rating for the practice was requires improvement as safe, caring and well led were rated requires improvement and effective and responsive were rated as good. The full comprehensive report on the 14 September 2016 inspection can be found by selecting the 'all reports' link for Billet Lane Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This follow up inspection was undertaken as an announced comprehensive inspection on 23 August 2017. Overall the practice is now rated as Good.

Our key findings were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- Arrangements for managing medicines (obtaining, prescribing, recording, handling, storing, security and disposal) were safe; including systems for ensuring that medicines reviews and repeat authorisation

functions were undertaken in accordance with recognised guidelines. In addition, the practice ensured that PGD's (Patient Group Directions) were reviewed, signed and authorised for all locum nurses.

- The practice had reviewed storage arrangements for emergency medicines to allow staff to easily access them in an emergency.
- The practice had established a process for monitoring the use of prescription pads.
- Recruitment checks were now being undertaken for all locum clinicians.
- Staff appraisals had taken place to ensure staff had the appropriate skills and training to do their jobs. Learning and development needs were being identified, planned and supported.
- Feedback from patients about their care was consistently positive.
- Carers were being identified and recorded to enable carers to receive appropriate support.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs.
- The practice implemented suggestions for improvements and made changes to the way it

# Summary of findings

delivered services as a consequence of feedback from patients and from the patient participation group. For example, the practice website had been developed to help share information about the practice and the services it provides.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice actively reviewed complaints and how they are managed and responded to, and made improvements as a result.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.

For example, policies and procedures and business continuity arrangements were up to date and in line with practice arrangements and published best practice guidelines.

However, there were also areas of practice where the provider should make improvements.

The provider should:

- Review their fire safety policy to ensure Fire wardens are identified and appropriately trained.
- Continue to review access to the practice via telephone so that patients can make timely appointments and arrange to speak to a GP or nurse.

**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.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the local and national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice generally above others for several aspects of care.
- 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.

Good



# Summary of findings

- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## 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.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- 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 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 being well-led.

- 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.
- 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.
- 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.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The partners 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.

Good



# Summary of findings

- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

# 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 offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- 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.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

Good



### People with long term conditions

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

- Patients at risk of hospital admission were identified as a priority.
- Seventy six per cent of patients with diabetes had well controlled blood sugar levels compared the CCG average of 70% and the national average of 78%. The exception reporting rate for this indicator was 3% which was lower than the CCG average of 15% and national average of 13%. The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 87% (82% in 2014/15) compared to the CCG average of 76% and a national average of 78%.
- 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.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.

Good



# Summary of findings

- 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.

- From the sample of documented examples we reviewed we found 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.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.

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, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Good



## 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, extended opening hours and Saturday appointments via the local hub.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

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, travellers and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice 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.

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.
- Data showed that 76% of patients with dementia had had their care reviewed in a face to face interview within the past twelve months compared to 82% locally and 84% nationally.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- Eight one percent of patients with schizophrenia, bipolar affective disorder and other psychoses (sixteen patients) had a comprehensive, agreed care plan documented in the record compared to 91% locally and 89% nationally.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.

Good



# Summary of findings

- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- 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 in July 2017. The results showed the practice was performing in line with higher or in line with local and national averages. Two hundred and forty four survey forms were distributed and 119 were returned. This represented 3% of the practice's patient list.

- 96% 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%.
  - 74% of patients described the overall experience of this GP practice as good compared with the CCG average of 79% and the national average of 85%.
  - 63% 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 70% and the national average of 77%.
  - 87% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 81% and the national average of 86%.
  - 78% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and 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 89% and the national average of 90%.
  - 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 85%.
  - 83% 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 81% and the national average of 84%.
- 77% of patients said their last appointment was convenient compared with the CCG average of 77% and the national average of 81%.

However, we noted that results in relation to telephone access were lower than local and national averages.

- 51% of patients said they could get through easily to the practice by phone compared to the CCG average of 65% national average of 71%.
- 57% of patients described their experience of making an appointment as good compared with the CCG average of 69% and the national average of 73%.

Practice leads informed us that they were working on improving how patients accessed the practice by telephone. For example, the practice was currently considering changing telephone provider in order to manage incoming telephone calls in a more efficient manner specifically during its busiest periods. The practice had freed up an external telephone line in the interim to help patient access.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 84 comment cards which were all positive about the standard of care received. One comment card for example, stated that the service they received was kind, helpful and supportive. Another patient said they received a good level of care throughout their time at the practice and they were always treated with compassion and understanding.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

# Billet Lane Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice nurse specialist advisor.

## Background to Billet Lane Medical Practice

Billet Lane Surgery is located in Hornchurch in the London Borough of Havering. The practice holds a Primary Medical Services contract (an agreement between NHS England and primary practices for delivering general medical services). The practice provides enhanced services for example, adult and child immunisations, extended hours and facilitating timely diagnosis and support for people with dementia.

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

The practice had approximately 4,000 registered patients at the time of our inspection.

The staff team at the practice includes two full time partner GP's (one male and one female) working eight sessions each per week. The practice clinical team also includes one part time female practice nurse who works five sessions per week. The practice has nine staff in its administrative team; including a practice manager. All staff work a mix of full time and part time hours.

The practice's opening hours are:

Monday	8.30am – 7.30pm
Tuesday	8.30am – 6.30pm
Wednesday	8.30am – 6.30pm
Thursday	8.30am – 6.30pm
Friday	8.30am – 6.30pm
Saturday	Closed
Sunday	Closed

The practice's appointment are available from:

	Morning	Afternoon
Monday	9.00am - 12pm	4.00pm – 7.20pm
Tuesday	9.00am – 12pm	3.00pm - 5.30pm
Wednesday	9.00am – 12pm	3.00pm - 5.30pm
Thursday	9.00am – 12pm	3.00pm – 5.30pm
Friday	9.00am – 12pm	3.00pm - 5.30pm
Saturday	Closed	
Sunday	Closed	

Telephones are answered between 8:30am and 6:30pm daily. Patients can book appointments in person, on-line or by telephone. Patients can access a range of appointments with the GPs and nurses. Face to face appointments are available on the day and are also bookable up to six weeks in advance. Telephone consultations are offered where advice and prescriptions, if appropriate, can be issued and a telephone triage system is in operation where a patient's condition is assessed and clinical advice given. Home visits are offered to patients whose condition means they cannot visit the practice.

Urgent appointments are available each day and GPs also complete telephone consultations and home visits for

# Detailed findings

patients. In addition, patients at the practice have access to two local hub practices who provide additional access for patients living in Havering (part of a CCG wide initiative) who require an appointment 6.30pm and 10.00pm Monday to Friday and 9.00am and 5.00pm on Saturdays and 12pm and 4.00pm Sundays. There is also an out of hour's service provided to cover the practice when it is closed. If patients call the practice when it is closed, an answerphone message gives the telephone number they should ring depending on their circumstances. Information on the out-of-hours service is provided to patients on the practice leaflet as well as through posters and leaflets available at the practice.

The practice provides a wide range of services including clinics for diabetes, chronic obstructive pulmonary disease (COPD), contraception and child health care. The practice also provides health promotion services including a flu vaccination programme and cervical screening.

The most recent information published by Public Health England rates the level of deprivation within the practice population group as nine on a scale of one to ten. Level one represents the very highest levels of deprivation and level ten the lowest.

## Why we carried out this inspection

We undertook a comprehensive inspection of Billet Lane Medical Practice on 14 September 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe, caring and well led services.

We issued requirement notices to the provider in respect of person centred care, safe care and treatment, recruitment checks and good governance. We undertook a follow up inspection on 23 August 2017 to check that action had been taken to comply with legal requirements. The full comprehensive report on the September 2016 inspection can be found by selecting the 'all reports' link for Billet Lane Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## 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 23 August 2017. During our visit we:

- Spoke with a range of staff including GPs, a practice nurse and members of the administration team and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

# Detailed findings

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

**At our previous inspection on 14 September 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of safety systems and processes required improvement.**

**These arrangements had significantly improved when we undertook a follow up inspection on 23 August 2017. The practice is now rated as good for providing safe services.**

### Safe track record and learning

When we inspected in September 2016, we saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions. However, we found that the practice had not recorded how learning from incidents resulted in a change of procedure or an improvement in processes to prevent the same thing happening again.

At this inspection we noted that there was an effective system in place for reporting and recording significant events. We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. Six significant events had been recorded since our September 2016 inspection and we saw evidence that lessons were shared and action taken to improve safety in the practice and this had been reflected in a change in the practice's policies and procedures.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

- The practice carried out a thorough analysis of the significant events.

Staff told us that openness and transparency about safety was encouraged; they understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. For example, staff spoke positively about how learning from significant events was routinely discussed at team meetings and used to improve patient safety. We saw evidence that concerns relating to the management of high risk medicines identified at the previous inspection had been treated as a significant event. The practice initiated a review; and developed new failsafe procedures alongside a review and update of high risk prescribing protocols to ensure prescribing was safe.

### Overview of safety systems and process

We looked at systems, processes and practices in place to keep patients safe:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the practice nurse were trained to child protection or child safeguarding level 3. Non-clinical staff had been trained to level 1.
- Notices advising patients that chaperones were available if required. Staff told us that the practice nurse acted as a chaperone in the practice. The practice nurse 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. Two non-clinical staff had been trained to act as chaperones. One staff member was awaiting their DBS check and was therefore not acting as a chaperone until this had been received by the practice.

## Are services safe?

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- At our September 2016 inspection, we identified that arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not always keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Although the practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, we found that processes in place for handling repeat prescriptions which included the review of high risk medicines were not always effective. For example, we identified concerns in relation to how the practice was reviewing and reauthorising prescriptions for high risk medicines. We looked at thirteen records for patients who were being prescribed two high risk medicines. These medicines were Methotrexate (medicines commonly used to treat rheumatoid arthritis (RA) as well as other specific conditions) and Warfarin (normally used to prevent the formation of blood clots). Both medicines require regular monitoring in line with specific guidelines.
- We found in four of the thirteen patients' we reviewed that Methotrexate had been consistently reauthorised on prescription without the necessary blood test results. For example, in one record of a patient (who had been repeatedly prescribed Methotrexate) had their last recorded blood test 16 months previously not in line with published guidelines. We also found that blood results in four patients prescribed Warfarin had not been recorded before reauthorisation of a repeat prescription and there was no process in place for ensuring that regular blood results are seen before safely repeating medicines. The practice had continually prescribed Warfarin without seeing or recording a copy of their results. We also noted that reception staff were unaware of the required guidelines for high risk medicines and there was no failsafe alerts on the patient record system to ensure that these were not reissued and signed without the appropriate blood result checks. The practice's repeat prescribing policy was dated 2014 and not in line with latest best practice.
- GP leads told us that the practice was participating in a shared care prescribing arrangement to encourage patients taking high risk medicines to obtain the required blood tests locally rather than at a hospital.
- Immediately, following our inspection the lead GPs took immediate action to improve prescribing of high risk medicines at the practice. For example, alerts were placed on patient records to ensure all staff were aware of the patients taking such medicines. A medicine review was conducted of each patient to ensure that prescribing remained safe and in line with guidelines which included patient recall to assess blood results. A set number of authorisations were applied to the patient record to ensure repeat prescriptions were issued in 3 monthly intervals to ensure that patient's results were checked before repeating medicine and in addition, staff were given training in the new process. During this inspection we found that all such action had been taken. We reviewed two patients taking Warfarin and four of the sixteen patients taking Methotrexate, all patients had been prescribed medicines following the appropriate blood checks and in accordance with best practice guidelines. We noted that protocols associated with such high risk medicines had been reviewed and updated and staff were aware of their significance.
- At our September 2016 inspection we noted that there were no systems in place to monitor the use of blank prescription forms and pads and Patient Group Directions had not been adopted by the practice to allow all locum nurses to administer medicines safely. Following the inspection the practice took immediate action. At this inspection, we found a system for recording prescription forms and pads had been introduced in accordance with NHS guidelines. Additionally, a new practice nurse had been employed and we identified that all relevant PGD's were in place, within date and authorised. The practice had introduced a sheet for locum nurses to sign when providing nursing cover at the practice to ensure that medicines continue to be administered safely.
- At our inspection in September 2016 we looked at personnel files for both permanent staff and locum

## Are services safe?

clinical staff and found that although appropriate checks had been carried out for existing staff, not all checks had been completed for the locum clinicians prior to commencing their contracts. At this inspection we reviewed two personal files for new staff working at the practice and two recent locums who worked for the practice since we last inspected and we found these checks to be complete along with a locum appointment checklist.

### Monitoring risks to patients

Risks to patients were assessed and managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and had carried out the necessary checks on fire extinguishers, and had carried out a fire drill following our last inspection in September 2016 as notified. However, fire wardens need to be appointed and trained appropriately. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.
- Emergency medicines were in a secure area of the practice and all staff knew of their location. Since our last inspection they had been made more easily accessible to staff and were no longer locked inside a cupboard inside a locked room. All the medicines we checked were in date.
- At our last inspection we noted that the practice did not have an up to date comprehensive business continuity plan in place for major incidents such as power failure or building damage. At this inspection the practice had in place an up to date business continuity plan and arrangements were clearly outlined should the building be affected in the future.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 92% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/2016 showed:

- Performance for diabetes related indicators was above or similar to the local and national averages. For instance, 76% of patients with diabetes had well controlled blood sugar levels compared the CCG average of 70% and the national average of 78%. The exception reporting rate for this indicator was 3% which was lower than the CCG average of 15% and national average of 13%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or because certain medicines cannot be prescribed due to contraindications with other medicines or side effects). The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 87% (82% in 2014/15) compared to the CCG average of 76% and a national average of 78%. For the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within

the preceding 12 months) is 5 mmol/l or less was 70% (75% in 2014/15) compared to the CCG average of 74% and 80% nationally. Exception reporting was 4% for this clinical domain compared to 13% nationally.

- Performance for hypertension related indicators was above the local and national averages. For instance, 85% of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less compared to 82% locally and 83% nationally. The exception reporting rate for this indicator was 2% which was lower than the CCG average of 3% and national average of 4%.
- Performance for mental health related indicators was similar the local and national averages. For example, 81% of patients with schizophrenia, bipolar affective disorder and other psychoses (sixteen patients) had a comprehensive, agreed care plan documented in the record compare to 91% locally and 89% nationally. No patients had been excepted for this indicator (CCG average 11%, national average 13%).
- Data showed that 76% of patients with dementia had had their care reviewed in a face to face interview within the past twelve months compared to 82% locally and 84% nationally. The exception reporting rate for this indicator was 5% (three out of sixty six patients) compared to the local average of 6% and national average of 7%).

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits completed in the last two years, all of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve patient health. For example, the practice conducted an audit of patients suffering with Diabetes where patients had had high levels of hba1c (blood glucose results). Following NICE guidelines the practice was able to identify eight patients in August 2016 where these readings required improvement. Six out of a total of eight patients improved their blood glucose levels (HBA1C result) by the audits conclusion in July 2017.

# Are services effective?

## (for example, treatment is effective)

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff including locums. 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 appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. At our last inspection we found that none of the practice's non clinical staff had received an appraisal for more than 18 months. The practice manager told us that a new programme of appraisal would be started following the inspection. At this inspection we reviewed five personnel files and identified that all appraisals had been completed.
- Staff received training that included: safeguarding, basic life support and infection control. 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.

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

Over the past two years the practice has been involved in the CCG integrated primary care service initiative. This service was designed to reduce those older people that were at most risk of emergency hospitalisation from being admitted. Since the last inspection the practice has continued to reduce acute admissions rates by 25% (as at January 2016). The practice was able to achieve this through effective care planning with identified patients which was led by a lead clinician for older people within the practice. We saw examples of care plans which included those patients receiving end of life care and included discussion with lead professionals as well as initial post discharge reviews.

### Consent to care and treatment

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

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

### Supporting patients to live healthier lives

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

# Are services effective?

(for example, treatment is effective)

- 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. Patients were signposted to the relevant service.
- The practice was able to refer to a dietician and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 84%, which was above the CCG average of 82% and the national average of 81%. There was a policy to offer telephone 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 screening and uptake rates were

in line with local and national averages. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 73% to 91% and five year olds from 73% to 86% compared to a national average of 88% to 94%.

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

# Are services caring?

## Our findings

**At our previous inspection on 14 September 2016, we rated the practice as requires improvement for providing caring services as there was no carer's register**

**At this inspection, we found that a carer's register had been introduced and carers were being identified and supported. The practice is now rated good for providing caring services.**

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Seventy eight of the eighty four patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Six patients said they had experienced difficulties getting appointments.

Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Patients commented that they felt safe and had developed positive relationships with staff both clinical and non-clinical.

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

- 81% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.
- 90% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 90% and the national average of 92%
- 81% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 78% and a national average of 85%.
- 86% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and a national average of 91%.
- 85% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

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

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

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and the national average of 86%.
- 79% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 73% and a national average of 82%.

## Are services caring?

- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and a national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- All patients over the age of 75 have a named GP in line with national guidelines providing continuity of care.
- Dedicated doctors provided support to local nursing/ care homes which provides continuity of care to all those patients
- Housebound patients are offered an annual GP pre winter check up to ensure patients are involved in their care.

### **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.

At our September 2016 inspection, we identified that no carers had been identified on the practice computer system despite the practice having a written process for identifying if a patient was also a carer. We found no system to assess the effectiveness of support for carers. The new practice manager told us that processes for identifying carers would be reviewed immediately following the inspection and carers would be recorded in accordance with practice protocols. At this inspection, practice leads informed us that a carer's register had been created and a lead member of the non-clinical team had been allocated to oversee the register and ensure clinicians and carers were supported and signposted effectively. The practice had identified forty seven carers (1.1% of the practice list). The practice recognised that the identification of carers was a priority for the practice. Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support. For example, carers were offered appointments and alongside their relative, and annual influenza vaccination.

The practice had a written bereavement protocol. When families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. Staff we spoke with were familiar with this protocol.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The practice offered extended opening hours on Monday evenings until 7.30pm for working patients who could not attend during normal opening hours.
- There was a choice of both female and male GP's.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately were referred to other clinics for vaccines available privately.
- The practice had a policy of allowing a greater level of flexibility around appointments for patients whose circumstances may make them vulnerable. For instance, when it was helpful, consultations were extended to double appointments even when these had not been booked.
- The practice supported patients in a local residential care home.
- The practice had a bypass number that it gives its most vulnerable patients should they need to contact the practice.
- Patients were able to use online services to book appointments, request a telephone consultation or order their request prescriptions.
- There were accessible facilities available. Patients could be seen in the ground floor consultation rooms and the practice was reviewing what improvements could be made to enable better access such as the waiting area.
- Translation services were available.

### Access to the service

The practice was open and had appointments available between the hours of:

The practice's opening hours are:

Monday	8.30am – 7.30pm
Tuesday	8.30am – 6.30pm
Wednesday	8.30am – 6.30pm
Thursday	8.30am – 6.30pm
Friday	8.30am – 6.30pm
Saturday	Closed
Sunday	Closed

The practice's appointment are available from:

	Morning	Afternoon
Monday	9.00am - 12pm	4.00pm – 7.20pm
Tuesday	9.00am – 12pm	3.00pm - 5.30pm
Wednesday	9.00am – 12pm	3.00pm - 5.30pm
Thursday	9.00am – 12pm	3.00pm – 5.30pm
Friday	9.00am – 12pm	3.00pm - 5.30pm
Saturday	Closed	
Sunday	Closed	

In addition, the practice had dedicated pre-bookable appointments at a local hub practice between 6:30pm and 10:00pm Monday to Friday, 12:00pm and 6:00pm on Saturday and 12:00pm and 5:00pm on Sunday. There is also an out of hour's service provided to cover the practice when it is closed. If patients call the practice when it is closed, an answerphone message gives the telephone number they should ring depending on their circumstances. Information on the out-of-hours service is provided to patients on the practice leaflet as well as their website and posters available at the practice.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was generally above local and national averages. However, in regard to getting through to the practice by telephone and being able to speak to a GP or nurse via telephone the practice scored below average in comparison to local and national averages.

# Are services responsive to people's needs?

## (for example, to feedback?)

- 71% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 70% and the national average of 76%.
- 60% (72% in 2014/15) of patients said they could get through easily to the practice by phone compared to the CCG average of 70% national average of 73%.
- 63% 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 75% and the national average of 76%.
- 95% of patients said their last appointment was convenient compared with the CCG average of 90% and the national average of 92%.
- 73% of patients described their experience of making an appointment as good compared with the CCG average of 69% and the national average of 73%.
- 64% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 55% and the national average of 56%.
- 72% (previously 46% in 2014/15) of patients said that they usually get to see or speak to their preferred GP compared with the CCG average of 62% and the national average of 60%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. Seventy eight of the eight four patients who provided comment cards advised that they were able to get appointments or see or speak to their preferred GP. This was demonstrated in a 26% improvement on the 2014/15 patient survey results. We reviewed the availability of appointments for both GP's and the practice nurse and found that both routine and emergency appointments were readily available within a few days. Patients could book telephone consultations within the allocated surgery session.

We spoke to the practice manager about the access to the practice by telephone and they informed us that they were in the process of reviewing their patient access and have been planning to make changes to the practice's telephone system with support from the local CCG to ensure that they can provide prompt access to patients during the busiest of times. An action plan had been developed by the practice in response to the patient survey results. We noted that the practice had added an additional telephone line in late 2016 which could be used for outbound calls, freeing up

the remaining three lines for patient inbound calls. They also told us that telephone consultations were available with GP's and the practice nurse whom also saw patients with minor ailments and improved online access to booking appointments has been useful for patients.

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- The urgency of the need for medical attention.

The practice computer system alerted staff when a patient was housebound or was on a register of patients with certain conditions which meant that home visits were required. When a patient who was not on a register requested a home visit, staff would discuss the request with a GP. When appropriate a GP would contact the patient or their carer by telephone to assess the need for a home visit. 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

At our September 2016 inspection we found that the practice did not have an effective system in place for handling complaints and concerns. Its complaints policy and procedures had not been reviewed since 2013 and therefore did not reflect the latest recognised guidance and contractual obligations for GPs in England. We also found that it was unclear to what extent the practice was learning from individual concerns and complaints and how complaints were analysed for trends and actions taken as a result to improve the quality of care.

At this inspection, we reviewed the action the practice had taken to improve its complaints management. We noted that the practice's complaints policy and procedures had been reviewed and 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 was a complaints leaflet and poster and information available on the practice's website. Complaints were logged including verbal complaints and complaints were a standing agenda item for the practice's management and

## Are services responsive to people's needs? (for example, to feedback?)

team meetings. The practice had a complaint review form in place which recorded the complaint, learning outcomes, and specific actions including dates that actions should be completed by. There was analysis an analysis of the types of complaints the practice received.

We looked at two of eight complaints received since November 2016 and found that these had been satisfactorily handled, dealt with in a timely way, with openness and transparency. We found that lessons were

learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a complaint was raised concerning the attitude of a receptionist when trying to book an appointment. In direct response customer service training was undertaken by reception staff during their appraisals which included how to deal with conflict.

# Are services well-led?

Good 

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

## Our findings

**At our previous inspection on 14 September 2016, we rated the practice as requires improvement for providing well-led services as there was formal strategy or business plans for the practice and governance arrangements did not always operate effectively.**

**At this inspection we found that the practice had significantly improved its overarching governance arrangements by reviewing and embedding policies and procedures in line with best practice as well as clinical and non-clinical oversight of performance and planning. Practice leads have developed effective working structures and plans for continuous improvement.**

### Vision and strategy

At our September 2016 inspection we found that although the practice had a mission statement and staff knew and understood the values. The practice did not have a formal strategy or supporting business plans which reflected the vision and values. We saw that informal plans were being discussed at team meetings however, there was no evidence of formal monitoring.

At this inspection we found:

- The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a mission statement and staff knew and understood the values.
- The practice had a clear strategy and formalised supporting business plans which reflected the vision and values and were regularly monitored through partner business meetings.

### Governance arrangements

At our inspection in September 2016 we found that the practice did not have an overarching governance framework which supported the delivery of the strategy and good quality care. However, there was a clear staffing structure, and leads understood the performance of the practice. Clinical and internal audit was used to monitor quality and to make improvements.

Although there were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions though these could be improved.

During this inspection we found that the practice had strengthened its governance framework which well 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 and nurses had lead roles in key areas.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly and reflected best practice.
- An 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.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

### Leadership and culture

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

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 partners encouraged a

# Are services well-led?

Good 

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

culture of openness and honesty. We saw documented examples and 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.
- 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. We noted team away days were held regularly. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the partners 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.

## 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, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, refurbishing the practice premises, updating the practice's website and making changes to the practice's appointment system.
- the NHS Friends and Family test, complaints and compliments received
- 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. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and committed to development using its three year strategy. The practice was committed to local pilot schemes to improve outcomes for patients in the area. For example, the practice was in the process of providing specialist contraceptive services (fitting Intrauterine devices (IUD) to women patients across Havering on behalf of the CCG.