Hurst & Hurst

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Hurst and Hurst, Hartington Surgery on 5 July 2016.

Overall the practice is rated as outstanding. Our key findings across all the areas we inspected were as follows:

- Importance was placed in treating patients with dignity and respect. The practice had recently received the Derbyshire Dignity Campaign Award, an initiative developed by the local County Council.
- Overall feedback from patients was extremely positive with regards the care and services they received. Patients said they were treated with compassion, dignity and respect, and were involved in decisions about their care and treatment.
- Patient survey satisfaction scores in respect of care and how they were treated were significantly above local and national averages.
- Feedback from community based staff we spoke with, was consistently positive with regards to the high levels of care provided by the practice team.
- The services were delivered in a way to ensure flexibility, choice and continuity of care.
- The appointment system and services were flexible to meet the needs of patients. Most patients told us they were able to access appointments or telephone consultations in a way, and at a time that suited them.
- The standard appointment times for all clinical staff with the exception of locum GPs, had been extended from 10 to 15 minutes for each patient. This meant that the clinical staff had more time to assess patients needs, and provide advice and support.
- Patients lived over a vast rural area. The practice had a small staff team who lived in the area, and had a wealth of local knowledge and knew their patients well.
- The practice had close links with the local community and worked in partnership with other services to meet patients' needs.
- The practice provided a range of services on site to enable patients to be treated locally and in response to their needs. For example, the provision of 24 hour cardiac monitoring (including interpretation) is funded by the practice in response to patients' needs.
- The premises were on one level and provided good access and facilities for patients, and were well equipped to meet their needs.

Summary of findings

- There was an open and transparent approach to safety. Effective systems were generally in place to keep patients safe, including the management of medicines.
- There was evidence of quality improvement including clinical audits. The culture and leadership empowered staff to carry out lead roles and to drive continuous improvements.
  - The practice had a highly motivated, experienced and cohesive staff team to enable them to deliver well-led services.
  - The culture supported learning and innovation. The commitment to learning and the development of staffs' skills was recognised as essential to ensuring high quality care. Staff development was encouraged and we saw how individuals had taken on new roles with the support of senior staff.
  - The practice actively sought the views of patients and staff, which it acted on to improve the services. The patient participation group (PPG) had been established 27 years, and continued to influence practice developments. The PPG worked in partnership with the practice and were actively involved with many aspects of the practice's work.
  - Complaints were listened to and acted on to ensure that appropriate learning and improvements had taken place.

We saw several areas of outstanding practice including:

- In response to the problems associated with rural isolation and lack of local services, a practice nurse provided a home assessment service and health checks, for elderly, housebound and vulnerable patients. This helped to identify health or social issues that may not have been reported, and ensure patients needs were met.
- The practice population included a large farming community. The staff team had built up strong relationships with the farming families, to increase their willingness to access support and health services locally. The practice worked closely with the Farming Life Centre, a local charity dedicated to improving the quality of life of farmers and rural communities through its services.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

- The practice ensured sufficient staffing levels to keep patients safe and meet their needs.
- Risks to patients and the public were assessed and well-managed, including procedures for infection control and other related health and safety matters.
- Staff told us there was an open culture to reporting incidents. They understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Effective systems were generally in place to help keep patients safe, including the arrangements for managing medicines.
- Information about safety was used to promote learning and improvement.
- An effective system was in place for managing significant events and incidents. Lessons were shared to make sure action was taken to improve safety in the practice.

Are services effective?

Good

- The practice team were open to new ways of working to ensure the services were effective.
- Staff delivered care in line with current evidence based guidance to promote good outcomes for patients.
- There was evidence of quality improvement including clinical audits.
- Importance was placed on supporting people to live healthier lives through health promotion and prevention, by offering regular health reviews and various screening checks.
- Staff worked in partnership with other services to ensure that patients' received effective and personalised care and treatment, and to reduce the need for unnecessary hospital admissions.
- Newly appointed staff received an induction that was specific to their role, and all staff had received an annual review of their performance and training needs.
- Staff had the skills, knowledge and experience to deliver effective care and treatment, and were actively supported to further develop their skills and roles within the team.

Are services caring?

Outstanding

- Feedback from patients was extremely positive about their care and the way staff treated them.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Patient survey satisfaction scores in respect of care and how they were treated were significantly above local and national averages.
- Feedback from community based staff we spoke with, was consistently positive with regards to the high levels of care provided by the practice team.
- We observed a strong patient-centred culture. Patients received personal care from staff who were supportive and understood their needs well.
- Patients were active partners in their care, and were empowered to make decisions about their care and treatment. Staff were committed to working in partnership with patients to overcome obstacles to delivering care.
- Importance was placed in treating patients with kindness, dignity and respect,and maintaining their confidentiality.
- The practice had recently received the Derbyshire Dignity Campaign Award, an initiative developed by the local County Council. This award recognised that dignity and respect was embedded into service delivery.
- The practice had Dignity Champions' and a Carers Champion to ensure that respect and dignity was maintained across all areas, and to improve awareness and support available to carers.

Are services responsive to people's needs?

Outstanding ☆

- The services were flexible and responsive to the needs of patients, and provided choice and continuity of care.
- Most patients told us they were able to access appointments or telephone consultations in a way, and at a time that suited them.
- People were able to access appropriate care and treatment when they needed it. The practice provided a system of triage to ensure that patients were reviewed in a timely way by the most appropriate person.
- Routine GP and nurse appointments were usually available within two days, and urgent appointments were available on the day. The practice offered an extended hours' surgery on Wednesday each week.

Summary of findings

- The appointment times for all clinical staff with the exception of locum GPs had been extended from 10 to 15 minutes for each patient. Longer appointment times were also available where needed. This meant that the clinical staff had sufficient time to assess patients diverse needs, and provide advice and support.
- In response to the problems associated with rural isolation and lack of local services, the practice provided various support and services for elderly, housebound and vulnerable patients.
- The practice population included a large farming community. The staff team had built up strong relationships with the farming families, to increase their willingness to access support and health services locally.
- The practice provided a range of services on site to enable patients to be treated locally and in response to their needs. For example, the provision of 24 hour cardiac monitoring (including interpretation)is funded by the practice in response to patients' needs.
- The practice implemented suggestions for improvements and changed the way it delivered services, in response to feedback from patients and the patient participation group.
- Information about how to complain was available and the practice responded quickly when issues were raised. Complaints were investigated and acted upon to improve the services.

Are services well-led?

Good

- The practice actively sought feedback from staff and patients, which it acted on to improve the services. The practice had a long established patient participation group, which influenced practice development.
- The practice had a clear vision and strategy to provide high quality care and safe services for patients.
- A governance framework supported the delivery of the strategy. This included arrangements to monitor and improve quality and to identify and manage risks.
- A range of meetings took place to aid communication and continuously improve how the practice delivered services to patients.
- The practice had a highly motivated, cohesive and experienced staff team to enable them to deliver well-led services. High standards were promoted and owned by all staff.
- There was an open, positive and supportive culture. There were high levels of staff satisfaction and engagement.

Summary of findings

- Staff training and development was encouraged; individuals had taken on new roles with the support of senior staff. For example, a dispenser had developed a combined role of health care assistant, and was being funded by the practice to attain a Diploma in Health and Social Care Level 3.

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

Outstanding ☆

- The practice was responsive to the needs of older people, and offered home visits for those who needed them.
- In response to the problems associated with rural isolation and lack of local services, a practice nurse provided a home assessment service and heath checks, for elderly, housebound and vulnerable patients. The community matron also visited patients homes to assess and review their needs. This helped to identify health or social issues that may not have been reported, and ensure patients needs were met.
- A dispenser/health care assistant also visited frail and housebound patients if they were experiencing difficulties in taking their prescribed medicines to provide support and aid compliance.
- All patients with palliative care needs and over the age of 75 years had a named GP to oversee their care. They were also given a separate direct telephone number to contact the practice urgently.
- The practice had 267 patients aged 75 and over; 261 had had a health check or review in the last 12 months. All patients had been offered a review.
- The practice held a register of patients who were identified as 'at risk' of hospital admission. The register included 74 patients, of which 82% had a care plan in place to ensure they received appropriate support to help avoid unnecessary admissions.The remainder of patients had recently been added to the register, and care plans were underway.
- The practice worked closely with other services, and held monthly multidisciplinary meetings to discuss and review patients'needs.
- The 2014 to 2015 flu vaccination rates for the people aged 65 and over were 73.6%, which compared with local and national averages.

People with long term conditions

Outstanding ☆

- The practice held a register of people with long term conditions.
- Clinical staff had lead roles in in managing long-term conditions and patient reviews, having received appropriate training.

Summary of findings

- Patients with long term conditions and other needs were reviewed at a single appointment where possible. Longer appointments and home visits were available where needed.
- Various in-house services were provided to enable patients to be treated locally. This included 24 hour ECG (this measures the rhythm and activity of the heart)and ambulatory blood pressure monitoring, and an anticoagulation service to monitor patient's blood, to determine the correct dose of their medicine.
- Patients were offered an annual and interim reviews when required, to check their health and medicines needs were being met. Health reviews included education and strategies to enable patients to manage their conditions effectively.
- The practice worked closely with the heart failure, diabetes and respiratory specialist clinicians, and referred appropriate patients to pulmonary and cardiac rehabilitation programmes
- The number of patients who had received a health review in the last 12 months was high. For example, 100% of patients with diabetes, chronic obstructive pulmonary disease, heart failure and chronic heart and chronic kidney disease had received a review. Also, 98.3% of patients with asthma had received a review.

Families, children and young people

Outstanding ☆

- Children were seen the same day if unwell. Appointments and telephone consultations were available outside of school and college hours.
- The premises were equipped and suitable for children and young people.
- Systems were in place to identify and follow up children at risk of abuse, or living in disadvantaged circumstances.
- The practice held a register of children at risk of abuse or harm.
- Children and young people had access to a counselling service.
- The practice provided maternity care and family planning services, and worked in partnership with midwives and health visitors to provide shared maternity and child development care.
- Teenagers leaving school were sent a letter to invite them for a health and lifestyle check, which included sexual health advice.
- Immunisation rates for all standard childhood vaccinations were high.

Summary of findings

Working age people (including those recently retired and students)

Outstanding

- The services were accessible and flexible to the working age population, those recently retired and students.
- Patients were able to book appointments around their working day by telephone or on line. They also had access to telephone consultations.
- Repeat prescription requests were available by telephone or on line.
- The GPs and nurses offered flexible appointment times to accommodate working patients. Extended appointment times were available on Wednesday morning from 7.15 am for working people.
- The practice offered access to 'choose and book' service for patients referred to secondary services, which provided greater choice and flexibility over when and where their test took place, and enabled patients to book their own appointment.
- The practice offered NHS health checks for patients aged 40 to 74 years.
- The practice promoted health screening programmes to keep patients safe.
- The practice provided meningococcal vaccines for students, which helps to protect against meningitis and septicaemia.

People whose circumstances may make them vulnerable

Outstanding

- The practice was responsive to the needs of people whose circumstances may make them vulnerable.
- The practice held a register of patients whose circumstances may make them vulnerable.
- The practice worked with multi-disciplinary teams to meet the needs of vulnerable people, and to safeguard children and adults from abuse or harm.
- All staff had received relevant training on safeguarding vulnerable children and adults. Staff knew how to recognise and respond to signs of abuse in vulnerable adults and children, and how to contact relevant agencies.
- The practice worked in line with recognised standards of high quality end of life care, and held a palliative care register, which included older people with enhanced needs, at risk of harm or vulnerable.
- End of life care plans were in place for patients where appropriate, which set out their needs and wishes.
- Patients were informed about how to access support groups and voluntary organisations. Information was available on support for domestic violence.

Summary of findings

- The practice had three patients on the learning disability register and all had received an annual health check and had a care plan in place.

People experiencing poor mental health (including people with dementia)

Outstanding ☆

- The practice held a register of patients experiencing poor mental health, including people with dementia.
- Patients were offered same day or longer appointments where needed.
- The practice had 24 patients on the mental health register. All eligible patients had received an annual review and had a care plan in place.
- The practice worked closely with child and adult mental health teams.
- Patients had access to counselling and psychological services, and had the option to self refer to some psychological therapies. The GPs also routinely sent referrals to the therapists to ensure they had access to essential information about patients.
- The practice had a system in place to follow up patients who had attended the accident and emergency department or discharged from hospital. One of the practice nurse's oversaw all attendances and discharges. and phoned patients where required, to check patients welfare.
- The practice actively screened appropriate patients for dementia, to support early referral and diagnosis where dementia was indicated.
- The practice had 12 patients on the dementia register and all had received an annual review and had a care plan in place.
- Staff had recently completed dementia friendly training to improve awareness of dementia and the support available to patients and their carers. The practice had provided additional signs and prompts to assist patients to find their way around the premises.

Summary of findings

What people who use the service say

We spoke with six patients during our inspection. We also received CQC comment cards from 42 patients prior to our inspection.

Overall feedback from patients was extremely positive about the care and service they received; 16 patients referred to the staff or service as excellent, exceptional or one of the best surgeries.

All patients said that they were treated with dignity and respect by the practice staff, and they were involved in decisions about their care and treatment. They described the staff as very caring, friendly and helpful.

Most patients told us they were usually able to access appointments or telephone consultations in a way, and at a time that suited them. A couple of patients said that they may have to wait longer to see a GP of their choice.

Whist several patients said they sometimes had to wait 15 minutes or more to be seen, they acknowledged that the clinical staff were good at listening, giving them enough time and explaining tests and treatments.

We also spoke with two members of the patient participation group (PPG). They told us they felt supported in their role to represent the views of patients to further improve the service. They also spoke highly of the care and services they received as patients.

The national GP patient survey results were published on 7 January 2016. The results mostly showed the practice was performing significantly above local and national averages. A total of 221 survey forms were distributed and 112 were returned, which was a 51% completion rate of those invited to participate. The practice scored higher than the local and national averages in 22 out of 23 questions that patients were asked:

- 95% said they were able to get an appointment to see or speak to someone the last time they tried (CCG average 88%,national average 85%).
- 99% found it easy to get through to this surgery by phone (CCG average 74%, national average 73%).
- 100% said the last GP they saw or spoke to gave them enough time (CCG average 90%, national average 87%).
- 99% said the last nurse they saw or spoke to was good at treating them with care and concern (CCG average 93%, national average 91%).
- 99% said that they had confidence and trust in the last GP they saw or spoke to.(CCG average 97%, national average 95%).
- 94% described their overall experience of their GP surgery as good (CCG average 89%, national average 85%).

The NHS Friends and Family test results dated June 2015 to May 2016 consistently showed that almost all people were extremely likely to recommend the practice to friends and family if they needed similar care.

The 2015 practice patient survey results showed that 96% of patients felt that the care and service that they received was good, very good or excellent.

Hurst & Hurst

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector. The team included a GP specialist adviser and an Expert by Experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Background to Hurst & Hurst

Hurst and Hurst is run by a partnership of a GP and an advanced nurse practitioner. The practice is known as Hartington Surgery, which is located in the rural village of Hartington in the Peak District National Park of North Derbyshire.

The practice provides primary medical services to approximately 3,050 patients who live over a vast rural area within the Derbyshire and Staffordshire borders. Local employment is largely in farming, quarrying, leisure and tourism.The practice population are over 99% white British background, and 72% of patients are aged over 45.

There are areas of rural deprivation and social isolation within the practice boundary. There are limited local services and public transport links. There is very little social housing and there are no care homes.

The partners own the premises, which is on one level and provides good access and facilities for patients. The practice has its own dispensary which dispenses to virtually all registered patients, as there is no other pharmacy provision within the practice boundary. We reviewed the dispensary service as part of this inspection.

The practice team includes receptionists and administrative staff, a practice manager, two practice nurses, an advanced nurse practitioner and a GP who are partners, two health care assistants, dispensing staff and a dispensary manager. In view of the small staff team several members of staff have joint roles.

Two regular locum GPs also provide medical support to the practice, along with a further two locum GPs who provide support as required. The arrangements for seeing a female clinician includes an advanced nurse practitioner, two practice nurses and two GP locums who provide regular sessions at the practice.

The practice is open between 8am and 6.30pm Monday, Tuesday, Thursday and Friday and from 7am to 6.30pm on Wednesday. Appointments times are flexible but are broadly available from 8.15am to 11.30am and 2pm to 6.30pm daily. An extended hours surgery is available Wednesday from 7.15am.

The practice does not provide out-of-hours services to the patients registered there. During the evenings and at weekends an out-of-hours service is provided by Derbyshire Health United. Contact is via the NHS 111 telephone number.

The practice holds the General Medical Services (GMS) contract to deliver essential primary care services.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

Detailed findings

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 5 July 2016. During our inspection we:

- Spoke with a range of staff including the practice manager, advanced nurse practitioner, a practice nurse, two health care assistants, the dispensary manager and dispensary staff, GP partner, a locum GP, reception and administrative staff.
- We also 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 people shared their views and experiences of the service.
- Obtained feedback from several external staff who worked closely with the practice.

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

- Patients told us they felt safe when using the service.
- Staff told us there was an open culture to reporting incidents and near misses. They were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses.
- A system was in place to manage medicine and National Reporting and Learning System (NRLS) alerts.The NRLS is a central database of patient safety incident reports.
- Staff told us they received information relating to incidents and patient safety alerts and these were actioned. We reviewed safety records, alerts, incident reports and minutes of meetings where these were discussed. A sample of safety and medicine alerts we checked showed that risks to patients were assessed and appropriately managed, and that safety issues were dealt with.
- An effective system was in place for reporting and managing significant events. The practice carried out a thorough analysis of all events.
- Lessons were shared to make sure action was taken to improve safety in the practice. For example, in response to an incident where abnormal blood results were not viewed by a locum GP due to communication issues, the system had been changed so that all test results were now dealt with on the day by the duty doctor. The practice had also set up a system so that each GP was a deputy for the others, and could see all new results on the system. All staff including the locum GPs who worked at the practice, had been made aware of the updated policy for handling test results.
- When there were unintended or unexpected safety incidents, patients received an apology, and were told about any actions taken to prevent the same thing happening again.

Overview of safety systems and processes

The practice had systems and procedures in place to keep patients safe, which included:

- Arrangements to safeguard children and vulnerable adults from abuse and the risk of harm that reflected relevant legislation and local requirements.
- The safeguarding policies were accessible to all staff,and outlined who to contact if staff had concerns about a patient's welfare. Systems were in place to ensure that vulnerable patients were clearly identified and reviewed, and that all staff were aware of any relevant issues when patients contacted the practice or attended appointments.
- The GP partner was the lead for safeguarding and provided reports for other agencies concerning safeguarding matters where required. Staff demonstrated they understood their responsibilities and had received training relevant to their role.
- The GPs and nurses were trained to Safeguarding level 3. The GP partner also held a Diploma in Child Health. The practice had good links with local children's and adult mental health services, to ensure a prompt response, support and access to clinicians where required. Records showed that relevant clinical staff and partner agencies regularly met to share information about vulnerable children and adults.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (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 premises to be tidy and maintained to high standards of cleanliness and hygiene. A practice nurse was the lead for infection control who provided training for all staff.
- There was an infection control policy in place and staff had received refresher training. Six monthly infection control audits were undertaken, which two nurses completed. We saw evidence that action was taken to address any improvements identified as a result.
- A comprehensive external review was undertaken in 2014 of all aspects of patient and staff safety within the practice, and the recommendations were implemented to improve .

  Overall, the arrangements for managing medicines in the practice, including vaccinations and emergency medicines kept patients safe (including obtaining, prescribing recording, dispensing, storing and security).
- The practice has its own dispensary which dispenses medicines to virtually all registered patients, as there is

no other pharmacy provision within the practice boundary. The dispensary opens from 8 am to 6.30 pm Monday, Tuesday Thursday and Friday, and from 7am to 6.30 pm on Wednesday; these opening times were arranged in response to patients needs. There is a qualified member of the dispensary team on duty during opening hours. There is also a 24 hour facility available for patients to order their prescriptions on line via EMIS Access. We inspected the dispensing service as part of this inspection.

- All members of the dispensary team had relevant qualifications and training to enable them to advise patients on the use of their medicines and devices. In addition, the dispensary manager held a Level 3 BTEC Certificate in managing a dispensary and dispensing practice.
- The practice was signed up to the dispensing services quality scheme (DSQS), which focuses on patient safety and rewards practices for providing high quality services to their dispensing patients. Supporting information showed that the practice was compliant with the scheme during 2015 to 2016, having completed all actions from their DSQS visit.
- Staff showed us written procedures that covered the dispensing process to ensure a safe system was in place. There was a process in place to ensure that the clinicians signed the prescriptions before they were issued to patients.
- The rural area made it difficult for some patients to collect their medicines. The practice worked with the local community and had a group of 15 drivers and trained medicines delivery volunteers to provide a free weekly prescription home delivery service to the most vulnerable and housebound patients. At the time of the inspection 52 patients received the service.
- All volunteers had signed a confidentiality agreement and the practice had undertaken appropriate recruitment checks including a DBS check. As a safeguard, two volunteers always delivered medicines to patients homes. A system was in place to ensure that people's medicines were transported and delivered safely, which patients signed for.
- Patients who experienced difficulties in managing their medicines were offered weekly dosette boxes, to help them to take their medicines correctly. One of the dispensers who was also a health care assistant visited housebound patients at home who were experiencing difficulties in managing their medicines, to provide support and improve their compliance.
- Arrangements were in place to ensure that the GPs and the advanced nurse practitioner carried an appropriate supply of emergency medicines when they undertook home visits.
- 'Just in Case' medication was duly prescribed and safely delivered to terminally ill patients homes, either by one of the partners or a district nurse.
- A formal process was in place for identifying, recording and managing medicine incidents and near misses. By talking to staff and looking at records of medicine errors we established that dispensing errors were being reported and recorded, including incorrect picking of medicines. This meant that trends could be clearly identified and monitored.
- There was a system in place for the management of high-risk medicines, and we saw examples of how this worked to keep patients safe. However, complete records were not available to show that a few patients had received relevant monitoring and blood tests within the appropriate timescale. Clinical staff we spoke with were aware that the patients had received relevant monitoring and tests through other health services, but the results were not routinely sent to them. They took immediate action to review all patients on high-risk medicines to ensure they received relevant monitoring and tests.
- Following the inspection, we received written confirmation that the system for managing high-risk medicines had been strengthened, and that the practice had contacted the appropriate hospitals and obtained evidence of monitoring and blood results for the past 12 months, and recorded these in the patients' medical records. Evidence of future monitoring and results would be obtained.
- There were suitable arrangements in place for the storage, recording and destruction of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse).
- We reviewed three staff personnel files and found that appropriate recruitment checks had generally been undertaken prior to their employment. For example, proof of identification, references,qualifications, registration with the appropriate professional body and a DBS check.

Good

Are services safe?

- All staff except for one were also patients with the practice as there was no other practices in the boundary. Their GP therefore had knowledge of any relevant health conditions, which was recorded in their medical records. There was no record relating to any relevant health conditions in regards to the member of staff who was registered with another practice. Following the inspection, we received written confirmation that the recruitment procedures had been strengthened to demonstrate that the above information had been obtained for staff.
- Staff we spoke with who were patients with the practice had confidence that their medical records were kept confidential.
- Staff files included a report from Occupational Health of their immunisations. The practice kept records to show that relevant staff had received hepatitis B vaccinations to protect against infection.

Monitoring risks to patients

- There were procedures in place for monitoring and managing risks to patient and staff safety. Records showed that essential health and safety checks were carried out to ensure the services were safe. For example, all electrical equipment was regularly checked to ensure it was safe to use, and clinical equipment was checked to ensure it was working properly.
- The practice carried out regular fire drills and fire evacuation procedures were displayed around the building for patients and staff.
- Records showed that the fire safety risk assessment was regularly reviewed to ensure it was up-to-date. Weekly fire alarm testing was carried out to ensure the systems worked in the event of a fire. The emergency lighting was serviced annually, although records were not available to show that interim checks were carried to ensure it continued to work properly. Following the inspection, we received written assurances that regular interim checks of the lighting would be carried out and records would be kept to support this.
- The practice had a variety of other risk assessments in place to monitor safety of the premises including the control of substances hazardous to health, 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 and skill mix of staff needed to meet patients' needs. There was a rota system in place for the different staffing groups to ensure that enough staff were on duty.
- To ensure sufficient staffing cover the practice had appointed two new reception staff, to cover changes to staff roles and two staff on maternity leave. The practice will have an additional 33 administrative hours a week, when the above staff members return to work.

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 alert system on the computers in all the consultation and treatment rooms, which alerted staff to any emergency.
- All staff received fire safety and annual basic life support training. Emergency medicines and equipment were accessible to staff in a secure area of the practice. All the medicines we checked were in date.
- The practice had a defibrillator and oxygen available on the premises with adult and children's masks.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Patients told us they received appropriate care and treatment.

The practice 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, and local guidance, for example, in relation to prescribing. We saw evidence that clinical audit was used to monitor compliance with the guidance.

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 for 2014-2015 were 99.1% of the total number of points available, which was 1% above the CCG average and 4.4% above the national average.

QOF data from 2014-15 showed that performance for 16 out of the 19 clinical areas featured were 100%.

- Diabetes related performance indicators at 98.8% was above the local average of 96.7% and above the national average of 89.2%. The overall exception reporting rates for diabetes was 16% (CCG average 13.4%; national 10.8%).
- Asthma related performance indicators at 100%, was above the local average of 97.6% and national average of 97.4%. The overall exception reporting rates for asthma was 2% (CCG average 9.6%; national 6.8%)
- Mental health related performance indicators at 100%, was above the local average of 98.1% and national average of 92.8%. The overall exception reporting rates for mental health was 7.9% (CCG average 14.5%; national 11.1%)
- Hypertension related performance indicators achieved 100%, which was above the local average of 99% and national average of 97.8%.The overall exception reporting rate for hypertension was 16.2% (CCG average 5.2%; national 3.8%)

Exception reporting is the removal of patients from QOF calculations where, for example, the patients had repeatedly failed to attend a review meeting or certain medicines could not be prescribed because of side effects.

The practice demonstrated that they followed guidance in respect of exception reporting, and were able to identify valid reasons for some of the higher exception reporting rates. The call and recall processes had been strengthened to ensure the information was accurate, and that patients received appropriate reviews and follow up. Checks carried out during the inspection showed that the practice was following a robust process, and made all attempts to engage with patients.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits undertaken in the last two years. Although it was not evident that these had been collated, and shared with the whole practice team.
- Three clinical audits included two cycle audits where findings were used by the practice to improve patient care. For example, a review of faecal testing to rule out inflammatory bowel disease in patients, had led to increased testing in patients presenting with lower intestinal symptoms to aid diagnosis and referral to a specialist.
- The practice carried out regular medicines audits, with the support of the local CCG medicines team, to ensure that prescribing was safe and cost effective and in line with best practice guidelines. For example, to review the prescribing of certain antibiotics.
- Referrals to cardiology were high in 2015 compared to local averages. The practice had reviewed the appropriateness of referrals to secondary care. This had resulted in changes to practice to ensure that patients were treated effectively, and were referred appropriately, including referrals to the Heart Specialist Nurse. This had led to a reduction in referrals to cardiology. The practice had also audited cancer and gynaecology referrals, leading to improved referral pathways for patients.

Effective staffing

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

Good

Are services effective?

(for example, treatment is effective)

- Records showed that newly appointed staff completed an induction programme that was specific to their role. We saw examples of completed inductions, which had been signed off by both the employee and a relevant senior member of staff. An induction pack was also available for locum staff.
- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. Each staff member had their own personal training record.
- Relevant staff had attended role-specific training and updates, including those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews. Staff were actively supported to develop their skills, and made use of e-learning training modules, and in-house and external training to cover the scope of their work.
- Clinical supervision was led by the advanced nurse practitioner and was used as a training and reflection tool. All three nurses worked on a Wednesday, which enabled them to receive supervision and discuss clinical issues and learning.
- A practice nurse told us nursing staff had been supported to prepare for their revalidation (revalidation is the method by which some health professionals renew their registration, and is built on continual learning and practice).

Coordinating patient care and information sharing

- The information needed to plan and deliver care and treatment was available to clinicians in a timely and accessible way through the practice's electronic record system. This included 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, or raising safeguarding concerns.
- The practice team worked collaboratively with other health and social care professionals to assess patients needs and plan ongoing care and treatment.
- A member of staff who carried out a combined role was funded to carry out a care co-ordinator role. The advanced nurse practitioner was also funded to carry out a community matron role. Staff considered that their wealth of local knowledge and understanding of patients needs, enabled them to work effectively with a wide range of services to coordinate the care of patients.
- Monthly multi-disciplinary team meetings took place and patients care plans were reviewed and updated. The rural location of the practice meant that limited external professionals were able to regularly attend the meetings. However, these meetings were documented and information was shared with relevant staff. Clinical notes were also updated after the meetings.
- The practice held a register of patients who were identified as 'at risk' of hospital admission. The register included 74 patients, of which 82% had a care plan in place to ensure they received appropriate support to help avoid unnecessary admissions.The remainder of patients had recently been added to the register, and care plans were underway.
- Data showed the practice's emergency admissions per 1,000 population was lower than local averages, reflecting the effective management of their vulnerable patients.

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.
- Where a patient's mental capacity to consent to care or treatment was unclear, the clinician assessed the patient's capacity and, recorded the outcome of the assessment.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Consent was obtained for specific procedures including vaccinations and joint injections.

Supporting patients to live healthier lives

- The practice website and waiting area displays included various health promotion information for patients.

Good

Are services effective?

(for example, treatment is effective)

- The practice identified patients who may be in need of extra support, including people requiring advice on their diet, smoking and alcohol cessation. Patients were supported and signposted to relevant services.
- New patients completed a questionnaire, which provided essential information about a person's health needs. The practice provided health checks for new patients and NHS health checks for patients aged 40–74.
- Importance was placed on educating and supporting people to self-manage their conditions. For example, care plans were in place for patients with certain long-term conditions such as asthma to enable them to manage changes in their health.
- The clinical staff were pro-active in using their contact with patients to help improve their health and well-being, including offering opportunist screening checks.

Data showed that:

- 86% of women aged 25 to 64 had attended cervical screening in the preceding 5 years (compared to the local average of 84% and national average of 81%). The practice sent reminders to patients who did not attend their cervical screening test.
- The practice also encouraged its patients to attend national programmes for bowel and breast cancer screening. The latest surgery newsletter included information about the importance of attending breast and bowel screening. The information was also included on the practice website, and copies of the newsletter were available in local shops.
- Immunisation rates for standard childhood vaccinations were mostly above the CCG averages. We saw that a robust system was in place for monitoring when vaccines were due, and following up children who did not attend their vaccine. Information held by the practice showed that all eligible children had received the standard vaccinations for their age group.
- The 2014 to 2015 flu vaccination rates for the people aged 65 and over were 73.6%, which compared with local and national averages. The flu vaccination rates for 2015 to 2016 were 75.8%; data was not available to compare this with local and national averages. .

Outstanding ☆

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Importance was placed in treating patients with dignity and respect. The practice had recently received the Derbyshire Dignity Campaign Award, an initiative developed by the local County Council. This award recognised that dignity and respect was embedded into the services provided.
- The practice had three 'dignity champions' to oversee that respect and dignity was maintained across all areas.
- Feedback from patients was extremely positive about the care they received and the way staff treated them. All patients felt that the staff team were very caring, and treated them with kindness, dignity and respect. Importantly, they received personal care from staff that were supportive and understood their needs.
- We also spoke with two members of the patient participation group. They told us they were very happy with the care provided by the practice, and said their dignity and privacy was respected.
- Feedback from community based staff we spoke with, was consistently positive with regards to the high levels of care provided by the practice team.
- Three people had completed a positive review of the practice on NHS Choices in the last 24 months; the comments referred to one of the best doctors I have been to, the staff are friendly and helpful and you can always get an appointment, excellent care from all departments, brilliant service.
- The practice had close links with the local community and held an annual fund raising event. Patients, staff and visitors were invited to attend this.

The national GP patient survey results showed that patient satisfaction scores on consultations and how they were treated were considerably above local and national averages. For example:

- 97% said the last GP they saw or spoke to was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 100% said the last GP they saw or spoke to gave them enough time (CCG average 90%, national average 87%).
- 99% said they had confidence and trust in the last GP they saw or spoke to (CCG average 97%, national average 95%)
- 97% said the last GP they spoke to was good at treating them with care and concern (CCG average 91%, national average 85%).
- 99% said the last nurse they spoke to was good at treating them with care and concern (CCG average 93%,national average 91%).
- 95% said they found the receptionists at the practice helpful (CCG average 89%, national average 87%).

Care planning and involvement in decisions about care and treatment

- Patients told us they felt involved in decisions about the care and treatment they received, and their views and wishes were respected. Whilst one patient felt that side effects of new medicines were not always explained, especially by locum GPs.
- Patients told us they felt listened and had sufficient time during consultations,to make an informed decision about the choice of treatment available to them.
- Patient feedback on the comment cards we received was also very positive and aligned with these views.
- Our findings showed that patients were active partners in their care, and were empowered to make decisions about their care and treatment. Staff were fully committed to working in partnership with patients to overcome obstacles to delivering care. We found positive examples to demonstrate how patient's choices and preferences were valued and acted on. The practice had completed appropriate care plans for patients where required.

The national GP patient survey results showed patients responded positively to questions about their involvement in planning, and making decisions about their care and treatment. Results were considerably above local and national averages. For example:

Outstanding ☆

Are services caring?

- 99% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 86%.
- 94% said the last GP they saw was good at involving them in decisions about their care (CCG average 87%, national average 82%)
- 91% said the last nurse they saw was good at involving them in decisions about their care (CCG average 88%, national average 85%).

Patient and carer support to cope emotionally with care and treatment

Citizen's Advice held a weekly surgery at the practice to provide support and advice to patients. Previously, more external providers had held services at the premises, however, due to changes to services and funding these were no longer held.

The practice's computer system alerted staff if a patient was also a carer. The practice had identified 63 patients (approximately 2%) of the surgery list as carers.

A carers resource pack was available, which contained a wide range of information. The waiting area also included information to direct carers to the various avenues of support available to them. The practice had a 'carers champion' to further identify carers and sign post them to support available.

Staff told us that if families had experienced bereavement the partners provided advice, support and visited if required on an individual basis.

A bereavement policy and systems were in place, to ensure the partners were notified of a patient's death to enable them to contact the relatives, if appropriate.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Patients needs were central to the planning and delivery of services.

- The practice had recently received the Derbyshire Dignity Campaign Award, which demonstrates how the practice responds and meets the needs of all groups of people within the practice population.
- The practice team had a good understanding of the needs of patients, and identified when additional support may be required, even if this had not been directly requested.
- In response to the problems associated with rural isolation and lack of local services, a practice nurse provided a home assessment service and health checks, for elderly, housebound and vulnerable patients. The community matron also visited patients homes to assess and review their needs. This helped to identify health or social issues that may not have been reported, and ensure patients needs were met.
- The practice provides a dispensary service for virtually all their registered patients ensuring local access to medicines.
- Some patients were unable to collect their medicines. The practice worked with a group of 15 drivers and trained medicines delivery volunteers to provide a free weekly prescription home delivery service to the most vulnerable and housebound patients. The practice paid the volunteers travel expenses; 52 patients received this service. The service provided an opportunity for any concerns about a patient's well-being to be fed back to the practice.
- A dispenser/health care assistant also visited patients homes, if they were experiencing difficulties in taking their prescribed medicines to provide support and aid compliance.
- Members of staff also regularly delivered medicines to patients homes outside of surgery opening hours. The partners also visited patients with end of life care needs outside of opening hours, where required. 'Just in Case' medication was duly prescribed and safely delivered to terminally ill patients homes, either by one of the partners or a district nurse.
- Patients lived over a vast rural area. The practice had a small long-standing staff team who knew their patients well. The practice population included a large farming community. The staff team had built up strong relationships over the years with the farming families, to increase their willingness to access support and health services locally.
- The practice worked closely with the Farming Life Centre, a charity dedicated to improving the quality of life of Peak District farmers and rural communities through its services and resources. The practice signposted members of the farming community to the centre, including individuals experiencing isolation, mental health and financial difficulties. Staff within the team supported activities held by the centre. The practice had further plans to strengthen their links with farming communities but some of these initiatives were not yet in place.
- The practice provided a range of services on site to enable patients to be treated locally and in response to their needs. This included in-house phlebotomy and spirometry (lung function testing), ECGs, wound dressings, ambulatory blood pressure monitoring, an anticoagulation service to monitor patient's blood to determine the correct dose of their medicine, smoking cessation and travel vaccinations.The service provision of 24 hour cardiac monitoring (including interpretation) is funded by the practice in response to patients' needs.
- Community nurses held twice weekly clinics at the practice, and provided compression bandaging and doppler testing of ulcers, to assess the blood flow in patients legs.
- The practice was located within the Derbyshire and Staffordshire borders, and was also in close proximity to Manchester and Sheffield. The Choose and Book service therefore offered a wider range of choice of providers to patients.
- The practice had elected to register patients who live elsewhere and choose to access GP services in Hartington; 40 patients were registered as 'out of area' patients.
- The practice was located in the Peak District National Park, which attracts many tourists and walkers. In the previous 12 months the practice registered and treated 75 temporary patients.
- Feedback from temporary patients was very positive. For example, a tourist called the practice at 8am and

received an appointment that morning; they were very pleased with the service. Also, the visiting relatives of a patient needed an urgent appointment and they were promptly seen and treated.

Access to the service

- Patients told us that they were able to access care and treatment when they needed it.
- Most patients told us they were able to access appointments or telephone consultations in a way, and at a time that suited them. A couple of patients said that they may have to wait longer to see a GP of their choice.
- Whilst several people said they sometimes had to wait 15 minutes or more to be seen, they acknowledged that the clinical staff spent time with patients, and were good at explaining tests and treatments.
- We found that the services were delivered in a way to ensure flexibility, choice and continuity of care.
- The practice was open between 8am and 6.30pm Monday, Tuesday, Thursday and Friday, and from 7am to 6.30pm on Wednesday.
- Appointments were broadly available from 8.15am to 11.30am and 2pm to 6.30pm daily. Patients also had access to telephone consultations.
- An extended hours surgery was available on Wednesdays from 7.15am.
- The practice provided a system of triage to ensure that appointments were made effectively, and that patients were reviewed in a timely way by the most appropriate person.
- The standard appointment times for all clinical staff with the exception of locum GPs had been extended from 10 to 15 minutes for each patient. Longer appointment times were also available where needed. This meant that the clinical staff had sufficient time to assess patients diverse needs, and provide advice and support.
- Routine GP and nurse appointments were usually available within two days, and urgent appointments were available on the day. The practice offered an extended hours' surgery on Wednesday each week.
- The practice offered a range of pre-bookable appointments. Same day appointments were available for children and those with urgent health conditions.
- Home visits were available for patients who required these.
- The premises were on one level and provided good access and facilities for patients. A room was being re-furbished to provide an additional clinical room to meet the needs of the service.
- Baby changing facilities were available. Breast feeding was promoted, and a room was available for mothers wishing to breast feed their child.
- Disabled facilities and a hearing loop were available.
- Translation services were available for patients whose first language was not English.

The national GP patient survey showed that patient satisfaction results in regards to access to care and treatment were considerably above local and national averages. For example,

- 88% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 75%
- 99% of patients said they found it easy to get through to the surgery by phone (CCG average 77%, national average 73 %).
- 95% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 88%, national average 85%).
- 99% of patients said the last appointment they got was convenient (CCG average 94%, national average 92%).
- 91% of patients said they usually get to see or speak to their preferred GP (CCG average 61%, national average 59%).

Listening and learning from concerns and complaints

- Patients said they felt listened to and were able to raise concerns about the practice as the staff were approachable.
- The practice had an effective system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was responsible for handling complaints in the practice.
- We saw that information was available to help patients understand the complaints system, in the form of a suggestions and complaints notice.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

- Records showed that the practice had received six complaints in the last 12 months. These had been acknowledged, investigated and responded to, in a timely and transparent way in line with the practice's policy.
- Letters sent to patients informing them of the outcome of the practice's investigation, did not include details of who the patient could escalate their complaint to if unresolved, or if they were not satisfied with the way it had been dealt with by the practice or NHS England. The practice manager assured us that patients received a copy of the practice's complaints procedure with the letter, which included the above details. They agreed to review the letter sent to patients to include who they can escalate their concerns to if unresolved.
- Complaints were reviewed as to how they were managed and responded to, and improvements were made as a result.
- The learning points from complaints received, were shared with the staff team. For example, having received concerns from a patient who was unhappy that a clinic was running late, the concerns were followed up and discussed with the staff team. Staff were reminded of the need to keep patients informed if clinics are running late for any reason.
- Staff told us that the practice was open and transparent when things went wrong. Where possible,concerns were dealt with on an informal basis and promptly resolved. Records we looked at supported this.

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's mission statement and aims include:

- A commitment to deliver excellent personal patient care and to provide the best primary care services for patients.
- To deliver effective, high quality care and the promotion of health through education, support and empowerment.
- Staff we spoke with understood the aims of the service, and what their responsibilities were in relation to these.

Governance arrangements

The practice had an effective governance framework which focused on providing the best primary care services for patients. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. Clinical staff had lead areas of responsibility and acted as a resource for the rest of the practice team.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A range of meetings took place to aid communication and continuously improve how the practice delivered services to patients.
- A clinical and internal audit programme was in place, which was used to monitor quality and to make improvements.
- Comprehensive arrangements were in place for identifying, recording and minimising risks to staff and people who use the service.

Leadership and culture

- There was a clear leadership structure in place. The partners and the managers demonstrated that they had the experience, skills and ability to run the practice effectively and ensure high quality care.
- Management responsibilities and lead roles were shared between the partners and the practice manager. The managers at the practice had undertaken a wide range of training and had attained management qualifications.

  The culture and leadership empowered all staff to carry out lead roles and innovative ways of working to meet patients' needs, and to drive continuous improvements.

  The culture supported learning and innovation. For example, the senior nurse was recently supported to attain the tile of Queens Nurse, necessitating a high level of commitment to patient centred care and to continually improving best practice.

  The advanced nurse practitioner/partner had close links with various professional external organisations, which helped to inform the staff team of current policy and developments.

- Staff told us the practice held regular practice team meetings; these included nursing, reception, dispensary and whole team meetings . All staff had access to copies of minutes from these meetings to ensure they were informed of any outcomes. Effective team building activities were actively promoted through supervision, reflection and meetings.

- Staff told us the partners and the practice manager were approachable and took the time to listen to them.
- There was a low turnover of staff and individuals we spoke with told us that they enjoyed their work and being part of a friendly and supportive practice team.

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

- Feedback we received from patients was consistently positive about the way the service was managed.
- The practice had gathered feedback from patients through patient participation group (PPG) involvement and patient surveys; via complaints received; the NHS Choices website and responses received as part of the Friends and Families Test.
- A recent patient satisfaction survey had been completed for the dispensary. The results had been very positive; 100% of patients rated their overall satisfaction with the service as excellent or very good.
- The PPG had been established 27 years and had a core membership of 12 members, two of which were younger patients in their 20's. The PPG met at least twice a year. More recently they had taken on the role of a discussion forum, and reference group, to exchange ideas and suggestions to improve the service.

Are services well-led?

Good

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

- PPG members we spoke with told us that the practice listened to them; that they felt valued and supported; and were actively involved with many aspects of the practice's work.
- The PPG had influenced a wide range of developments at the practice including improved door access for disabled people or those with poor mobility, bicycle parking racks, patient/practice integrated text reminder system, introduction of the waiting room display screen and setting up social media accounts to engage more with the practice's younger patients.
- The PPG was a registered charity and held a fund, which was used to provide various equipment for patients including wheelchairs, nebulisers, and a machine to test blood levels. The funds were also used to service certain equipment such as 24 hour blood pressure monitors.
- Staff said they felt respected, valued and supported, by the partners and managers in the practice, and felt involved and engaged to improve how the practice was run. 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.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice.

- The partners and practice manager held regular meetings to discuss the business and review on-going improvements. The meetings were minuted.
- Senior managers were clear as to the short and medium term plans for the service, and were able to demonstrate a commitment to on-going improvements.
- To ensure continuity and the future security of the practice, the partners were evaluating options, including negotiation with near by practices regarding collaboration and succession planning.
- The commitment to learning and the development of staffs' skills and qualifications was recognised as essential to providing high quality care.
- All staff we spoke with praised the level of training, support and development they received, and said that they had had an appraisal in the last 18 months, which set out their training needs. Records we looked at supported this.
- Staff told us that they were actively supported to acquire new skills, and obtain further qualifications to improve the services.
- Staff development was actively encouraged and we saw how individuals had taken on new roles with the support of the partners and senior staff. For example, a dispenser had developed a combined role of health care assistant, and was being funded by the practice to attain a Diploma in Health and Social Care Level 3. In addition, the dispensary manager held a Level 3 BTEC Certificate in managing a dispensary and dispensing practice, to ensure the service was effective and well-led. The practice manager had attained Level 5 Diploma in Primary Care and Healthcare Management.