

# Arden Medical Centre

## Quality Report

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Date of inspection visit: 29 January 2016  
Date of publication: This is auto-populated when the report is published

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?	Outstanding 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Arden Medical Centre on 29 January 2016. Overall the practice is rated as outstanding.

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

- Throughout our inspection we noticed a strong theme of positive feedback from staff, patients and other organisations who worked with the practice. Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- There were consistently high levels of constructive staff engagement. The practice recognised and celebrated staff innovation and hard work. The management team worked closely together to motivate and encourage staff to succeed.
- Risks to patients were assessed and well managed. Patients' needs were assessed and care was planned

and delivered following best practice guidance. The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.

- The practice was proactive in identifying and managing significant events. All opportunities for learning from internal and external incidents were maximised.
- The practice had an effective programme of continuous clinical and internal audits. The audits demonstrated quality improvement and improvements to patient care and treatment. Staff were actively engaged in activities to monitor and improve quality and patient outcomes
- The practice used innovative and proactive methods to improve patient outcomes and working with other local providers to share best practice. The practice was committed to working collaboratively and worked closely with other organisations in planning how services were provided to ensure that they meet patients' needs.

# Summary of findings

- All patients who were registered with the practice had a named GP and patients could access appointments and services in a way and at a time that suited them.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- The practice had a clear vision which had quality and safety as its top priority. We observed a strong patient-centred culture and we saw that staff treated patients with kindness and respect, and maintained confidentiality.
- The practice had a regular programme of practice meetings and there was an overarching governance framework which supported the delivery of the practice's strategy and good quality care. Governance and performance management arrangements were proactively reviewed to reflect best practice.
- We observed the premises to be visibly clean and tidy. The practice had good facilities and was well equipped to treat patients and meet their needs. The practice took a proactive approach to the management of infection control; they operated a comprehensive programme of infection control audits, infection control spot checks and involved the CCG infection control lead in the induction programme for new staff.

We saw some areas of outstanding practice:

- The practice took a proactive approach to understanding the needs of different groups of people. This included patients experiencing poor mental health (including dementia) and in vulnerable circumstances. Opportunistic screening was undertaken for dementia during flu clinics. The practice had approached a local psychiatrist (who specialises in problems relating to learning disabilities) in order to implement a memory screening assessment form to identify problems with memory and potential dementia for their patients with a learning disability; so that further support and treatment could be arranged as appropriate.
- The involvement of other organisations and the local community was integral to how services were planned to ensure that services meet people's needs. An in-house dermatology nurse worked with the practice to offer services such as cryotherapy twice a month. The practice was also a host site for consultant ear, nose and throat (ENT) clinics whereby an ENT consultant worked with the practice every other week. The practice was also focusing on how they could treat leg ulcers in the wider community through offering a tissue viability nursing service.

**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.

- The practice was proactive in identifying and managing significant events. There were robust systems in place to monitor safety. These included systems for reporting incidents, near misses, positive events and national patient safety alerts, as well as comments and complaints received from patients.
- We saw that significant events were regularly discussed with staff during practice meetings and the practice used these as opportunities to drive improvements.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse. The staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses.
- The practice took a proactive approach to infection control and operated a comprehensive programme of infection control audits, infection control spot checks and involved the CCG infection control lead in the induction programme for new staff.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice had an effective programme of continuous clinical and internal audits. The audits demonstrated quality improvement and staff were actively engaged to monitor and improve patient outcomes. In addition to audits, clinical reviews were completed across a number of areas at the practice.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff members throughout the practice had lead roles across a range of areas. Staff, teams and services were committed to working collaboratively.
- The practice used innovative and proactive methods to improve patient outcomes and working with other local providers to share best practice. One of the GPs developed a

Good



# Summary of findings

gout optimisation protocol as an action from a clinical audit. The GP explained how the CCG was looking to adapt and disseminate the practices protocols to improve gout optimisation across the local area.

## Are services caring?

The practice is rated as outstanding for providing caring services.

- We observed a strong patient-centred culture and we saw that staff treated patients with kindness and respect. There was a strong theme of positive feedback from patients we spoke with on the day of our inspection; this was also evident in completed comment cards, positive survey results and positive feedback on the practices NHS Choices web page.
- The PPG worked with the practice to set up a carer's station during the routine flu clinics held in 'flu season' and all carers registered at the practice were contacted and offered flu vaccinations. This helped the practice identify carers and ensured that they were offered extra support, flexibility with appointments or to ensure vaccinations were offered to carers to try to keep them healthy.
- The practice also provided information and supported patients by referring them into the local Healthy Minds scheme which offers Cognitive Behavioural Therapy for those with anxiety and depression. One of the premises used by the Improving Access to Psychological Therapy (IAPT) team is Arden Medical Centre where a counsellor holds a session once a week.
- Results from the national GP patient survey published in January 2015 showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was above local and national averages across all areas of the survey.

Outstanding



## Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- All patients who were registered with the practice had a named GP and patients could access appointments and services in a way and at a time that suited them.
- There were longer appointments available for vulnerable patients, for patients with a learning disability, for carers and for patients experiencing poor mental health. Urgent access appointments were available for children and those with serious medical conditions.

Outstanding



# Summary of findings

- The practice was proactive in identifying patients with complex health conditions. There was an efficient referral process, with referrals often completed with the patient and the GP during consultation.
- An in-house dermatology nurse worked with the practice to offer services such as cryotherapy, and specialist care for patients with eczema. The practice was a host site for consultant ear, nose and throat (ENT) clinics whereby an ENT consultant worked with the practice every other week.
- Clinical staff carried out home visits for older patients and patients who would benefit from these. Immunisations such as flu and shingles vaccines were also offered to vulnerable patients at home, who could not attend the surgery.

## Are services well-led?

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

- The practice had a regular programme of practice meetings and there was an overarching governance framework which supported the delivery of the practice's strategy and good quality care. Governance and performance management arrangements were proactively reviewed to reflect best practice. The practice recognised and celebrated staff innovation and hard work.
- The management team worked closely together to motivate and encourage staff to succeed. They also encouraged a culture of openness and honesty. The practice proactively sought feedback from staff and patients, which it acted on. The practice had very active patient participation group which influenced practice development.
- Throughout our inspection we noticed a strong theme of positive feedback from staff, patients and other organisations who worked with the practice. Staff spoken with demonstrated a commitment to providing a high quality service to patients. They spoke highly of the culture at the practice and were proud to be a part of the practice team.
- The practice team was forward thinking and was becoming a lead practice in the area for various pilot schemes to improve outcomes for patients in the area. One project included offering online Skype consultations to patients. The practice had recently been approved as a training practice in order to offer opportunities for trainee GPs in the future.

**Outstanding**



# 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 outstanding for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. Immunisations such as flu and shingles vaccines were also offered to patients at home, who could not attend the surgery
- The practice had systems in place to identify and assess patients who were at high risk of admission to hospital. This included a daily check of their unplanned admissions and review of discharge summaries following hospital admission to establish the reason for admission.
- Flu vaccination rates for the over 65s was 74%, compared to the national average of 73%.

Outstanding



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for overall diabetes related indicators was 83%, compared to the CCG average of 91% and national average of 88%. Recent data highlighted that improvements had been made since the latest QOF results which were populated on 31 March 2015.
- The practice worked with the local CCG and Solihhealth (a federation of local practices) in the setting up of a provider service Hub. The practice was specifically focusing on how they could treat leg ulcers in the wider community and were supporting their practice nurse through a diploma in tissue viability nursing.
- Flu vaccinations for those patients in the at risk groups was 51%, compared to the national average of 48%.

Outstanding



# Summary of findings

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for under two year olds ranged from 92% to 100% compared to the CCG averages which ranged from 93% to 96%. Immunisation rates for five year olds ranged from 94% to 100% compared to the CCG average of 92% to 96%.
- The practice offered urgent access appointments were available for children, as well as those with serious medical conditions. The practice also conducted a monthly review of child attendances at the local Accident and Emergency departments.
- We saw minutes of meetings to support that the practice worked closely with the Health Visitors and Midwife.

Outstanding



## Working age people (including those recently retired and students)

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

- The practice was proactive in offering a full range of health promotion and screening that reflects the needs for this age group.
- The practice's uptake for the cervical screening programme was 83%, compared to the national average of 81%.
- Patients could access appointments and services in a way and at a time that suited them.
- Appointments could be booked over the telephone, face to face and online. The practice also offered telephone consultations and extended hours on alternate Saturday mornings.
- Patients had access to appropriate health assessments and checks. The practice uptake for health checks were at 67%, compared to the national average of 48%.

Outstanding



## People whose circumstances may make them vulnerable

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

Outstanding





# Summary of findings

- The practice had 34 patients on their learning disability register, data highlighted that 91% of the practices patients with a learning disability had a care plan in place; these patients were also regularly reviewed.
- The practice had approached a local psychiatrist (who specialises in problems relating to learning disabilities) in order to implement a specific memory assessment tool at the practice. The form was used to identify problems with memory and potential dementia, specifically to assess patients with a learning disability; so that further support and treatment could be arranged as appropriate.
- The practice regularly worked with other health and social care organisations in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations.
- The practice offered text messaging reminders for appointments and vulnerable patients were also contacted over the phone to remind them of their appointments in advance. . Immunisations such as flu and shingles vaccines were also offered to vulnerable patients at home, who could not attend the surgery.

## People experiencing poor mental health (including people with dementia)

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

- The practice regularly worked with other health and social care organisations in the case management of people experiencing poor mental health, including those with dementia. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Performance for mental health related indicators was 96% compared to the CCG average of 96% and national average of 93%, all of these patients had received a health review and further reviews were planned.
- All staff at the practice were recently trained as Dementia Friends by the Alzheimer's Society and opportunistic screening was undertaken for dementia during flu clinics.

Outstanding



# Summary of findings

- Data showed that diagnosis rates for patients identified with dementia were 100%, with an exception rate of 0%. Most of these patients had received a health review and further reviews were planned.

# Summary of findings

## What people who use the service say

The practice was rated as one of the top 10 performing GP practices in the West Midlands as part of the national GP patient survey published in January 2016. The practice received 115 responses from the national GP patient survey; this was a response rate of 49%. The results showed the practice was performing above local and national averages in many areas. For example:

- 97% found it easy to get through to this surgery by phone compared to the CCG average of 68% and national average of 73%.
- 96% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and national average of 85%.
- 93% described the overall experience of their GP surgery as fairly good or very good compared to the CCG average of 83% and national average of 85%.
- 89% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to the CCG average of 75% and national average of 76%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We spoke with five patients during our inspection and the service users completed 35 completed comment cards. Patients and comment cards gave positive feedback with regards to the service provided.

## Outstanding practice

We saw some areas of outstanding practice:

- The practice took a proactive approach to understanding the needs of different groups of people. This included patients experiencing poor mental health (including dementia) and in vulnerable circumstances. Opportunistic screening was undertaken for dementia during flu clinics. The practice had approached a local psychiatrist (who specialises in problems relating to learning disabilities) in order to implement a memory screening assessment form to identify problems with memory and potential dementia for their patients with a learning disability; so that further support and treatment could be arranged as appropriate.
- The involvement of other organisations and the local community was integral to how services were planned to ensure that services meet people's needs. An in-house dermatology nurse worked with the practice to offer services such as cryotherapy twice a month. The practice was also a host site for consultant ear, nose and throat (ENT) clinics whereby an ENT consultant worked with the practice every other week. The practice was also focusing on how they could treat leg ulcers in the wider community through offering a tissue viability nursing service.

# Arden Medical Centre

## 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 advisor and a CQC nurse advisor.

## Background to Arden Medical Centre

Arden Medical Centre is a long established practice located in the village of Knowle, in the area of Solihull. There are approximately 4,500 patients of various ages registered and cared for at the practice. Services to patients are provided under a General Medical Services (GMS) contract with NHS England. The practice has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

The clinical team includes four GP partners, two practice nurses and two health care assistants. The GP partners and the practice manager form the practice management team and they are supported by a senior receptionist and a team of seven staff members who cover reception, secretarial and administration roles.

The practice is open between 8:30am and 6pm during weekdays; the practice closes at 12:30pm on Wednesdays. Appointments are available from 8:30am to 12:30pm on Wednesdays. On Mondays, Tuesdays, Thursdays and Fridays appointments are available from 8:30am to 12:30pm and then from 2pm to 6pm. There is a GP on call each morning from 8am to 8:30am, during the afternoons when appointments are closed and on the evenings from

6pm to 6:30pm. The practice offers extended hours for morning appointments every other Saturday, between 8:30am and 12:30pm. There are also arrangements to ensure patients received urgent medical assistance when the practice is closed during the out-of-hours period.

## 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. 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

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

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

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

- Older people

# Detailed findings

- 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)

The inspection team:-

- Reviewed information available to us from other organisations such as NHS England.
- Reviewed information from CQC intelligent monitoring systems.

- Carried out an announced inspection on 29 January 2016.
- Spoke with staff and patients.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

# Are services safe?

## Our findings

### Safe track record and learning

The practice had systems in place to monitor safety and used a range of information to identify risks and improve patient safety. These included systems for reporting incidents, near misses, positive events and national patient safety alerts, as well as comments and complaints received from patients.

- The staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses. Staff talked us through the process and showed us the reporting templates which were used to record significant events.
- The practice had records of 35 significant events that had occurred during the last 12 months. The practice analysed themes from incidents and implemented new processes to avoid reoccurrence. For example, the practice recognised that they needed to improve the way they labelled blood tests following on from a significant event. A formal discussion took place with staff to reiterate the importance of checking identification on test labels and staff were offered further training on how to use the electronic test system. Learning was discussed with staff and circulated further through the staff newsletter.
- Significant events, safety alerts, comments and complaints were a regular standing item on the practice meeting agendas. These were discussed with staff during practice meetings and we saw minutes of meetings which demonstrated this.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare
- Staff demonstrated they understood their responsibilities and all had received training relevant to

their role. One of the GPs was the lead member of staff for safeguarding. The GP attended monthly safeguarding meetings and provided reports where necessary for other agencies

- Notices were displayed to advise patients that a chaperone service was available if required. The nursing staff would usually provide a chaperoning service and occasionally members of the reception team would act as chaperones. Staff members had been trained on how to chaperone and we saw that all staff members had received disclosure and barring checks (DBS checks). 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.
- One of the practice nurses was the infection control clinical lead who regularly liaised with the local infection prevention team to keep up to date with best practice. There was a protocol in place and a comprehensive programme of infection control audits consisting of regular practice audits as well as an annual infection control audit undertaken by the infection control lead at the CCG. We saw records of completed audits and saw evidence that action was taken to address any improvements identified as a result. We also spoke with the infection control lead from the CCG on the day of our inspection; we noticed how they spoke highly of the practice and described the team as very proactive.
- Staff had received up to date infection control training and we noticed how the practice had taken extra steps by arranging for the CCG infection control lead to provide infection training as part of the induction programme for new staff members.
- In addition to audits, the infection control lead completed monthly spot checks at random for each clinical room. Records were kept to reflect findings and any remedial actions.
- We observed the premises to be visibly clean and tidy. We saw weekly cleaning records and completed cleaning specifications within the practice. There were also records to reflect the cleaning of medical equipment such as the equipment used for ear irrigation. We saw calibration records to ensure that clinical equipment was checked and working properly.

## Are services safe?

- Staff had access to personal protective equipment including disposable gloves, aprons and coverings. There was a policy for needle stick injuries and staff knew the procedure to follow in the event of an injury.
- There were systems in place for repeat prescribing so that patients were reviewed appropriately to ensure their medications remained relevant to their health needs. There was a system in place for the prescribing of high risk medicines. All prescriptions were reviewed and signed by a GP before they were given to the patient. Prescription pads were securely stored and there were systems in place to monitor their use.
- The practice worked with a pharmacist from their Clinical Commissioning Group (CCG) who attended the practice once a fortnight. The pharmacist assisted the practice with medicine audits and monitored their use of antibiotics to ensure they were not overprescribing. National prescribing data showed that the practice was similar to the national average for medicines such as antibiotics and hypnotics. We spoke with the CCG pharmacist during our inspection; they spoke positively about the practice and highlighted how they had significantly reduced costs by responding to local initiatives on prescribing.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice ensured that patients were kept safe. The vaccination fridges were well ventilated and secure. Vaccinations were stored within the recommended temperatures and temperatures were logged in line with national guidance.
- The practice nurses administered vaccines using patient group directions (PGDs) that had been produced in line with legal requirements and national guidance. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. We saw up-to-date copies of PGDs and evidence that the practice nurses had received appropriate training to administer vaccines. The practice also had a system for production of Patient Specific Directions to enable the healthcare assistants to administer vaccinations.

- We viewed six staff files, the files showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, references, qualifications and registration with the appropriate professional body.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patients' and staff safety. There was a health and safety policy and the practice had risk assessments in place to monitor safety of the premises. Risk assessments covered fire risk and risks associated with infection control such as the control of substances hazardous to health and legionella. We saw records to show that regular fire alarm tests and fire drills had taken place.
- 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 that enough staff were on duty.
- The practice used regular locum GPs to cover if ever the GPs were on leave. The practice shared records with us which demonstrated that the appropriate recruitment checks were completed for their locum GPs.

### Arrangements to deal with emergencies and major incidents

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

- There was a system on the computers in all the treatment rooms which alerted staff to any emergency in the practice.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Records showed that all staff had received training in basic life support.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. The practice had robust checking systems in place and there were systems in place to monitor their use.

## Are services safe?

- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and staff were aware of how to access the plan.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice carried out assessments and treatment in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet patient needs.

The practice had systems in place to identify and assess patients who were at high risk of admission to hospital. This included a daily check and review of discharge summaries following hospital admission to establish the reason for admission. These patients were reviewed to ensure care plans were documented in their records and assisted in reducing the need for them to go into hospital. The practice also conducted a monthly review of child attendances at the local Accident and Emergency departments.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Results from 2014/15 were 99% of the total number of points available, with 5% exception reporting. Exception reporting is used to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medicine cannot be prescribed due to a contraindication or side-effect.

- The percentage of patients with hypertension having regular blood pressure tests was 100%, with an exception rate of 0%.
- Performance for mental health related indicators was 96% compared to the CCG average of 96% and national average of 93%.
- Data showed that diagnosis rates for patients identified with dementia were 100%, with an exception rate of 0%.

During our inspection we discussed the practices performance for overall diabetes related indicators which was 83%, compared to the CCG average of 91% and national average of 88%. The practice manager was able to share some more recent data which highlighted that improvements had been made since the latest QOF results which were populated on 31 March 2015. For example:

- Results from 2014/15 highlighted that the percentage of patients on the practices diabetes register with a specific blood pressure reading was 89%, compared to the CCG average of 90% and national average of 91%. Data from 29 January 2016 highlighted that the percentage of patients on the practices diabetes register with a specific blood pressure reading had increased to 92%.
- Results from 2014/15 highlighted that the percentage of patients on the practices diabetes register with a specific total cholesterol measurement was 79%, compared to the CCG average of 81% and national average of 80%. Data from 29 January 2016 highlighted that the percentage of patients on the practices diabetes register with a specific total cholesterol measurement had increased to 83%.

Discussions with staff members highlighted that they were confident that the practices diabetes performance would continue to improve.

The practice had an effective programme of continuous clinical and internal audits. Audits were discussed during regular staff meetings and staff were actively engaged in activities to monitor and improve quality and patient outcomes. The practice shared records of 14 clinical audits; most of these were completed audits.

We saw that two sets of audits were completed in June 2014 and March 2015 regarding the treatment of gout in general practice. The audit was initiated by one of the GP partners who identified that the optimisation of gout was an area for improvement in general practice overall. The GP made reference to recommendations by the European League against Rheumatism (EULAR); guidance highlighted a specific target uric acid level was required as best practice for these patients. As a result, the GP developed a gout optimisation protocol and sourced testing meters for the practice. A practice meeting was held where an external medicines representative gave guidance and demonstrations to the all the practice staff on how to use

# Are services effective?

## (for example, treatment is effective)

the testing equipment and how to optimise gout management. The GP identified that 53 of their patients were on a specific anti-inflammatory treatment to treat gout. A range of flow charts, clinical templates and patient diet sheets were developed for use as part of a patient recall process where all 53 patients were called into the practice for specific tests. The repeated audit identified an increased number of patients listed on the practice's gout register, an improvement in therapeutic range and success in the use of the practice developed protocols and testing equipment. The GP explained how the CCG was looking to adapt and disseminate the practice's protocols to improve gout optimisation across the local area.

Further audits were completed, including an audit on diabetes mellitus where specific haemoglobin testing was used to diagnose diabetes, and a prescribing audit on New Oral Anticoagulants (NOACs). The practice also completed an audit of patients diagnosed with a specific digestive condition to ensure those at risk received a pneumococcal vaccine as appropriate. The audits demonstrated quality improvement and improvements to patient care and treatment. They also made reference to best practice guidelines including The Green Book (for immunisations against infectious diseases), the National Institute for Health and Care Excellence (NICE) and the Medicines & Healthcare Products Regulatory Agency (MHRA).

In addition to audits, clinical reviews were completed across a number of areas at the practice. In September 2015 the practice decided to conduct a peer review with a local practice. This involved a review of 15 anonymised referrals across the two practices during a two week period. The local practice highlighted that overall; the referrals were of a good quality and were appropriate.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. The clinical team had a mixture of enhanced skills including asthma, diabetes, minor surgery and sexual health. The practice manager had completed a level five practice manager diploma and had achieved a level three certificate in personnel practice.

- The practice had a comprehensive induction programme for newly appointed members of staff that covered such topics as safeguarding, infection control, fire safety, health and safety and confidentiality.

- Induction programmes were also tailored to reflect the individual roles to ensure that both clinical and non-clinical staff covered key processes suited to their job role, as well as mandatory and essential training modules.
- We saw records which demonstrated how staff received ongoing training and support. New staff had monthly reviews and staff had annual appraisals and regular supervision.
- There was support for the revalidation of doctors and the practice was offering support to their nurses with regards to the upcoming revalidation of nurses (starting in April 2016). The GPs were up to date with their yearly continuing professional development requirements and had been revalidated. Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England.
- Discussions with staff demonstrated that they were supported in attending external training updates. These included clinical updates on minor surgery, asthma and diabetes. The practice manager and members of the practice team also attended a quarterly protected learning and engagement event facilitated by the CCG. The practice manager described how different learning pods focussed on a range of areas such as mental health and diabetes care. Those who attended the events shared learning and information resources with the wider practice team, during regular practice meetings.
- In addition to in-house training, staff made use of e-learning training modules.

### Coordinating patient care and information sharing

All 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 risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available.

Staff, teams and services were committed to working collaboratively; patients with complex needs were

# Are services effective?

## (for example, treatment is effective)

supported to receive coordinated care. The practice team worked together and with other health and social care services to understand and meet the range of patients' needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital.

We saw evidence that a regular of meetings took place which included representation from a wide range of health and social care services including health visitors, district nurses, midwives and Macmillan nurses. We saw minutes of meetings to support that joint working took place. Vulnerable patients and patients with complex needs were regularly discussed and their care plans were routinely reviewed and updated. We saw that discussions took place to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment.

The practice implemented the gold standards framework for end of life care (GSF). This framework helps doctors, nurses and care assistants provide a good standard of care for patients who may be in the last years of life. This included the practices palliative care register and regular GSF meetings to discuss the care and support needs of patients and their families. The practice had 17 patients on their palliative care register; most of these patients had care plans in place with regular health reviews implemented.

### Consent to care and treatment

Patients' consent to care and treatment was always sought 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, where appropriate, recorded the outcome of the assessment.

- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

There were 34 patients on the practices learning disability register. The practice shared a report which highlighted that 91% of the practices patients with a learning disability had a care plan in place, these patients were also regularly reviewed.

There were 16 patients on the practices register for dementia and 32 patients on the mental health register. Most of these patients had care plans in place, these patients were regularly reviewed and further reviews were planned.

### Health promotion and prevention

Patients who may be in need of extra support were identified and supported by the practice. Patients were also signposted to relevant services to provide additional support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.

- The practice had a system for ongoing monitoring of patients who had gestational diabetes; this is a type of diabetes that can affect women during pregnancy. This system was also used to identify if these patients had subsequently developed diabetes.
- The practice operated an effective failsafe system for ensuring that test results had been received for every sample sent by the practice. The practice's uptake for the cervical screening programme was 83%, compared to 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 also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. National cancer intelligence network data from March 2015 highlighted that breast cancer screening rates for 50 to 40 year olds was 82% compared to the CCG average of 74% and national averages of 72%. Bowel cancer screening rates for 60 to 69 year olds was 70% compared to the CCG average of 60% and national average of 58%.

# Are services effective?

(for example, treatment is effective)

- Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for under two year olds ranged from 92% to 100% compared to the CCG averages which ranged from 93% to 96%. Immunisation rates for five year olds ranged from 94% to 100% compared to the CCG average of 92% to 96%.
- Flu vaccination rates for the over 65s was 74%, compared to the national average of 73%. Flu vaccinations for those patients in the at risk groups was 51%, compared to the national average of 48%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74 and for people aged over 75. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice shared a report which demonstrated that health checks had been completed for 786 patients; this was an uptake of 67%, compared to the national average of 48%.



# Are services caring?

## Our findings

We observed a calm and friendly atmosphere throughout the practice during our inspection. We noticed that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect.

- Curtains and screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff advised that a private area was always offered to patients who wanted to discuss sensitive issues or appeared distressed.

Patients completed 35 CQC comment cards, positive comments were made to describe the service and staff were described as helpful, respectful and caring. Some of the comment cards we reviewed described the practice as one of the best in the area and three comment cards described the service as outstanding.

We also spoke with seven patients on the day of our inspection. They also told us they were satisfied with the care provided by the practice; patients said their dignity and privacy was respected and staff were described as friendly, helpful and caring.

We reviewed the practice's NHS Choices web page, the practice was rated with five stars and we noticed a theme of positive comments provided by patients and service users. The practice valued feedback from patients and service users. The practice manager regularly reviewed the NHS Choices comments and ensured they were always responded to, this demonstrated that they were continually engaging with patients and service users.

The practice received a positive response to their NHS Friends and Family Test, with 100% of the respondents who took part reporting that they would recommend the practice to others. This theme aligns with many of the completed comment cards, with a number of comments highlighting that patients and service users would recommend this practice to others in the area.

The practice was rated as one of the top 10 performing GP practices in the West Midlands as part of the national GP patient survey published in January 2016. Results showed patients were happy with how they were treated and that this was with compassion, dignity and respect. For example:

- 96% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 97% said the GP gave them enough time compared to the CCG and national averages of 87%.
- 100% said they had confidence and trust in the last GP they saw compared to the CCG and national averages of 95%.
- 99% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 97%.
- 91% patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and national averages of 87%.
- 97% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average and national averages of 85%.

The practice celebrated special birthdays and sent 100th birthday cards to their patients who had turned 100.

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

Patients told us that they felt involved in decision making about the care and treatment they received. Comment cards highlighted that the GPs often took the time to explain information and treatment options during consultations with patients. Results from the national GP patient survey also showed that patients responded positively to questions about their involvement in planning and making decisions about their care and treatment:

- 99% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 90%.
- 93% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and national average of 82%.



## Are services caring?

### **Patient and carer support to cope emotionally with care and treatment**

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

Any new patient registering at the surgery was asked if they were a carer, if they had a carer and asked if they needed support. This was done by a new patient questionnaire form. The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and 1% of the practice list had been identified as carers. The practice offered flu jabs and annual reviews for anyone who was a carer. The PPG worked with the practice to set up a carer's station during the routine flu clinics held in 'flu season' and all carers

registered at the practice were contacted and offered flu vaccinations. This helped the practice identify carers and ensured that they were offered extra support, flexibility with appointments or to ensure vaccinations were offered to carers to try to keep them healthy.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a consultation at a flexible time and location to meet the family's needs and by giving them advice on how to find a support service.

The practice also provided information and supported patients by referring them to a number of support groups, onsite counselling services and further support organisations.





# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- There were longer appointments available at flexible times for people with a learning disability, for carers and for patients experiencing poor mental health. However, conversations with staff highlighted that these appointments were only available upon request and not routinely offered to specific patient groups or vulnerable patients. The practice had recognised this as an area to improve on and the GPs explained that they were planning to look at this in more detail in order to actively offer longer appointments to patients who needed one.
- Clinical staff carried out home visits for older patients and patients who would benefit from these. Immunisations such as flu and shingles vaccines were also offered to vulnerable patients at home, who could not attend the surgery.
- Urgent access appointments were available for children and those with serious medical conditions.
- Patients could access appointments and services in a way and at a time that suited them. Appointments were readily available for patients; in addition to same day appointments the practice operated their appointment system on a 48 hour access basis.
- Appointments could be booked over the telephone, face to face and online. The practice also offered telephone consultations with a GP at times to suit patients.
- The practice offered extended hours on alternate Saturday mornings.
- The practice offered text messaging reminders for appointments and vulnerable patients were also contacted over the phone to remind them of their appointments in advance.
- There was an efficient referral process, with referral letters often completed with the patient and the GP during consultation. The practice also took this approach when using the electronic referral system (Choose and Book).

- Patients could self-refer to a counsellor who was based at the practice once a week. The counselling service was available over the phone and at the practice. Group sessions were offered to patients as well as one to one services.
- All patients who were registered with the practice had a named GP.
- The practice offered a range of clinical services which included in-house Electrocardiograms (ECGs), phlebotomy (taking of blood), travel and well person clinics. Clinical staff also had access to an advice line called Consultant Connect. This enabled them to easily access specialist medical advice from expert consultants based at the local hospital.
- There were disabled facilities, hearing loop and translation services available.
- Information was made available to patients in a variety of formats, online and also through easy to read paper formats.

The involvement of other organisations and the local community was integral to how services were planned to ensure that services meet people's needs. There were innovative approaches to providing integrated person-centred pathways of care that involve other service providers, particularly for people with multiple and complex needs. For example:

- The practice worked with the local CCG and Solihullhealth (a federation of local practices) in the setting up of a provider service Hub. The service was developed to provide a range of specialist healthcare services through community healthcare HUBs. The practice was specifically focusing on how they could treat leg ulcers in the wider community and were supporting their practice nurse through a diploma in tissue viability nursing.
- An in-house dermatology nurse worked with the practice twice a month to offer general dermatology services and cryotherapy. Practice data demonstrated that 221 appointments were offered and filled with the dermatology nurse during 2015, use of this service avoided patients having to travel to other community clinics and secondary care services.
- The practice was a host site for consultant ear, nose and throat (ENT) clinics whereby an ENT consultant worked



# Are services responsive to people's needs?

(for example, to feedback?)

with the practice every other week. The practice shared a report containing positive comments from patients who had used the ENT service; patients commented that the service was efficient, effective and avoided visits to the ENT department at the local hospital. Practice data highlighted that during 2015, 71 patients were referred to the in-house ENT consultant which avoided them having to attend hospital.

The practice took a proactive approach to understanding the needs of different groups of people. This included patients experiencing poor mental health (including dementia) and in vulnerable circumstances. For example:

- The practice proactively used a memory screening assessment form for patients within a specific criteria on the learning disability register. The practice had approached a local psychiatrist (who specialises in problems relating to learning disabilities) in order to implement the tool at the practice. The form was used to identify problems with memory and potential dementia. The practice manager explained how patient friendly leaflets were provided to eligible patients along with a memory screening assessment form. Practice data highlighted that by December 2015 all 34 patients on the practices learning disability register had received a health check, 21 of these patients were identified as eligible for the a memory screening assessment. Full memory screening assessments were completed on 20 eligible patients where consent was received.
- All staff at the practice were recently trained as Dementia Friends by the Alzheimer's Society and opportunistic screening was undertaken for dementia during flu clinics. A dementia screening push was carried out initially in October 2014, approximately 24 patients were screened on the days during the practices flu clinics; a total of 154 patients were opportunistically screened for dementia during October 2014 and a further 91 screenings took place during flu clinics in October 2015.

## Access to the service

The practice was open between 8:30am and 6pm during weekdays, the practice closed at 12:30pm on Wednesdays. Appointments ran from 8:30am to 12:30pm on Wednesdays. On Mondays, Tuesdays, Thursdays and Fridays appointments ran from 8:30am to 12:30pm and then from 2pm to 6pm. There was a GP on call each

morning from 8am to 8:30am, during the afternoons when appointments were closed and on the evenings from 6pm to 6:30pm. The practice offered extended hours for morning appointments every other Saturday, between 8:30am and 12:30pm. Pre-bookable appointments could be booked up six to eight weeks in advance with the practice nurses and healthcare assistants. Some appointments could also be booked with a GP up to one week in advance; these appointments would be booked online. Urgent appointments were also available for people that needed them.

Results from the national GP patient survey published in January 2016 showed that the practice was performing above local and national averages overall:

- 97% patients said they could get through easily to the surgery by phone compared to the CCG average of 68% and national average of 73%.
- 94% patients described their experience of making an appointment as good compared to the CCG average of 68% and national average of 73%.
- 90% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 75%.
- 80% of patients usually waited 15 minutes or less after their appointment time to be seen compared with the CCG average of 61% and a national average of 65%.
- 77% of patients felt they did not normally have to wait too long to be seen compared with the CCG average of 55% and national average of 58%.

The patients we spoke with during our inspection and the completed comment cards all gave positive feedback with regards to the service provided. Patients commented that if appointment times were occasionally long, this was often because the clinical staff took the time to listen to patients and ensure that thorough discussions took place during consultations. There was a strong theme of positive feedback from comment cards and patients we spoke with on the day of our inspection with regards to access to appointments; patients complimented the practice on their user friendly appointment system and good continuity of care.

## Listening and learning from concerns and complaints





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

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

- There was a designated responsible person who handled all complaints in the practice.
- The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- We saw a poster on display in the waiting area telling patients to speak with the practice manager if they had any concerns or complaints. The practice website and leaflet guided patients to contact the practice manager to discuss complaints.
- The practice reviewed complaints every six months and annually to detect themes or trends.

The practice shared records of the four complaints they had received in the last 12 months. Records demonstrated that complaints were satisfactorily handled and responses demonstrated openness and transparency. We saw that learning from complaints was regularly discussed in monthly practice meetings, shared learning included reminders to staff around obligations to inform patients of any medical fees, such as insurance form fees.

Patients were informed that the practice had a complaints policy which was in line with NHS requirements. Patients we spoke with on the day of our inspection were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

# Are services well-led?

Outstanding



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

## Our findings

### Vision and strategy

The practice's vision was to provide a comprehensive, caring and patient-centred service. The practice had a comprehensive business plan which incorporated the overall vision of the practice. The practice explained how the business plan was recently developed and that the final version would be circulated to the CCG and the practice's patient participation group (PPG). We noticed that this was also documented in the plan. The plan included a summary of practice goals and objectives for 2015/2016. Goals included plans to achieve maximum QOF points, to become a training practice and to explore innovative ways of working through the use of technology, such as the set-up of Skype online consultations. We noticed how objectives were governed by detailed project plans which included project leads, dates for completion and a project cost analysis. The business plan and supporting objectives were stretching, challenging and innovative yet achievable. A systematic approach was taken to working with other services to improve care outcomes, to obtain best value and tackle health inequalities.

Throughout our inspection we noticed a strong theme of positive feedback from staff, patients and other organisations who worked with the practice.

- We spoke with 10 members of staff who all spoke positively about working at the practice. Staff we spoke with said they felt valued, supported and that they worked well as a team. Staff spoken with demonstrated a commitment to providing a high quality service to patients. They spoke highly of the culture at the practice and were proud to be a part of the practice team.
- We liaised with the local CCG as part of our inspection. We were told that the practice was regarded within the CCG as offering a very high standard of care to its patients. The practice was thought to be very well-led, with excellent relationships between clinical and non-clinical staff. The practice had a good level of interaction with the CCG and attended protected learning time events regularly. The practice was thought to be very innovative about care. We were told that the team was passionate and driven.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care.

- There was a clear staffing structure with supporting organisation charts in place. Discussions with staff demonstrated that they were aware of their own roles and responsibilities as well as the roles and responsibilities of their colleagues.
- Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included managing recall systems, scheduling clinical reviews, managing patient safety alerts and medicines management. The information staff collected was then collated by the practice manager to support the practice to carry out service improvements.
- Practice specific policies were implemented and regularly reviewed. Policies and documented protocols were well organised and available as hard copies and also on the practice's intranet.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. Results were circulated and discussed in the practice.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- There was a systematic approach to working with other organisations to improve patient care and outcomes.
- Governance and performance management arrangements were proactively reviewed and reflected best practice.

### Leadership, openness and transparency

- The GP partners and the practice manager formed the management team at the practice. The management team worked closely together and they shared an inspiring shared purpose to motivate and encourage staff to succeed. They encouraged a culture of openness and honesty and staff at all levels were actively encouraged to raise concerns. They were visible in the practice and staff commented that the management team were supportive and approachable.
- The management team recognised staff innovation and hard work. The practice held three social events a year

# Are services well-led?

Outstanding



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

for staff; the partners explained how these were usually after key periods in the practice, for example, at the end of the QOF year. Staff highlighted how these events were a positive opportunity to celebrate the practices achievements, reflect on their hard work and to improve working relationships across the team. Staff also highlighted that their locums were invited to their meetings and practice social events, as they felt it was important to include them as part of the practice team.

- Conversations with staff demonstrated that they were aware of the practice's open door policy and staff said they were confident in raising concerns and suggesting improvements openly with the management team.

The practice had a regular programme of practice meetings; these included weekly GP partner meetings, quarterly practice meetings for all staff to attend and regular team meetings. All of these meetings were governed by agendas which staff could contribute to, meetings were minutes and action plans were produced to reflect actions at each meeting. We saw minutes of these meetings which highlighted that key items such as complaints, significant events, alerts and NICE guidelines were regularly discussed.

The practice produced a monthly staff newsletter. We saw how updates were communicated to staff through the staff newsletter, including changes to policies and procedures.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. The practice had an active patient participation group (PPG) which influenced practice development. The PPG was consisted of 16 members, 10 of these were part of the virtual PPG. The group included a PPG chair, a vice chair, a secretary and a treasurer. The PPG met as a group every quarter, the practice manager and the GPs regularly attended the PPG meetings.

We spoke with two members of the PPG as part of our inspection. The practice shared a range of minutes and PPG event information to demonstrate how the group had been involved in a number of successful events and projects at the practice including a successful flu event with guest speakers and stalls provided by the Solihull Carers organisation to promote awareness for carers and young

carers. The PPG regularly raised money for the practice through practice events and practice raffles. The monies raised were invested in to the practice through purchasing medical equipment to help patients including blood pressure monitors for patients, a practice ECG machine and a new couch for one of the treatment rooms.

We noticed a suggestions box in the waiting room for patients to make suggestions in the practice if they wished to. This was an idea put forward by the PPG. The PPG regularly reviewed these suggestions. An improvement led by the PPG as a result of a patient's suggestion included purchasing a higher chair for the waiting room.

The PPG used different methods to promote the group. We saw a PPG notice board in the practice corridor, notices on news boards and also a quarterly PPG newsletter. The newsletter was circulated to patients and carers through patient correspondence, new patient packs, on display in the waiting room and also electronically on the practices PPG webpage.

## Continuous improvement

The practice team was forward thinking and was becoming a lead practice in the area for various pilot schemes to improve outcomes for patients in the area. The practice was part of a Your Care Connect project in the local area, where the practice was involved in plans for securely sharing patient information between local hospitals and GP practices to improve care. The practice manager was also a member of the CCGs IT steering group as part of the project group. The practice manager explained how the group formed a platform for various IT projects which the practice was in the early stages of planning. One project included offering online Skype consultations to patients, the practice were in the funding stage of this project and we noticed how the project plans corresponded to the practices objectives and vision set out in their business plan.

The practice manager was part of the CCGs medicines and prescribing subcommittee. The subcommittee included representation from a range of clinical, pharmaceutical and quality specialists, as well as practice managers and commissioners. The practice manager explained how they discussed standard operating procedures around medicines management and updates to clinical guidelines during bi-monthly meetings. This information was documented and disseminated by the practice manager during practice meetings. The practice manager also

# Are services well-led?

Outstanding



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

initiated an audit on Vitamin D, after these guidelines were discussed during a medicines and prescribing subcommittee meeting in November 2015. The clinical staff were in the process of completing the audit cycle for this.

The management team explained how they had recently been approved as a training practice. One of the GP's was a

registered trainer and another GP was working towards becoming a trainer so that they could offer opportunities for trainee GPs in the future. Another GP partner was also registered as a GP appraiser. The practice was also gained a level two accreditation as a research ready practice and was actively involved in various research projects.