

# The Old Forge Surgery

## Quality Report

Pallion Park, Pallion, Sunderland,  
Tyne and Wear, SR4 6QE  
Tel: 0191 5109393  
Website: [www.theoldforgesurgery.nhs.uk](http://www.theoldforgesurgery.nhs.uk)

Date of inspection visit: 2 December 2016  
Date of publication: 06/02/2017

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

### Ratings

<b>Overall rating for this service</b>	<b>Good</b>	
Are services safe?	<b>Good</b>	
Are services effective?	<b>Good</b>	
Are services caring?	<b>Good</b>	
Are services responsive to people's needs?	<b>Requires improvement</b>	
Are services well-led?	<b>Good</b>	

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11

### Detailed findings from this inspection

Our inspection team	12
Background to The Old Forge Surgery	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out a previous inspection of this practice on 21 April 2015 and found a number of concerns. We rated the practice as inadequate overall and placed the practice into special measures. We carried out another inspection on 14 January 2016. The practice had made some improvements, but there were still some areas of concern. We rated the practice as requires improvement overall and as recognition for the improvements made we removed the practice from special measures.

We undertook this comprehensive inspection on 2 December 2016 to check that the practice had improved since the previous inspections; they had followed their plan to improve; and, to confirm that they now met legal requirements. You can read the reports from our previous comprehensive inspections by selecting the 'all reports' link for The Old Forge Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We carried out an announced comprehensive inspection at The Old Forge Surgery on 2 December 2016. Overall, the practice had improved and is rated as good.

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

- The practice had made improvements across several areas of concern identified at the inspection in January 2016. This included improved governance arrangements. The practice had since merged with another local practice, and evidence demonstrated this was successful. We found a harmonious team working together to provide good quality service and care to patients.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Results from the National GP Patient Survey (July 2016) showed mixed views on patient satisfaction, but they were generally in line with comparators in terms of being treated with compassion, dignity and respect.

# Summary of findings

- The practice had made improvements to the process for recording and handling complaints. Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Indicators from the National GP Patient Survey relating to patient satisfaction levels on how they access care and treatment were mostly lower than comparators. Patients told us they were normally able to make appointments when they needed them in an emergency. However, they told us they had to wait for a routine appointment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

At the last inspection, in January 2016, we told the practice they should make improvements in some areas. The practice had addressed these as follows:

- Staff had undertaken training in the safeguarding of vulnerable adults.
- The practice now had in place arrangements to ensure a clean and hygienic environment and monitored compliance with this.
- All Patient Group Directions were now appropriately authorised and in line with national guidelines.
- There were arrangements in place to ensure learning from significant events was shared with relevant staff.

- The practice had developed a protocol for repeat prescribing of medicines. This informed staff how to issue a repeat prescription, including what action to take when a patient was overdue a medicines review.
- The practice had continued to develop their approach to clinical audit. There was an on-going audit programme where they showed they have made continuous improvements to patient care in a range of clinical areas as a result of clinical audit.
- Performance relating to patients diagnosed with cancer offered reviews within appropriate timescales had improved significantly. However, performance was still lower than local and national comparators.

However, the practice results from the National GP Patient Survey, particularly in relation to waiting times were still below local and national comparators.

The areas where the provider should make improvements are:

- Check staff are supported to know what to do in the event of a fire, by carrying out a fire drill as planned.
- Consider how they can increase the uptake for cervical screening programme to bring them in line with comparators.
- Review the results from the National GP Survey, specifically in relation to waiting times at the surgery, and take action to improve patients' experience.
- Continue to improve performance relating to patients diagnosed with cancer offered reviews within appropriate timescales, to bring performance on this indicator in line with local and national comparators.

**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 now maintained records of management team meetings to demonstrate discussion of significant events and patient safety alerts.
- We found improvements had been made to safety systems and processes. For example, Staff had received training on the safeguarding of vulnerable adults. The practice had implemented cleaning schedules and maintained a record to demonstrate compliance with these was monitored. Records were maintained to demonstrate regular cleaning of medical equipment, including the spirometer and nebuliser. All patient group directions were in date and appropriately authorised.
- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- The practice had started to address some of the areas where they were lower than comparators in terms of clinical targets and performance against the Quality and Outcomes Framework (QOF). QOF for 2015/16 showed the practice had achieved 96.5% of the points available to them for providing recommended treatments for the most commonly found clinical conditions. This was slightly higher than the local clinical commissioning group (CCG) average of 95.8% and the England average of 95.38%. For 13 of the 19 clinical domains within QOF the practice had achieved 100% of the points available. However, the practice achieved lower than average on groups of indicators relating to cancer; dementia; mental health; and, rheumatoid arthritis.

Good



# Summary of findings

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

## Are services caring?

The practice is rated as good for providing caring services.

- Results from the National GP Patient Survey published in July 2016 showed mixed views on patient satisfaction, but they were generally in line with comparators in terms of being treated with compassion, dignity and respect. The practice intended to undertake a patient survey to check for any ongoing patients concerns following the recent practice merger.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



## Are services responsive to people's needs?

The practice is rated as requiring improvement for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice was part of the multi-disciplinary team working to reduce avoidable admissions for the most vulnerable patients within the practice population.
- Indicators from the National GP Patient Survey relating to patient satisfaction levels on how they access care and treatment were mostly lower than comparators. Patients told us they were normally able to get appointments when they needed them in an emergency. However, some did raise concerns with us about the wait to get a routine appointment. They told us the wait was often one and a half to two weeks or more for a routine appointment. This corresponded with the results of the national GP patient survey.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Requires improvement



# Summary of findings

- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

- The practice had taken action to ensure a sustainable future by merging with another local practice. This had increased management and clinical resources across the practice; however, there were a corresponding number of increased patients.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a focus on continuous learning and improvement at all levels.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population. For example, all patients over the age of 75 had a named GP. Patients at high risk of hospital admission and those in vulnerable circumstances had care plans.
- The practice was responsive to the needs of older people and offered home visits and urgent appointments for those with enhanced needs.
- A palliative care register was maintained and the practice offered immunisations for pneumonia and shingles to older people.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of admission to hospital were identified as a priority.
- Longer appointments and home visits were available when needed. The practice's electronic system was used to flag when patients were due for review. This ensured there were good systems for inviting patients with long term conditions in for review.
- Patients had regular reviews to check health and medicines needs were being met.
- For those people with the most complex needs, GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

- The practice had identified the needs of families, children and young people, and put plans in place to meet them.

Good



# Summary of findings

- 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 in line with CCG averages.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice's uptake for the cervical screening programme was lower than average at 73.1%, (compared to the national average of 81.5% and the CCG average of 81.4 %). This had shown a decrease from the previous year.
- Pregnant women were able to access an antenatal clinic provided by healthcare staff attached to the practice.

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible and flexible. There were no extended hours surgeries offered within the practice. However, patients were able to access services at a local health centre between 6pm and 8pm on weekdays.
- The practice offered a full range of health promotion and screening which reflected the needs for this age group. Patients could order repeat prescriptions and book appointments on-line.
- Additional services were provided such as health checks for the over 40s and travel vaccinations.

Good



## **People whose circumstances may make them vulnerable**

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

- The practice held a register of patients living in vulnerable circumstances, including those with a learning disability.
- Patients with learning disabilities were invited to attend the practice for annual health checks and were offered longer appointments, if required.
- The practice had effective working relationships with multi-disciplinary teams in the case management of vulnerable people.

Good



# Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in and out of hours.
- Improved arrangements were in place to support patients who were carers. The practice had systems in place for identifying carers and ensuring that they were offered a health check and referred for a carer's assessment.

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

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

- The practice had identified 82 patients, 1% of their population with enduring mental health conditions on a patient register to enable them to plan and deliver relevant services.
- The practice worked closely with multi-disciplinary teams in the case management of people experiencing poor mental health including those with dementia. Care plans were in place for patients with dementia.
- Patients experiencing poor mental health were sign posted to various support groups and third sector organisations.
- The practice kept a register of patients with mental health needs which was used to ensure they received relevant checks and tests.
- They had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia. The practice carried out advance care planning for patients with dementia.
- The QOF summary performance for mental health related indicators was lower than the CCG and national average. The practice achieved 79.3% of the points available. This compared to an average performance of 90.8% across the CCG and 92.8% national average. For the practice, 82.6% of patients with schizophrenia, bipolar affective disorder and other psychosis had a comprehensive agreed care plan documented within the preceding 12 months. This compared to a CCG average of 85.7% and a national average of 88.8%.
- Similarly performance on dementia related indicators was lower than the CCG and national average. The practice achieved 94.0% of the points available. This compared to an average performance of 96.3% across the CCG and 96.68% national average. In 2015/16, the percentage of patients

Good



# Summary of findings

diagnosed with dementia whose care had been reviewed in a face-to-face review within the preceding 12 months was 74.6%, which was lower than the CCG average of 79.9% and higher than the national average of 83.7%. This had slightly improved from 2014/15, where 61.3% of patients diagnosed with dementia received a face-to-face review within the preceding 12 months (compared to a CCG average of 80.7% and a national average of 84%).

# Summary of findings

## What people who use the service say

Generally, the GP Patient Survey published in July 2016 showed patients were less satisfied with the service they received, then local and national averages. For the practice, 78.2% of patients who responded were satisfied with their overall experience of the GP surgery. This was lower than the local clinical commissioning group (CCG) average of 85.8% and the England average at 85.2%. There were 288 survey forms distributed for The Old Forge Surgery and 118 forms returned. This is a response rate of 41%.

Patients' views across all areas were mixed. Of those patients who responded:

- 66.9% stated they would recommend their GP Practice to someone who has just moved to the local area. This compared with a CCG average of 78.4% and a national average of 79.5%.
- 77.5% found it easy to get through to this surgery by phone. This compared with a CCG average of 78.5% and a national average of 72.9%.
- 91.4% found the receptionists at this surgery helpful. This compared with a CCG average of 89.6% and a national average of 86.8%.
- 65.6% were able to get an appointment to see or speak to someone the last time they tried. This compared with a CCG average of 76.6% and a national average of 75.7%.
- 93.7% said the last appointment they got was convenient. This compared with a CCG average of 93.8% and a national average of 91.8%.
- 74.6% described their experience of making an appointment as good. This compared with a CCG average of 75.2% and a national average of 73.3%.

- 48.7% felt they do not normally have to wait too long to be seen. This compared with a CCG average of 61.8% and a national average of 57.7%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 13 comment cards which were all positive about the standard of care received. Respondents used phrases such as excellent, very helpful, no complaints and attentive to describe the practice. Some patients commented the practice premises were an improvement on those at the previous Eden Terrace Surgery. Respondents described staff as helpful, excellent, and trying to do the best for patients.

We spoke with 16 patients during the inspection. Most patients said they were happy with the care they received and thought staff were approachable, committed and caring. However, some did raise concerns with us about the wait to get an appointment. They told us the wait was often one and a half to two weeks or more for a routine appointment.

The practice had not received any returns for the national friends and family test (FFT) within the last three months. (The FFT is a tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience that can be used to improve services. It is a continuous feedback loop between patients and practices). The practice managers discussed with us several ways they intended to increase feedback through this test, including adding these question to the planned practice patient questionnaire.

## Areas for improvement

### Action the service SHOULD take to improve

- Check staff are supported to know what to do in the event of a fire, by carrying out a fire drill as planned.
- Consider how they can increase the uptake for cervical screening programme to bring them in line with comparators.
- Review the results from the National GP Survey, specifically in relation to waiting times at the surgery, and take action to improve patients' experience.
- Continue to improve performance relating to patients diagnosed with cancer offered reviews within appropriate timescales, to bring performance on this indicator in line with local and national comparators.

# The Old Forge Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

A CQC Lead Inspector. The team included a GP specialist advisor, a second CQC inspector and an Expert by Experience. An Expert by Experience is a member of the inspection team who have received care and experienced treatments from a similar service.

### Background to The Old Forge Surgery

The Care Quality Commission has registered The Old Forge Surgery to provide primary care services.

The practice provides services to approximately 10,500 patients from one location, The Old Forge Surgery, Pallion Park, Pallion, Sunderland, Tyne and Wear, SR4 6QE. We visited this location on the day of our inspection.

The practice is part of Sunderland clinical commissioning group (CCG) and provides services to patients of all ages based on a General Medical Services (GMS) contract agreement for general practice.

The practice is located in a purpose-built single storey building. It also offers on-site parking, disabled parking, a disabled WC, wheelchair and step-free access.

The practice merged with Eden Terrace Surgery, another local practice, in October 2016, onto the one site at The Old Forge Surgery.

Information taken from Public Health England placed the area in which the practice was located in the third most deprived decile. (A decile is a method of splitting up a set of ranked data into 10 equally large subsections). In general,

people living in more deprived areas tend to have greater need for health services. The average male life expectancy is 76 years, which is three years lower than the England average and the average female life expectancy is 81 years, which is two years lower than the England average.

The percentage of patients reporting with a long-standing health condition is much higher than the national average (practice population is 62.9 % compared to a national average of 54.0%).

The practice has four GP partners (three male and one female). There is one long term locum GP (male), three practice nurses (female), an advanced nurse practitioner (female), a healthcare assistant, two practice managers, an assistant practice manager and a team of 13 administrative and reception staff.

Opening hours are between 8am and 6pm every week day. Patients can book appointments in person, on-line or by telephone. Appointments are available between 8.30am and 5.40pm during the week.

A duty doctor is available each afternoon until 6.00pm. Patients are also able to access services at a local health centre between 6pm and 8pm on weekdays.

The NHS 111 service and Vocare, known locally as Northern Doctors Urgent Care Limited (NDUC), provide the service for patients requiring urgent medical attention out of hours.

### Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. We carried out a full rated comprehensive inspection on 21 April 2015, where CQC

# Detailed findings

placed the practice into special measures. We inspected the practice again on 14 January 2016. The practice was rated as requires improvement overall and we removed the practice from special measures.

The purpose of this most recent inspection was to check that further improvements had been made.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered 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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 2 December 2016. During our visit we:

- Spoke with a range of staff (two GP partners, a locum GP, a practice nurse, two practice managers, the assistant practice manager, three reception and administrative staff).
- Observed how staff interacted with patients in the reception and waiting areas, and talked with patients, carers and/or family members

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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. The data used throughout the report relates to The Old Forge Surgery and covers a period of time before The Old Forge Surgery and Eden Terrace Surgery merged.

# Are services safe?

## Our findings

### Safe track record and learning

During the inspection in January 2016 we found although significant event incidents were discussed at management team meetings, these were no formal minutes kept. Medicine and safety alerts were circulated but not discussed at team meetings. In the December 2016 inspection, we found the practice had addressed this concern. Significant events and medicines and safety alerts were discussed at team meetings, and formal minutes of meetings were now maintained.

We also found there was an effective system in place for reporting and recording significant events.

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

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, following a significant event where there was a delay to issuing a prescription for a patient, the practice ensured staff knew what to do when a prescription was issued through the electronic prescribing system for an uncommon medicine. This included contacting the patient's usual pharmacy to make them aware they will need to order the medicine to ensure timely dispensing.

We discussed the process for dealing with safety alerts with the practice manager and some of the clinical staff. Safety alerts inform the practice of problems with equipment or medicines or give guidance on clinical practice. Alerts were

disseminated by the practice manager to the clinicians. The clinicians then reviewed the alerts during clinical meetings and decided what action should be taken to ensure continuing patient safety, and mitigate risks.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

At the inspection in January 2016 we found the following concerns:

- GPs had not completed training on adults safeguarding.
- Cleaning schedules had been developed but not implemented. There were no records to demonstrate when medical equipment, including the spirometer and nebuliser had been cleaned.
- Some of the Patient Group Directions had not been authorised by a GP.

We found the practice had addressed all these concerns. Staff had received training on the safeguarding of vulnerable adults. The practice had implemented the cleaning schedules and maintained a record to demonstrate compliance with these was monitored. Records were maintained to demonstrate regular cleaning of medical equipment, including the spirometer and nebuliser. All patient group directions were in date and appropriately authorised.

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to safeguarding level three in children's safeguarding and the practice nurses level two.

## Are services safe?

- 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 clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGD's 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 reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments. The practice told us they had carried out a fire drill in 2015 and provided us with a copy of this following the inspection. They told us they planned to carry out a fire drill to check staff who had moved to the practice as part of the merger knew what to do in the event of a fire.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- 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.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

### Management, monitoring and improving outcomes for people

At the inspection in January 2016 we found some concerns about the management, monitoring and improving outcomes for patients. These included:

- Data from the Quality Outcomes Framework (QOF) for 2014-15 demonstrated lower than comparator results in some areas. In particular, for Chronic Obstructive Pulmonary Disease and cancer.
- In 2014/15, data showed the proportion of patients who had a lung function check carried out in previous 12 months was 39%, compared to the target of 75%. In 2015/16, the practice had improved and had achieved 84.5% for this indicator. This was higher than the local clinical commissioning group (CCG) average of 83.6%, but lower than the national average of 89.6%.
- In 2014/15 data showed the proportion of patients with cancer who had been reviewed since their diagnosis was 28%, compared to a target of 90%. In 2015/16, this had significantly increased to 72.7%. However, this was still lower than the CCG average of 94.6% and the national average of 94.7%

Nationally reported data taken from the Quality Outcomes Framework (QOF) for 2015/16 showed the practice had achieved 96.5% of the points available to them for providing recommended treatments for the most commonly found clinical conditions. This was slightly higher than the local clinical commissioning group (CCG) average of 95.8% and the England average of 95.38%. The practice had a higher than average clinical exception reporting at 14.5%. This compared to a CCG average of

10.4% and an England average of 9.8%. (The QOF scheme includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side effect.) The practice were aware of their clinical exception reporting rate and planned to review this as part of the post practice merger work.

This practice was an outlier on three clinical targets. These were:

- Average daily prescribing of hypnotics at 0.65, compared to a CCG average of 0.26 and a national average of 0.26. The practice was carrying out an audit to support them to improve in this area.
- The number of ibuprofen and Naproxen items prescribed as a percentage of all non-steroidal anti-inflammatory medicines prescribed at 54.9%, compared to a CCG average of 80.4% and a national average of 76.8%. An audit was planned to support them to improve in this area.
- Percentage of antibiotic items prescribed that are cephalosporin's or quinolones at 10.1%, compared to a CCG average of 6.7% and national at 5.1%. (Cephalosporins and Quinolones are broad-spectrum antibiotics. It is best practice to use them sparingly, as overuse can lead to infections becoming resistant to antibiotics making them less effective in the future.) The local CCG planned to support practices to carry out an audit in this area, to support the practice to improve prescribing rates for cephalosporin's or quinolones.

The practice was also using a software programme to support them to prescribe in line with local and national guidelines. They hoped this would support them to improve in the three areas above.

Data from 2015/16 showed that for 13 of the 19 clinical domains within QOF the practice had achieved 100% of the points available. However, the practice achieved lower than average on groups of indicators relating to cancer; dementia; mental health; and, rheumatoid arthritis:

- Performance for diabetes related indicators was higher than the clinical commissioning group (CCG) and national average. The practice achieved 98.4% of the points available. This compared to an average performance of 92.9% across the CCG and 89.9% national average. The percent of patients on the

# Are services effective?

## (for example, treatment is effective)

diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 87.1%, compared to a CCG average of 87.4% and a national average of 88.5%.

- Performance for asthma related indicators was higher than the CCG and national averages. The practice achieved 97.5% of the points available. This compared to an average performance of 96.1% across the CCG and 97.4% national average.
- The percentage of patients with hypertension having regular blood pressure tests within range was above the national average. 85% of patients had a reading measured within the last 12 months, compared to a CCG average of 82.3% and 82.9% nationally.
- The summary performance for mental health related indicators was lower than the CCG and national average. The practice achieved 79.3% of the points available. This compared to an average performance of 90.8% across the CCG and 92.8% national average. For the practice, 82.6% of patients with schizophrenia, bipolar affective disorder and other psychosis had a comprehensive agreed care plan documented within the preceding 12 months. This compared to a CCG average of 85.7% and a national average of 88.8%.
- The summary performance on dementia related indicators was lower than the CCG and national average. The practice achieved 94.0% of the points available. This compared to an average performance of 96.3% across the CCG and 96.68% national average. In 2015/16, the percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review within the preceding 12 months was 74.6%, which was lower than the CCG average of 79.9% and higher than the national average of 83.7%. This had slightly improved from 2014/15, where 61.3% of patients diagnosed with dementia received a face-to-face review within the preceding 12 months (compared to a CCG average of 80.7% and a national average of 84%).
- Performance for cancer related indicators was lower at 76.5% than the clinical commissioning group (CCG) at 98.8% and national average at 97.9%.

The practice had started to implement a new system to more effectively recall patients for immunisation, screening and reviews of their health and long term conditions. They planned this would help them improve efficiency within the recall system, and target the resources available and encourage patients to attend for reviews.

In January 2016 we found the practice did not have in place a repeat prescription protocol for staff to follow and there was no agreed limit for how many repeat prescriptions. In December 2016, we found the practice now had a protocol in place, which informed staff how to issue a repeat prescription, including what action to take when a patient was overdue a medicines review.

In January 2016 we found the practice did not demonstrate an on-going audit programme, which showed continuous improvements to patient care in a range of clinical areas. In December 2016, we found the practice had a plan in place to use clinical audit to support them to continue to improve. They told us they planned to use audit to support continued improvement where they were below comparators for clinical targets and QOF clinical domains.

Clinical audits demonstrated quality improvement.

- There had been two clinical audits completed since the last inspection. Both of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, the practice had carried out an audit on a medicine used to treat anxiety and reduce activity in the central nervous system. As a result of the audit, the practice demonstrated they were following guidelines in prescribing the medicine. The other audit reviewed the practices' approach to use of delayed antibiotic prescribing in reducing the use of antibiotics overall.

### Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. The practice had also undertaken an induction exercise for all those staff that transferred from Eden Terrace Surgery as part of the practice merger.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking

# Are services effective?

## (for example, treatment is effective)

samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's 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 are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a fortnightly basis and that care plans were routinely reviewed and updated.

### Consent to care and treatment

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

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

### Health promotion and prevention

The practice identified patients who may be in need of extra 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. Patients were then signposted to the relevant service.
- Smoking cessation advice was available from a local support group.

At the last inspection, the practice's uptake for the cervical screening programme from the 2014-15 QOF was 77.3%, which was below the CCG average of 81.4% and the national average of 81.6%. In 2015-16, this had decreased and uptake was 73.1%, which was lower than the national average of 81.5% and the CCG average of 81.4%. The practice told us this was low because of local demographics. Going forward they were considering ways in which they could improve performance in this area, and hoped the new merged practice would support them in doing this. 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.

Childhood immunisation rates for the vaccinations given were in line with the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92.7% to 98.8% and five year olds

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

from 92.2% to 100%. The average percentage across the CCG for vaccinations given to under two year olds ranged from 93.7% to 98.6% and five year olds from 94.7% to 98.9%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate

follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice nurse worked to encourage uptake of screening and immunisation programmes with the patients at the practice, for example, the nurse took samples opportunistically when this was possible.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that 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.

All of the 13 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with six members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the National GP Patient Survey published in July 2016 showed mixed views on patient satisfaction, but generally in line with comparators in terms of respect of being treated with compassion, dignity and respect. For example, of the patients who responded:

- 88% said the GP was good at listening to them compared to the CCG average of 88.7% and national average of 88.6%.
- 82.4% said the GP gave them enough time compared to the CCG average of 87.3% and national average of 86.6%.
- 94.3% said they had confidence and trust in the last GP they saw compared to the CCG average of 95.7% and national average of 95.2%.
- 80.8% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85.7% and the national average of 85.4%.

- 94.8% said the nurse was good at listening to them compared to the CCG average of 93.5% and national average of 91%.
- 95.4% said the nurse gave them enough time compared to the CCG average of 94.4% and national average of 91.9%.
- 100% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98.3% and national average of 97.1%.
- 97.6% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93.4% and the national average of 90.7%.
- 91.4% said they found the receptionists at the practice helpful compared to the CCG average of 89.6% and national average of 86.8%.

### 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. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Overall, results from the July 2016 National GP Patient Survey showed mixed results for patient experience of their involvement in planning and making decisions about their care and treatment. However, results were generally better for the nurses rather than the GPs. Of the patients who responded:

- 83.8% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86.2% and national average of 86%.
- 78.6% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 81.8%.
- 94.7% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91.7% and national average of 89.6%.
- 95.6% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88.4% and the national average of 85.3%.

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

## Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 61 patients as carers (approximately 1% of the practice list). The practice

offered health checks to patients identified as carers, and particularly to those carers of patients diagnosed with mental health conditions. A member of staff was the carers champion within the practice. They had collected information about locally available resources, services and groups to help the practice meet the needs of carers. Written information was available to direct carers to the various avenues of support available to them.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice was part of the multi-disciplinary team working to reduce avoidable admissions for the most vulnerable patients within the practice population.

- The practice did not offer appointment availability for working patients who could not attend during normal opening hours. However, patients were able to access services at a local health centre between 6pm and 8pm on weekdays.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- All patient facilities were on the ground floor and there was level access to the building.
- There was access to both male and female clinicians within the practice.

### Access to the service

In January 2016, we found the scores in relation to waiting times at the surgery were below average. The scores had been low in the previous two National Patient Surveys but managers were unclear as to the reason behind this. This trend continued in the National Patient Survey data from July 2016. Trend data showed:

- In January 2016 49% of patients and in July 2016 45% of patients felt they waited either far or a bit too long.
- This compared to the CCG average of in January 2016 28% of patients and July 2016 29% of patients felt they waited either far or a bit too long.

Opening hours were between 8am and 6pm every week day. Patients could book appointments in person, on-line or by telephone. Appointments were available between 8.30am and 5.40pm during the week.

A duty doctor is available each afternoon until 6.00pm. The practice did not offer any out appointments outside normal working hours. However, patients were also able to access services at a local health centre between 6pm and 8pm on weekdays.

Indicators from the National GP Patient Survey relating to patient satisfaction levels on how they access care and treatment were mostly lower than comparators. Of the patients who responded:

- 65.6% were able to get an appointment to see or speak to someone the last time they tried. This compared with a CCG average of 76.6% and a national average of 75.7%.
- 93.7% said the last appointment they got was convenient. This compared with a CCG average of 93.8% and a national average of 91.8%.
- 76.1% of patients were satisfied with opening hours. This compared with a CCG average of 82.7% and a national average of 79.5%.
- 77.5% found it easy to get through to this surgery by phone. This compared with a CCG average of 78.5% and a national average of 72.9%.
- 74.6% described their experience of making an appointment as good. This compared with a CCG average of 75.2% and a national average of 73.3%.
- 48.7% felt they do not normally have to wait too long to be seen. This compared with a CCG average of 61.8% and a national average of 57.7%.

Patients told us on the day of the inspection that they were normally able to get appointments when they needed them in an emergency. However, some did raise concerns with us about the wait to get a routine appointment. They told us the wait was often one and a half to two weeks or more for a routine appointment. This corresponded with the results of the national GP patient survey. We checked with the practice and the practice told us the next available routine GP appointment was on the 14 December 2016 and the next nurse appointment was on the 16 December 2016. However, there were three emergency on the day appointments available.

The practice had not undertaken any analysis of the National GP Patient Survey data to help them improve the quality of service offered and increase those areas of patient satisfaction where they were lower than comparators. However, they told us now the practice had merged; they planned to undertake a practice patient

# Are services responsive to people's needs?

(for example, to feedback?)

survey. They wanted to check for any ongoing patients concerns following the merger. They told us they would review results from the National GP Patient Survey as part of the planning for this survey.

The practice had a system in place to assess:

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

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## **Listening and learning from concerns and complaints**

In January 2016, we found the arrangements for recording and handling complaints were ineffective. In December

2016, we found the practice had addressed these concerns. We found the practice maintained an accurate log of complaints. The complaints we looked at had been thoroughly investigated, dealt with in a timely way and with openness and transparency.

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. This included posters displayed in the waiting area and information available on the practice website.

# 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

At the inspection in January 2016, we found there were no formal plans for the future development, but managers were engaged in discussions both internally and externally to formalise these arrangements.

In December 2016, we found the practice had taken action to ensure a sustainable future. They had merged with another local practice. This had increased management and clinical resources across the practice; however, there were a corresponding number of increased patients. Partners recognised there were still some gaps in clinical GP and nurse resources and were in the process of progressing plans to support future recruitment. This included plans to become a training practice for both GP and nurses. The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.

### Governance arrangements

In January 2016, we found the approach to service delivery and improvement was reactive and focused on short term issues. Arrangements to carry out clinical audits had improved since the last inspection but there was no structured programme in place to monitor quality and to make improvements.

In December 2016 we found, the practice had taken a longer term approach to improving the service offered. They had strengthened the management team and had either continued to improve or improved those areas we had concerns about during previous inspections. There was a programme of audit in place, and evidence the practice planned audit to help them improve in those areas where they performed lower than comparators.

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities

- Practice specific policies were implemented and were available to all staff
- The management team had a comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership, openness and transparency

In January 2016 we found the new GP partners in the practice did not have previous experience of leading a practice although they did prioritise safe, high quality and compassionate care. In December 2016, we found leadership in the practice was strengthened as two experienced GP partners had transferred from Eden Terrace Surgery as part of the merger. The management support from the clinical commissioning group in place at the January 2016 inspection had ceased. However, the practice had additional management capacity, as there were two practice managers in post following the merger.

Evidence during the inspection in December 2016 demonstrated the merger had been largely successful. Despite the short time since the two practices had merged; we found a harmonious team working together to provide good quality service and care to patients. The practice was able to demonstrate continuous improvement throughout the period of change. The feeling within the practice was positive and one of ambition to continue to learn and improve. The management team recognised there were still some challenges they were facing, but they told us they thought they now had the capacity and arrangements in place to tackle these.

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included

# Are services well-led?

Good 

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

support and training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

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

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

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. The practice intended to hold some team building sessions with staff early in 2017 to support the new merged teams to work well together.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

In January 2016, we found the arrangements for dealing with complaints were not effective. Complaints were not always acted on in a timely way. In December 2016, we found the practice had made improvements and complaints were dealt with in a timely way, with openness and transparency.

The practice encouraged and valued feedback from patients, the public and staff. They proactively sought patients' feedback and engaged patients in the delivery of the service.

- They had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The practice had consulted patients on the recent practice merger and published the results on the practice website. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team.
- The practice planned to undertake a patient survey early in 2017 to check how the merger had gone from a patient's perspective.
- The practice had also gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. The staff we spoke with told us the merger had gone well, and there was good staff morale throughout despite initial concerns. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

We found the practice now had a focus on continuous learning and improvement at all levels within the practice. They had demonstrated this in the way they addressed the concerns raised at the previous CQC inspections in April 2015 and January 2016.