East Park Practice

Quality Report

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Date of inspection visit: 23 June 2015
Date of publication: 27/08/2015

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at East Park Practice on 23 June 2015. Overall the practice is rated as good.

Specifically, we found the practice to be good for providing safe, effective, caring, responsive and for being well led. It was also good for providing services for older people and people with long term conditions.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- The practice offered a variety of pre-bookable appointments, walk-in clinics and extended opening hours.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Information was provided to help patients understand the care available to them.
- The practice safely and effectively provided services for all patient groups. The staff were caring and ensured all treatments being provided followed best practice guidance. The practice was well-led and responsive to patients' needs.
- The practice had systems and processes in place to ensure they provided a safe service.
- The practice had an effective governance system in place, was well organised and actively sought to learn from performance data, complaints, incidents and feedback.

Action the provider SHOULD take to improve

- Ensure all Significant Event Analysis reports (SEA's) are recorded with the date and action taken and recorded at formal practice meetings.

Summary of findings

- Ensure the infection control lead is fully aware and is trained appropriately for their role and responsibilities.
- Ensure clinical audit cycles are completed and reviewed to ensure their effectiveness.
- Ensure appropriate multi-disciplinary team meetings, including when safeguarding incidents occur are held and documented.
- Ensure a process is in place to ensure patients who use the out of hours service are checked following an episode of care.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, lessons were learned and communicated informally to support improvement. The practice committed to introduce more formal reviews of incidents at regular practice meetings. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were enough staff to keep people safe.

Are services effective?

Good

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from National Institute for Health and Care Excellence (NICE) and used it routinely. People's needs were assessed and care was planned and delivered in line with current legislation. This included assessing the capacity of patients and promoting good health. Staff had received training appropriate to their roles and any further training needs have been identified and planned. The practice could identify all appraisals and the personal development plans for all staff. The practice had developed good supervision and support for all staff which included weekly and monthly reviews with the manager. Staff worked effectively with multidisciplinary teams and agencies.

Are services caring?

Good

The practice is rated as good for providing caring services. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information to help patients understand the services available was easy to understand. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. It 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. Patients said they generally found it easy to make an appointment. Urgent appointments were available the same day. The practice had

a range of facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised.

Are services well-led?

Good

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt well supported by management. The practice had a number of policies and procedures to govern activity and held regular staff meetings. Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The practice promoted a patient survey including 'you said we did' and friends and family test which patients were encouraged to complete on attendance at the practice. The patient participation group (PPG) was not currently active. Staff had received inductions, regular performance reviews and attended staff meetings and training events.

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

Good

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. Protected time was allocated to the GP to ensure continuity of care was delivered consistently and in line with older patient's needs for example when a patient needed a home visit or a telephone consultation. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. There were emergency processes in place and regular reviews took place for patients whose health deteriorated suddenly. Longer appointments and home visits were available when needed. Patients in this group had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP and or specialist nurses worked with relevant health and care professionals to deliver a multidisciplinary package of care. The staff had received appropriate training in the management of long term conditions.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. There were systems in place to accommodate children to the practice at extended appointment times or telephone consultations including referral to other health services. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours when it was convenient for children and teenagers to attend the surgery.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of this group had been identified and the practice had adjusted the

services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. We saw that the practice provided a range of services patients could access at times that best suited them.

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. It had carried out annual health checks for people with a learning disability and offered longer appointments for people with a learning disability or those who required it.

The practice worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. 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 normal working hours and out of hours.

Good

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). People experiencing poor mental health had received an annual physical health check. The practice worked with multi-disciplinary teams 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. It had a system in place to follow up and review patients' needs who had attended A&E who had been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

Good

Summary of findings

What people who use the service say

We received 17 completed CQC comment cards from patients, of which, all were positive about their experience using the services provided. We spoke with 12 patients on the day of our inspection some face to face and some on the telephone. All patients we spoke with were complimentary about the care they received from the GPs and felt that staff treat them with dignity, compassion and respect.

We spoke with specific patient groups and they were able to tell us of their experiences, in particular patients with long term conditions and older people. We also spoke with patients from different age groups; including working age patients. They were all happy with the services the practice provided.

Patients told us the practice staff were always caring, attentive, polite and very knowledgeable. They said they felt they were always given enough time during their appointment and spoke highly of the staff. The majority of patients said they usually saw the GP of their choice but some patients said the practice was under staffed with GPs and they saw a duty doctor instead.

We saw that the practice was continually seeking feedback from patients to shape and develop services in the future. Patient views were listened to and the results of patient surveys reviewed annually. A section on the practice website included a review of the patients experience 'your opinion counts' which can be completed in the practice or before a patient visits the practice.

The national GP patient survey sent out 397 surveys and 115 patients responded. This represented a 29% completion rate of the surveys sent out. Patients commented that they were satisfied with the surgery's opening hours and this represented 91% in comparison with the CCG average of 78%. Other patients commented that they were able to get an appointment the last time they tried which represented 83% in comparison with the CCG average of 82%.

Areas for improvement

Action the service SHOULD take to improve

- Ensure all Significant Event Analysis reports (SEA's) are recorded with the date and action taken and recorded at formal practice meetings.
- Ensure the infection control lead is fully aware and is trained appropriately for their role and responsibilities.
- Ensure clinical audit cycles are completed and reviewed to ensure their effectiveness.
- Ensure appropriate multi-disciplinary team meetings, including when safeguarding incidents occur are held and documented.
- Ensure a process is in place to ensure patients who use the out of hours service are checked following an episode of care.

East Park Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector. The team included a GP, a practice manager and specialist Expert by Experience in NHS Primary Care services. Experts by Experience, are not independent individuals who accompany an inspection team, they are a part of the inspection team. They are granted the same authority to enter registered persons' premises as the CQC inspectors.

Background to East Park Practice

The practice, situated in Hull, delivers primary care under a Personal Medical Services (PMS) contract between themselves and NHS England for patients living in the East of the City of Hull and surrounding areas. The practice has one male GP partner, a health care assistant and a practice manager. The practice contracts locum GPs to provide healthcare and is currently recruiting a practice nurse.

The practice opens from 8.00am – 8.00pm Monday to Friday. There are Saturday appointments available at the practice which opens 9.00am until 1.00pm. The practice does not provide an out-of-hours service to their own patients directly and patients are automatically diverted to the local out-of-hours 111 service when the surgery is closed in the evenings and at the weekends.

The registered patient list size of the practice is 3,637. The overall practice deprivation value is 32.5 in comparison with the NHS England average of 23.6. The practice profile is 8.4% aged 0 to 4 years, 9.0% aged 5 to 14 years, 12.7% aged under 18 years, 13.7% aged 65+ years, 6.7% aged 75+ years and 2.0% aged 85+ years. Deprivation for children and older people is slightly higher than the national average.

Why we carried out this inspection

We inspected this service as part of our inspection programme. This provider had not been inspected before This 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.

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.

How we carried out this inspection

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

- 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:

Detailed findings

- Older people
- People with long-term conditions
- Mothers, babies, children and young people
- The working-age population and those recently retired
- People in vulnerable circumstances who may had poor access to primary care
- People experiencing a mental health problems

Before visiting East Park Practice, we reviewed a range of information we hold about the service and asked other organisations to share what they knew about the service. We asked Hull CCG and the Local Health watch to tell us what they knew about the practice and the service provided. We asked the surgery to provide a range of policies and procedures and other relevant information before the inspection. The information reviewed did not highlight any significant areas of risk across the five key question areas.

We carried out an announced inspection visit on 23 June 2015. During our inspection we spoke with a range of staff including a GP, a health care assistant, practice manager and administration and reception staff. We spoke with 12 patients who used the service. We observed how patients were being cared for and talked with carers and/or family members. We reviewed 17 CQC comment cards where patients and members of the public shared their views and experiences about the service.

Good

Are services safe?

Our findings

The practice had systems for reporting, recording and monitoring significant events, incidents and accidents. Appropriate investigations of incidents took place, and lessons learned from these were communicated throughout the practice.

Staff were able to give examples of where internal practice had changed following an incident, for example additional checks around the availability of vaccines. We also saw that where action had been taken following national patient safety alerts staff were able to demonstrate a clear process for accessing alerts that related to their own working practice.

Where patients had been affected by an incident the practice had communicated with those affected to offer a full explanation and apology, and told what actions would be taken as a result. Records showed the practice had managed incidents consistently over time and so could evidence a safe track record.

Child protection and vulnerable adult policies provided staff with information about identifying, reporting and dealing with suspected abuse that was reported or witnessed. The practice had a register for vulnerable children, and systems to monitor children who failed to attend for childhood immunisations, or who had high levels of attendances at A&E. Clinical and non-clinical staff had received safeguarding training at an appropriate level. These staff could describe how they would access information and report abuse. We looked at records that showed training was specified at defined intervals for all staff in the practice and was consistently monitored for completion.

There were safeguards to ensure prescriptions were checked and dispensed correctly. However, we saw that a prescription pad was not logged and was unaccounted for. We discussed this with the practice manager and they removed and destroyed the prescription pad from use as they were no longer used as this process was now conducted electronically. We saw a process to regularly review patients' repeat prescriptions in accordance with the latest guidelines to ensure they were still appropriate and necessary.

Medicines stored in the practice were kept securely. Appropriate checks and procedures were in place to make sure refrigerated medicines were stored at the correct temperature. We were told that doctors' bags that were taken out of the practice on home visits were checked regularly to ensure medication held in them was in date and replenished, however we saw no documented evidence of this.

We observed most areas of the practice to be clean, tidy and well maintained, and staff followed appropriate infection control procedures to maintain this standard. The recently appointed infection control lead had carried out an infection control audit and planned to introduce these on a more regular formal basis. The lead told us that they were not fully aware of what the role and responsibilities entailed. We spoke with the practice manager and they assured us that appropriate training and guidance would be sought to ensure this is addressed within the next month.

All equipment used for invasive procedures and for minor surgery were disposable, stored correctly and in date. Staff had sufficient access to protective equipment such as gloves and aprons to reduce risk of infection.

Calibration checks for medical equipment and medicine fridges were up to date. We also saw that fire extinguishers, fire alarms, and portable appliances had all been recently tested.

There were sufficient numbers of staff with appropriate skills to keep people safe and forward planning to maintain this. This took into account changes in demand, annual leave and sickness. The practice did not have a Practice Nurse in post at the time of our inspection. We spoke to the practice manager and they told us that a Practice Nurse had been appointed and was awaiting a start date. Staff we spoke with told us that when a Practice Nurse is appointed, the practice will be suitable staffed. Records showed that appropriate checks were undertaken prior to employing staff, such as identification checks and disclosure and barring records checks.

The practice had assessed risks to those using or working at the practice and kept these under review. Patients with a change in their condition were reviewed appropriately. Patients with an emergency or sudden deterioration in their condition could be referred to an on call doctor for quick assessment.

There were emergency procedures and equipment in place to keep people safe. Staff had received Cardio Pulmonary

Good

Are services safe?

Resuscitation training, and a defibrillator was available, which staff were trained to use. Staff could describe the roles of accountability in the practice and what actions they needed to take in an emergency.

A business continuity plan included details of emergency scenarios, such as loss of utilities, epidemic or flood damage to the building. Emergency contact numbers were provided in the plan should staff need to use them. If required the practice could relocate to one of the other surgeries on the premises to continue operating a basic service, or in the absence of the building as a whole, the practice would liaises with the building premises landlord.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Clinical staff routinely referred to best practice clinical guidance when assessing patient's needs and treatments. For instance, we saw guidance linked directly to the staff desktop to ensure the latest guidance was available at the time of delivering an episode of care when needed.

The Health Care Assistant managed specialist clinical areas such as blood pressure management and self-care planning for patients, in conjunction with the lead GP. Care was planned to meet identified needs and was reviewed through a system of regular recall. However, we did not see any records of patient care plans for example, for patients with diabetes. We discussed this matter at length with the practice manager and they accepted that the practice needed to establish patient review clinics and explained that the newly recruited Practice Nurse would have the responsibility for these when they started in post.

National data showed the practice was in line with referral rates to secondary and other community care services for all conditions. The GP we spoke with used national standards for referral, for instance two weeks for patients with suspected cancer to be referred and seen.

The practice routinely collected information about people's care and outcomes. These included scores from national incentive schemes (the Quality and Outcome Framework, or QOF), clinical audits, and comparing it's performance against other practices in the CCG area. These showed the practice had outcomes comparable to other services in the area.

The practice carried out some clinical audits, for example prescribing and diabetics. However a future date was not always included for re-audit to gauge the success of any corrective actions, meaning learning opportunities could be missed.

Staff had received training appropriate to their roles, and had protected learning time for ongoing training. They were supported in attending external courses where required. The GP had taken part in the NHS appraisal system to ensure they remain fit to practice. Continuing Professional Development for other clinical staff was monitored through appraisals, and professional qualifications were checked yearly to ensure clinical staff remained fit to practice.

Checks were made on qualifications and professional registration as part of the recruitment process. Staff were given an induction and further role specific training when they started.

The practice worked with other services to improve patient outcomes and shared information appropriately. Informal meetings were held internally with clinical staff to discuss the needs and treatment strategies of patients with long term conditions, or those deemed at high risk of unplanned admission. The GP told us that these meeting were not attended by other professionals for example including district nurses and community matrons.

There were systems in place to ensure that information such as blood results and discharge letters were passed to the relevant staff in a timely fashion. Information was shared with out of hours services, ambulance crews and hospital staff as appropriate to enable continuity of care. However, we did not see a system for checking where patients had used the out of hours service to ensure continuity of care.

Staff meetings were held on an informal basis as the team were relatively small and worked in close union with other staff members. The practice accepted that communication across the practice was good overall, however, it was instigating more meetings to address regular and formal reviews on a more frequent basis.

Clinical and non-clinical staff had received some training around consent and the Mental Capacity Act 2005. Staff we spoke with explained examples where people had recorded advance decisions about their care or their wish not to be resuscitated. Where those with a learning disability or other mental health problems were supported to make decisions, this was recorded. Staff were able to discuss the carer's role and the decision making process, including how they would deal with a situation if someone did not have capacity to give consent. Verbal consent was recorded as part of a consultation, and written consent forms used for invasive procedures.

The practice offered new patient health checks, and NHS checks for patients aged 40-75. Advice was available on stopping smoking, alcohol consumption and weight management. Patients over the age of 75 were allocated a named GP, albeit one GP was recruited by the practice,

Good

Are services effective?

(for example, treatment is effective)

regular locum GPs attended surgeries on a regular basis which allowed patient choice. The practice website contained health advice and information on long term conditions, with links to support organisations.

In addition to routine immunisations the practice offered travel vaccines, and flu vaccinations. Well woman, ante- and post natal clinics were available. Data showed childhood immunisation rates were broadly comparable with the CCG area. The practice's performance for cervical smear uptake was above the CCG and England average. There was a policy to follow up patients who did not attend for cervical smears.

Good

Are services caring?

Our findings

We spoke to 12 patients during the inspection, and collected 17 CQC comment cards. Patients indicated they were satisfied with the service provided, that they were treated with dignity, respect and care, and that staff were thorough, professional and approachable.

In national surveys, the practice scored highly. In the latest national survey, 93% of patients said the last appointment they got was convenient, and 94% of patients said they had confidence in the GP they saw. However, 73% of patients said the last GP they saw was good at listening to them and 76% said the GP they saw was good at explaining test. Both these results were below the local CCG and national average.

Consultations and treatments were carried out in private rooms, with fabric replaceable curtains around treatment benches to maintain patients' privacy and dignity. Patients could request trained chaperones if they wished.

Patients we spoke to during the inspection told us that health issues were discussed with them and 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 their treatment options. Patient feedback on the comment cards we received was also positive.

There was a translation service available for those whose first language was not English. Patient information leaflets were available in different languages on the practice website by request, and staff had access to an electronic translation facility on their computers.

Patients said they were given good emotional support by the doctors, and were supported to access support services to help them manage their treatment and care. GP's referred people to bereavement counselling services where necessary, although there was no information about this in reception. Where people had suffered a bereavement, the practice sent a standard condolence letter to the next of kin.

The practice kept registers of groups who may need extra support, such as those with dementia, and patients with mental health issues.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

The needs of the practice population were understood and systems were in place to address identified needs. For instance the practice held information about the prevalence of specific diseases. This information was reflected in the services provided, for example screening programmes, vaccination programmes and reviews for patients with long term conditions.

Longer appointments could be made available where required, and patients could book with a specific GP to enable continuity of care. The practice followed up those who did not attend for screening or long term condition clinics.

The facilities and premises were appropriate for the services which were planned and delivered, with sufficient treatment rooms and equipment available.

The building accommodated the needs of people with disabilities, and had automatic doors and level thresholds. All treatment/consulting rooms and patient toilets were on the ground floor. Disabled parking spaces were available in the car park outside. There was a practice information leaflet available in reception. There was a hearing loop at reception to assist those hard of hearing.

Information about how to arrange appointments, opening times and closures was on the practice website or patient information leaflet. There were arrangements in place to ensure patients received urgent medical assistance when the practice was closed.

Appointments could be made in person, by telephone or online. Repeat prescriptions could be ordered online. The practice had extended opening hours Monday to Friday, when the main site was open from 8am until 8pm, and Saturdays 9am until 1pm. Home visits and telephone appointments were available where necessary.

During core opening times patients could access a mix of GP appointments, or clinics such as family planning and for chronic conditions. The most recent practice patient survey showed that 69% of patients were seen within 15 minutes or less of their appointed consultation time. Patients we spoke with told us their appointments generally ran to time. This was above the national average.

The most common negative from patients was difficulty accessing the surgery via the phone to make an appointment. The practice was active in monitoring patient access to the service, and patient feedback regarding this, and had recently initiated some changes such as an increase in telephone appointments, increase staff numbers to answer the phone at peak times, 'sit and wait' clinics and telephone reviews.

The practice had a system in place for handling complaints and concerns. There was a designated person who handled all complaints in the practice. Information on how to complain was in the patient information leaflet. There was a suggestion box where patients could leave feedback and through the 'you said we did' online service.

We looked at a summary of complaints made during 2014, and could see that these had been responded to with a full explanation and apology. Details of the ombudsman had been made available. The practice carried out a patient survey recently in conjunction with its National provider Virgin Care. An action plan was then drawn up and discussed with practice staff to look at the lowest results. The practice summarised and discussed complaints with staff at practice meetings, and was able to demonstrate changes made in response to feedback, such as improvements in communicating with patients before and during consultations.

Are services well-led?

Good

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

Our findings

The practice had a clear mission statement and published values to improve the health and well-being of patients and provide high quality, easy and convenient access. Awareness of the mission statement was clear among staff. The practice had a senior management team and external quality team which regularly looked at how they thought the practice was performing, problem areas, and opportunities and threats for the future.

Staff were clear on their roles and responsibilities, and felt supported by doctors and managers in these. There were systems in place to monitor quality and identify risk. Data from the Quality and Outcomes Framework (QOF) showed the practice was performing at or above national standards. The practice regularly reviewed its results and how to improve.

The practice had identified lead roles for areas of clinical interest or management. There was a programme of clinical audit, although some audits did not always include a date for re-audit or name staff with specific responsibilities for tasks.

From our discussions with staff we found that they looked to continuously improve the service being offered, and valued the learning culture.

Staff said they felt happy to work at the surgery, and that they were supported to deliver a good service and good standard of care. Staff described the culture at the practice as open and honest. The lead GP partner described a major business strength of having a strong, cohesive staff team and six core values were reviewed regular with staff in their personal development. There was a clear chain of command and organisational structure. Communication within teams and across the whole practice was good as they embraced close working relationships. Staff gave examples where they could input ideas and suggestions; they would welcome the opportunity to do this on a more frequent, formalised basis.

There was a plan to reintroduce a new Patient Participation Group (PPG) in the practice and we saw information available in the waiting area requesting this. Annual patient survey reports and action plans were not published on the practice website for the practice population to read. The action plan completed from the patient survey included a 'You said- we did' section, which included some completed actions such as increasing the number of available appointments including some on a Saturday morning.

Staff told us they felt confident giving feedback, and this was recorded through informal staff meetings. Staff told us they generally felt involved and engaged in the practice to improve outcomes for both staff and patients. There was a whistleblowing policy which was available to all staff.

Staff told us the practice supported them to maintain their clinical professional development through training and mentoring. Appraisals took place where staff could identify learning objectives and training needs.

The practice had completed reviews of significant events and other incidents, and shared these with staff via team meeting discussions to ensure the practice improved outcomes for patients, although the recordings of these discussions sometimes lacked detail, for example dates of completion and full action taken to stop reoccurrence of the incident happening again.