# Spencer Street Surgery

## Quality Report

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

# Summary of findings

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# Summary of findings

## Overall summary

Spencer Street Surgery is a GP practice situated in the city of Carlisle. The main surgery is in Spencer Street in the city centre. There is a branch surgery in Blackwell Road three miles away in the area of Currock in Carlisle. During our inspection we visited both sites. There are approximately 11,500 patients registered with the surgery.

The patients were very complimentary of the service, particularly the appointments system and we received excellent feedback from the comment cards which were left for patients to complete during our inspection.

We found that clinical governance was good and the practice was well led.

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

**Are services safe?**

Overall the service was safe. Comments received from patients did not raise any concerns over patient safety.

We saw that arrangements were in place to ensure safe patient care. Staff were trained and recruited effectively and there was forward planning in relation to arrangements for staff mix and numbers to meet people's needs.

There was a good system in place to learn from any significant events or incidents. Safeguarding procedures were in place to ensure patients were protected against the risk of abuse.

The practice had systems and risk assessments in place to ensure the health and safety of patients, staff and visitors to the practice. We found there were appropriate arrangements in place for managing medicines.

The practice was clean and there were effective systems in place to minimise the risk of infection.

**Are services effective?**

Overall the service was effective. There was a good clinical audit system. Care and treatment was delivered in line with best practice.

Staff were aware of the importance of working with other services to achieve the best outcomes for patients.

**Are services caring?**

Overall the service was caring. All of the feedback was very complimentary about the way staff and the practice interacted with them.

Staff were observed to be caring and compassionate with patients and feedback from people confirmed this.

Patients told us they felt they had enough information and time with the GP or nurse and treatment was explained to them.

**Are services responsive to people's needs?**

Overall the service was responsive to patient's needs

Patients overall told us they were happy with access to services provided. We found staff had a good understanding of the local community's needs.

# Summary of findings

**Are services well-led?**

Overall the service was very well led. There was a good structure and clear allocation of responsibilities. The practice's leadership ensured that patients needs were at the centre of their work. The practice was open to comments and constructive criticism from both patients and staff.

There was a system of audits and risk management in place to ensure patient, staff and visitor safety. There was a governance strategy in place and managers understood how they needed to take forward the practice in the future.

# Summary of findings

## What people who use the service say

Patients who used the service told us that it met their healthcare needs and that both clinical and non clinical staff treated them with respect, discussed their treatment choices and helped them to maintain their privacy and dignity.

There were no problems accessing urgent appointments. Patients could see the GP of their choice for routine appointments but sometimes there may be a small wait for this due to availability.

Patients all thought that the staff had a caring friendly attitude and they felt safe.

Comment cards which had been left at the practice by CQC to enable people to record their views on the service were overwhelmingly positive and emphasised the standard and quality of care patients received.

## Areas for improvement

**Action the service COULD take to improve**

- We looked at the recording of significant events and saw there were two incidents recorded with no significant event forms attached. These occurred some months ago. The practice manager explained these were yet to be completed. This suggested that the system in place may be too slow to record and discuss these events. We brought this to the attention of a GP partner and practice manager during our visit.

## Good practice

- The practice manager told us that a quality improvement group had been set up approximately a year ago. The group met to discuss improvement every two months. Agreed actions had been formulated as a result of this. This included clinical audit and improvement projects, significant event audits, tighter prescribing guidelines and systems to ensure continuity of care. Agreed actions had been formulated as a result of this. The actions were all time bound and included an owner.
- We looked at clinical audits. One audit from the previous year looked at all patients who had been diagnosed with cancer. The figures indicated a fairly normal pattern and it was good practice that this information was reviewed.
- The appointments system was very good. The system allowed for one GP to be the duty doctor, all day, dealing with all requests by patients to be seen on the day including home visits. The capacity and demand in the practice was managed on a weekly basis with discussion as to the provision and numbers of appointments to be made available. If numbers of staff were low the GP partners increased their commitment and therefore responded to the demand of patients.

# Spencer Street Surgery

**Detailed findings**

## Our inspection team

**Our inspection team was led by:**

Our inspection team was led by a CQC Lead Inspector and a GP. The team included a Specialist Advisor and an Expert by Experience. An Expert by Experience is somebody who has personal experience of using or caring for someone who uses a health, mental health and/or social care service.

## Background to Spencer Street Surgery

Spencer Street Surgery is a GP practice situated in the City of Carlisle. The main surgery is in Spencer Street in the city centre and there is a branch surgery in Blackwell Road three miles away in the area of Currock in Carlisle.

The practice population size is approximately 11,500, with all patients registered at Spencer Street main surgery. The practice covers Carlisle city centre and the close surrounding area. There are six GP partners, a managing partner and two salaried GPs. There is a team of four practice nurses and two healthcare assistants. The clinical staff are supported by a team of administrative staff, led by the practice manager.

The main surgery at Spencer Street is open Monday to Friday 8:00 am until 8:00pm Monday, Tuesday and Thursday. Closing on Wednesday and Friday is at 6:30 pm. The branch surgery at Blackwell Road is open Monday to Friday 8:30 am until 1:00pm. Out of hours the surgery telephone service will divert patients to Cumbria Health on Call (CHOC) who will assess people's needs or alternatively in emergencies the 999 service for an ambulance is available.

Appointments are offered on a same day basis, in particular for emergencies. Appointments are offered during opening times at both the main and branch surgeries. Appointments can be booked up to eight weeks in advance for GPs and six months in advance for the nurse. Telephone appointments can be arranged by telephoning the receptionist who can arrange for the GP or nurse to call the patient back.

## Why we carried out this inspection

We inspected this service as part of our new inspection programme to test our approach going forward. This provider had not been inspected before and that was why we included them.

## 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?

Before visiting, we reviewed information we held about the service and asked other organisations to share what they knew about the service. We carried out an announced visit on 6 May 2014. During our visit we spoke with a range of staff including GP partners, the practice manager, practice nurses, a healthcare assistant, secretaries and receptionists. We spoke with patients who used the service.

# Detailed findings

We observed how reception staff interacted with patients and talked with carers and/or family members. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

# Are services safe?

## Summary of findings

Overall the service was safe. Comments received from patients did not raise any concerns over patient safety.

We saw that arrangements were in place to ensure safe patient care. Staff were trained and recruited effectively and there was forward planning in relation to arrangements for staff mix and numbers to meet people's needs.

There was an effective system in place to learn from any significant events or incidents. Safeguarding procedures were in place to ensure patients were protected against the risk of abuse.

The practice had effective systems and risk assessments in place to ensure the health and safety of patients, staff and visitors to the practice. We found there were appropriate arrangements in place for managing medicines.

The practice was clean and there were effective systems in place to minimise the risk of infection.

## Our findings

### Safe Patient Care

The practice manager told us that a quality improvement group had been set up approximately a year ago. The group met to discuss improvement every two months. Agreed actions had been formulated as a result of this. This included clinical audit and improvement projects, significant event audits, tighter prescribing guidelines and systems to ensure continuity of care. Agreed actions had been formulated as a result of this. The actions were all time bound and included an owner.

We saw from training records and confirmed with staff that they had received cardiopulmonary resuscitation (CPR) training. There were arrangements in place for patients to use the chaperone service if needed. Staff had been trained by an external company.

One patient we spoke with told us "I am on repeat prescriptions. They do get reviewed; I had a review a couple of months ago". Another patient told us "They do check to see if I have any side-effects (from medication), just had some blood tests done".

All staff had received checks to ensure their suitability to work with vulnerable people. There was a staff induction process for both administrative and clinical staff which enabled them to be competent in areas related to their work.

### Learning from Incidents

We looked at significant event forms with the practice manager and reviewed two cases in detail. The practice manager described when they might need to notify CQC of any incidents. Learning from significant events was regularly reviewed. We saw that complaint forms had significant event forms attached, this showed who was involved, actions taken, details about any review at the multi disciplinary team meeting and any recommendations made, plus categories for reporting to the Clinical Commissioning Group (CCG).

We saw however there were two incidents recorded with no significant event forms attached. These had occurred some months ago. The practice manager said these forms had not been completed yet. We brought this to the attention of a GP partner and practice manager during our visit and they said they would take this away and review the time scales.

# Are services safe?

## Safeguarding

The practice manager explained that one of the GP partners was the lead for the practice for safeguarding. We saw the practice had a safeguarding policy. We saw from records that staff had received safeguarding training. A receptionist told us "I have had safeguarding level 1 training. I received a criminal records bureau (CRB) check when I started". There were notices in the waiting room regarding safeguarding and how to report suspected abuse. There was also a list of safeguarding contacts on display.

Patients we spoke with told us they felt safe when using the practice. The practice also had a zero tolerance procedure which it promoted on both its website and practice leaflet to safeguard staff from any patient aggression or violence.

## Monitoring Safety & Responding to Risk

The practice manager was the overall health and safety lead. We saw that fire, health and safety and the prevention of accidents were included in the induction for new members of staff. We spoke with a receptionist who knew the fire plans/fire evacuation procedures.

We saw from training records that all staff were trained in basic life support. The practice nurse showed us the emergency equipment in the reception area. Checks on this were made monthly, the last one being 1 May 2014. The equipment included a defibrillator and nebuliser, the checks indicated they were in working order. There were also emergency drugs if needed.

## Medicines Management

The practice nurse showed us the store room which included a locked cabinet for controlled drugs (CD), these are drugs which are controlled under the Misuse of Drugs legislation. The practice only kept small amounts of these types of drugs. There was a palliative care pack used by GPs or district nurses on home visits. There was a CD register where everything was written including stock checks, what was signed in, signed out and any disposals made by the pharmacist.

The practice nurse explained that the health care assistant ordered new stock weekly and whoever put it away put oldest stock to the front. They kept some small named supplies, for example, dressings for elderly patients that they knew were coming in regularly.

We looked in the vaccination fridges. Temperature checks were carried out daily and were within the accepted temperature limits. All of the items in the fridges had stock numbers written on them relating to the batch in which they had arrived, lower numbers indicated to staff that these must be used first. Vaccines were clearly labelled on different sections of the shelves in the fridge. All were found to be in date.

## Cleanliness & Infection Control

All of the patients we spoke with thought the surgeries were clean. One patient told us "Every time I have visited this doctor it has always been clean." Another patient said "The surgery is clean and tidy, no problems."

We looked at the general surgery areas, treatment and consultation rooms on both sites and found them to be clean and tidy. Surfaces were washable with the exception of some of the patient chairs. We saw the practice had a development plan which included replacing the chairs. Curtains in the treatment rooms were disposable and had a date on them to indicate when they were last changed. The sharps boxes were stored in the room and the nurse said they were collected weekly.

The practice nurse was the infection control lead and we saw infection control audits had been carried out in the last two months with actions to follow up any identified issues. We saw that a record was kept of staff immunisation and hepatitis B status. This helped to identify potential risks and reduce the spread of infections.

We spoke with the cleaner who told us there was a cleaner working morning and afternoon in the practice. They showed us each room had a 'tick sheet' showing which areas needed to be cleaned. Some tasks were daily, weekly or monthly. We saw the tick sheets had been initialled when the tasks were completed. We looked in the cleaning storeroom. The cleaner explained about colour coding of mops, blue for rooms and red for toilets. The cleaner confirmed the practice manager carried out checks periodically. They told us "I like it here, the practice manager is easy to talk to and I am satisfied that there is enough time to do the job and the service is clean."

## Staffing & Recruitment

The practice manager explained to us that there were arrangements in place to plan and monitor the number of staff and the mix to meet people's needs. The appointment system was reviewed at a weekly meeting to ensure that enough staff are available to meet the current demand. The staffing levels due to absences were also managed.

# Are services safe?

We looked at three staff recruitment files. We saw they had all received the relevant checks to work with vulnerable people. This included a disclosure and barring service (DBS) check. We found checks on identity had also been made. There was a file with yearly checks on the nurse's registration status with the Nursing and Midwifery Council (NMC). We were told by the practice manager that the CCG carried out the checks for GPs and sent her an email of each individual GP to confirm the check had been undertaken.

### Dealing with Emergencies

The practice had a comprehensive 'Continuity planning and recovery protocol.' This documented the practice's response to emergencies such as staff shortages, computer systems issues, clinical concerns and premises problems. The protocol set out in detail what needed to be done and who needed to be contacted.

The practice manager explained there had been a recent incident where the telephones in the surgery did not work. They arrived at the surgery and found that staff had followed the procedures outlined in the plan exactly, this therefore demonstrated that the plan was in use and working.

### Equipment

The practice manager told us they had a contract with a company who serviced the equipment used in the practice once a year. There was a local company where they could go if something could no longer be used. The practice nurses were responsible for checking emergency equipment and we saw that there were schedules detailing these checks.

We saw the practice had a number of risk assessments in place to ensure the health and safety of patients, visitors and staff members. This included legionella and asbestos surveys, a clinical waste file and portable appliance testing (PAT) records.

# Are services effective?

(for example, treatment is effective)

## Summary of findings

Overall the service was effective. There was a good clinical audit system. Care and treatment was delivered in line with best practice.

Staff were aware of the importance of working with other services to achieve the best outcomes for patients.

## Our findings

### Promoting Best Practice

We spoke with the clinical governance lead for the practice who was a GP partner. They were able to demonstrate extensive use of guidelines on the practice intranet. There was a template with local protocols for the referral of common conditions to specialists. This was reflected in the practice's relatively low number of referrals, which was good.

### Management, monitoring and improving outcomes for people

There were two GP trainers in the practice, one was also a GP appraiser. Since the CCG was formed the amount of comparative data available to the practice had decreased but the practice had managed to use its own data and maintained a high Quality and Outcomes Framework (QOF) score. CCGs are national health service (NHS) organisations set up to organise the delivery of NHS services in England. The QOF is a system to remunerate general practices for providing good quality care to their patients, and to help fund work to further improve the quality of health care delivered.

We saw the practice also had an excellent track record of conducting clinical audits. We viewed the practice system, this showed there were audits going back over the past ten years with approximately ten listed each year. All these appeared to be relevant and had helped the practice maintain high standards.

One audit from the previous year looked at all patients who had been diagnosed with cancer. The figures indicated a fairly normal pattern of occurrence and recovery. This showed that the practice actively reviews the outcomes of its work in order to promote improvement and learning.

There was a quarterly risk profiling meeting to review all patients most likely to need urgent hospital admission. Risk scores were updated for all patients so that possible extra interventions could be discussed.

### Staffing

The practice manager showed us a staff training matrix and how they identified who needed training and when. We looked at two examples of staff training files and saw that basic training included induction, equality and diversity, infection control, life support, significant events, confidentiality, safeguarding and whistleblowing training.

# Are services effective?

## (for example, treatment is effective)

We saw that staff received annual appraisals. We spoke with the GP partners who all confirmed they were up to date with their appraisals and aware of their revalidation dates.

### Working with other services

Three of the GP partners also work for local out of hours service (CHOC), and can gain access to patient's medical summaries if necessary. The practice held meetings every two weeks to which the primary health care team were welcome to attend, this included health visitors and district nurses who were not based in the practice.

We were told that there are monthly "Gold Standard" meetings with the palliative care nurses. Gold Standard is a framework for training and coordinating front line staff in end of life care. There were also monthly safeguarding meetings.

### Health Promotion & Prevention

We saw in the waiting rooms at both surgeries there was health promotion information. The notice board had information on the 'change 4 life' health promotion programme, the availability of health checks for people aged 40-74 years, leaflets from the national 'be clear on cancer' campaign and what to do about concerns about dementia .

We also saw the practice offered "exercise on referral", in order to promote active healthy lifestyles and to complement other treatment for conditions for example depression and anxiety. They arranged for the first meeting between the patient and the instructor to be in the practice so that the patients did not feel too daunted by attending a gym initially.

The practice had a podiatrist and a dietician available for diabetic patients. The GP partners had allocated a named doctor for all of the over 75 year old patients; this was the patient's usual preferred doctor. The aim was to ensure all the patients aged over 75 had an accessible care plan which could be shared with the Out of Hours care provider. Patients considered to be "End of Life" were reviewed regularly through the practice's Gold Standards meetings. The practice provided all routine immunisation programs.

# Are services caring?

## Summary of findings

Overall the service was caring. All of the feedback was very complimentary.

Staff were observed to be caring and compassionate with patients and feedback from people confirmed this.

Patients told us they felt they had enough information and time with the GP or nurse, and treatment was explained to them.

## Our findings

**Respect, Dignity, Compassion & Empathy**

We spoke with 11 patients who were using the service both on the day of our inspection and over the telephone prior to our visit. We read 12 CQC comment cards which had been completed by people who used the service in the week before and on the day of our inspection. We also received some feedback from patients at a listening event which was held in Carlisle.

Comments we received from patients included;

- "I get to know the staff. They are respectful. Reception staff are polite".
- "Generally everyone is polite. I can request my own doctor".
- "The staff are respectful".
- "I have always had good care at the practice, from all members of staff".
- "I think Spencer Street is the 5 star, gold standard of surgeries, from GPs to nursing staff to receptionists".

We observed patients being attended to at the reception desks at both surgeries. Staff were polite on the telephone and in person. There was a notice in the reception stating there was a room available for a private discussion. A receptionist we spoke with said "There is not a problem with privacy, I can use one of the consulting rooms or take people out of the main area to talk quietly. I have had training in confidentiality, for example, I don't discuss cases with other family members. We often talk about confidentiality during our protected learning time sessions".

We saw in the waiting room that the television showed information about chaperones and sign posted places to seek help on various issues. In both waiting rooms there was a hearing loop for those with difficulties with hearing.

We spoke with one person whose relative was receiving end of life care, they said "They (the staff) are brilliant. My relative is ill, they have rung me regularly and kept me informed about their condition. They go to see him and really look after him". The practice manager explained that the practice have regular palliative care meetings. They had a leaflet available and gave advice to patients on end of life care.

# Are services caring?

### Involvement in decisions and consent

One patient told us “Everything is explained, all of the risks and benefits. They (the staff) are good at listening. The GP explained what would happen when I went to the hospital, so I would know what the procedure was about”. Another patient told us “They tell you about the risks and benefits. They use plain language that I can understand”.

We asked a GP partner about capacity to consent and we were told this was done on a patient by patient basis.

We spoke with the practice nurse who demonstrated how useful the care plans were for the patients who had diabetes. The patients were involved in their own care. The process of care plans was being rolled out for patients with chronic obstructive pulmonary disease (COPD) and cardiovascular disease (CVD).

# Are services responsive to people's needs?

(for example, to feedback?)

## Summary of findings

Overall the service was responsive to patient's needs. There was a clear complaints policy and patient's feedback was acted upon.

Patients overall told us they were happy with access to services provided. We found staff had a good understanding of the local community's needs.

## Our findings

### Responding to and meeting people's needs

One of the receptionists explained to us that there was an interpreter service available. One of the GPs at the practice could speak German and another spoke Bengali. Locally there was a large Polish community. We were told members of the Polish community often brought someone with them to interpret but obtaining interpretation had never been a problem in the practice. We saw in both practices there were leaflets available in Polish.

The practice had an open list system, to fulfil the new requirement to have a named doctor for all patients aged 75 and over. The partners had agreed which patients they will each be responsible for and a care plan was being generated for all those considered to be at risk.

We saw there was a register of all patients with a learning disability and all records were coded to reflect this. We were told there was both a visiting dietician and podiatrist to review patients and a weight reduction clinic was in place.

There was no wheelchair access at the front of the building at the main surgery. This was not possible due to the lay out of the building. However, if patients contacted the surgery in advance a parking permit could be arranged so they could park at the rear of the premises and they could gain access via the rear of the building. There were four downstairs consulting rooms at the main surgery and it was explained that one was always kept free for those patients who needed to be seen downstairs. There was access for wheelchairs at the branch surgery.

### Access to the service

Patients we spoke with told us that they could access appointments easily, comments from people regarding the appointment system were very good including;

- This is a good practice. There are no long queues. They do try to get you in and are open late in the evenings, which is good for me as I am a working mum"
- "It is ok. I always come here (Blackwell Road) because it is quieter. There is no problem making an appointment. I see the nurse regularly. She phones to confirm the next appointment. I stick to my own doctor and can see him when I want. It is quiet here. I like having a local branch where I am not just a number. I get repeat prescriptions, it works. I drop in at the surgery. I tried to do it via the

# Are services responsive to people's needs?

## (for example, to feedback?)

chemist. That didn't work, so now I do it myself at the surgery. They do check to see if I have any side-effects (from medication), I have just had some blood tests done".

- "Brilliant. Receptionists lovely. Doctor's brilliant. Always gets an appointment".
- "My family, grand parents, parents and now me have used this surgery, it's great, I rang this morning and got in even though it's been a bank holiday."

It was explained to us that the appointment system allowed for one GP to be the duty doctor, all day, dealing with all requests by patients to be seen on the day including home visits. The capacity and demand in the practice was managed on a weekly basis with discussion as to the provision and numbers of appointments to be made available. If numbers of staff were low the GP partners increased their time commitment therefore responding to the demand of patients. The practice manager explained that the surgery had previously opened on a Saturday morning however there was a low take up and late night opening suited the needs of the patients better. We found appointments with the GP could be booked up to eight weeks in advance and six months in advance with the practice nurse. If patients preferred telephone consultations were also available.

Requests for repeat prescriptions were dealt with within 48 hours. A number of local pharmacies of the patient's choice would collect and dispense prescriptions within 72 hours. There was a blue box where prescriptions ready for collections were stored. This was checked every month and old prescriptions destroyed which were not collected. We saw it had been checked that month.

### Concerns & Complaints

We saw that the service had an effective complaints procedure. There was a complaints leaflet on display in the waiting rooms which told people how to make a complaint and also welcomed their comments. Information was also available on the practice website, including a copy of the complaints leaflet.

We discussed complaints with the practice manager. We looked at a sample to check that they had been logged and responded to appropriately. There had been eight to ten complaints in the last year, there were no common themes. The two complaints we looked at had been dealt with in line with the provider's policy. The practice manager told us they always discussed and fed back any actions to staff as a result of complaints.

Most people we spoke with had no cause to complain and all knew how to make a complaint. One person we spoke with had cause for a complaint and they received a quick response to this.

# Are services well-led?

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

## Summary of findings

Overall the service was very well led. There was a good structure and clear allocation of responsibilities. The practice's leadership ensured that patients needs were at the centre of their work. The practice was open to comments and constructive criticism from both patients and staff.

There was a system of audits and risk management in place to ensure patient, staff and visitor safety. There was a governance strategy in place and managers understood how they needed to take forward the practice in the future.

## Our findings

### Leadership & Culture

We found Spencer Street surgery to be a well led and well run practice. This was largely due to the practice manager and the enthusiasm and experience of the GP partner who was the lead for clinical governance. They were described by another partner in the practice as the driving force and were appreciated by staff. One GP partner explained they felt that it would be difficult to imagine the practice operating without the practice manager there to manage the day to day running.

The practice had a development plan and each partner had a published list of the roles and tasks they were responsible for, for example, prescribing, learning disabilities and information governance. The development plan also contained an organisational chart showing the roles of staff and accountability.

A member of staff told us "I am well-supported. It is the best place to work, like being in a family. I raise issues at protected learning time sessions and they get sorted out". Another member of staff told us "All staff are approachable, we are well staffed and are assisted with any training issues and there are opportunities for further development."

### Governance Arrangements

The practice development plan set out the objectives and direction of travel for the practice. There were audits in place to manage infection control, significant events and health and safety. There were well documented clinical audits in place. This covered significant events, complaint reviews, coroner inquest reviews, medicines management processes and responses to safety alerts.

### Systems to monitor and improve quality & improvement

The practice development plan set out the issue of the premises at Spencer Street. The practice manager also explained this to us. The building is in a Victorian terraced row of housing which is a listed building. There was no dedicated car parking for patients and is not ideal for those requiring wheel chair access. Other avenues for premises for the practice have been explored including new premises which would still be preferred. As a medium term

# Are services well-led?

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

solution the practice have bid for funding from NHS England to have two more downstairs treatment/ consulting rooms available to meet the need of their patients.

We saw that the premises at the branch surgery at Blackwell road had just undergone a renovation project to ensure the building was fit for purpose. Wi-Fi had also been installed as part of a NHS Cumbria clinical commissioning group (CCG) initiative and the practice were awaiting instructions as to how to progress this.

The practice was to have a database system installed which is called EMIS Web, in June 2014. They explained this would give them more opportunities to have a more structured approach to long term conditions management. They were also hoping to set up structured one stop clinics at the practice which would focus on areas in addition to diabetes, coronary heart disease, asthma and COPD. The practice was keen to expand the clinic to include vascular and respiratory clinics.

The development plan also set out plans for a project aimed at the reduction of prescribing of anxiolytics and hypnotics. They were also about to commence a project to review the repeat prescribing processes. They believed there was work to be done here to streamline process, this would include a medication review for patients on their birthday. This would be assisted by the introduction of EMIS Web.

### Patient Experience & Involvement

We saw the practice had a quarterly newsletter. This gave information on news within the practice such as disruption to patient services because of the introduction of EMIS Web and also any health promotion information such as shingles vaccines.

The practice manager showed us the results from a patient survey carried out in Sept 2013, this was also available on the practice website. 271 people had responded. Overall 91% of patients gave ratings about the practice either good, very good or excellent.

There was a link on the practice website where patients could sign up to complete a survey and be part of the patient participation group (PPG). The practice has a membership of approximately fifteen people on their PPG.

An action plan had been drawn up each year in response to feedback from the PPG and was also published on the practice website. There were several actions in relation to the accommodation issues at Spencer Street. Changes had been made to some services, for example it was flagged up that telephone lines were busy at 8am when the surgery opened so patients were asked to not ring until after 11am for repeat prescriptions.

### Staff engagement & Involvement

We saw there were protected learning time sessions for all staff, there were nine of these every year. The meetings were used to discuss complaints, significant events and promote team building.

Staff told us they felt that the management of the practice were approachable. Any training or development needs they had were met. Staff received annual appraisals.

### Learning & Improvement

The practice development plan demonstrated that there was on-going improvement in the practice. The meetings which were held for example, included forward planning for appointments and staffing.

There were management systems in place to monitor improvement such as audits with time bound actions included in them.

### Identification & Management of Risk

We saw that staff had access to policies and procedures on the practice intranet. There were risk assessments in place to ensure safety.

Staff were subject to checks to ensure their suitability to work with vulnerable people. There was an induction process which enabled staff to be assessed as competent in areas relevant to their work.