Luson

Quality Report

41 Fore Street
Wellington
Somerset
TA21 8AG
Tel: Tel: 01823 662836
Website: www.lusonsurgery.co.uk

Date of inspection visit: 3 December 2015
Date of publication: 21/01/2016

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

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 6

What people who use the service say 9

Areas for improvement 9

Outstanding practice 9

Detailed findings from this inspection

Our inspection team 11

Background to Luson 11

Why we carried out this inspection 11

How we carried out this inspection 11

Detailed findings 13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Luson Surgery on 3 December 2015. Overall the practice is rated as good.

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

- 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 the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- 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.

We saw areas of outstanding practice:

- The practice made reasonable adjustments to remove barriers when patients found it hard to use or access services for example, through the provision of appointments to see a GP outside the GPs normal working hours.

Summary of findings

- The practice provided regular twice weekly clinics by a male and female GP for students at a local boarding school to ensure their health needs were being met. In addition they provided rugby concussion assessments for students if required.
- The practice worked effectively with patients diagnosed with learning disabilities to ensure they received appropriate treatment. Where patients lacked capacity to make decisions for themselves they involved the local authority Independent Mental Capacity Assessor to ensure safe decisions about appropriate treatment were made on behalf of the patient.

The area where the provider should make improvement are:

- In support of the whole staff group; consider ways of enabling all staff to gather collectively to review the performance of the practice.

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.

- 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 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.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Patient outcomes outlined by the Somerset practices quality system were at or above average for the locality.
- 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 multidisciplinary teams to understand and meet the range and complexity of people's needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Information from the Somerset practices quality system showed patients rated the practice higher than others for most aspects of treatment and care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We also saw staff treated patients with kindness and respect, and maintained confidentiality.

Summary of findings

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Local population needs were reviewed and the practice engaged with NHS England and Clinical Commissioning Group to secure improvements to services where these were identified. For example, through the participation in the Somerset Symphony project which provided new integrated care models for patients with long term conditions to ensure their wellbeing.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good 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 the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

- There was a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- 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 knowing about and responding to notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- Staff were responsive to the needs of older people. The practice offered home visits and urgent appointments for those with enhanced needs including those patients living in residential or nursing homes.
- One of the practice staff was a carers champion who helped identify patients who were carers or who were being supported by a carer. They helped ensure carers were getting the information and support they needed.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- One of the practice staff was a carers champion who helped identify patients who were carers or who were being supported by a carer. They helped ensure carers were getting the information and support they needed.
- The practice had recently joined the Somerset Symphony project which provided new integrated care models for patients with long term conditions to ensure their wellbeing. Plans were being developed to support patients with long term needs to access these services alongside those offered by the practice.

Families, children and young people

Good

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

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. 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.
- The practice was in line with other local GP practices for cervical screening for women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years (01/04/2013 to 31/03/2014); 79.6% compared to the clinical commissioning group (CCG) average of 77.7%
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.

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 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, flexible and offered continuity of care. For example, through the provision of appointments to see a GP outside the GPs normal working hours.
- The practice was proactive in offering online services as well as a range of health promotion and screening that reflected the needs for this age group.

People whose circumstances may make them vulnerable

Good

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 diagnosed with a learning disability.
- Longer appointments were offered for patients with a learning disability at a time which suited them.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- Vulnerable patients were informed about how to access various support groups and voluntary organisations.

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 normal working hours and out of hours.
- One of the practice staff was a carers champion who helped identify patients who were carers or who were being supported by a carer. They helped ensure carers were getting the information and support they needed.
- In support of improving access for patients, patients who were deaf were provided with email communications by the practice to facilitate their appointment reminders and test results.

People experiencing poor mental health (including people with dementia)

Good

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

- All patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months.
- The practices mental health returns at 73.1% were above the average for the Clinical Commissioning Group 71.1%, the practice was working to improve their performance further.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Advance care planning was carried out for patients living with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Systems were 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 patients with mental health needs and dementia.
- One of the practice staff was a carers champion who helped identify patients who were carers or who were being supported by a carer. They helped ensure carers were getting the information and support they needed.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015. The results showed the practice was generally performing in line with local and national averages. 259 survey forms were distributed and 119 were returned. The patient survey response rate was 45.9% and represented approximately 2% of the practice's total patient population.

- 90.1% found it easy to get through to this surgery by phone compared to a Clinical Commissioning Group (CCG) average of 78.6% and a national average of 73.3%.
- 91.8% found the receptionists at this surgery helpful (CCG average 89%, national average 86.8%).
- 82.1% were able to get an appointment to see or speak to someone the last time they tried (CCG average 88.8%, national average 85.2%).
- 88.6% said the last appointment they got was convenient (CCG average 93.7%, national average 91.8%).
- 84.4% described their experience of making an appointment as good (CCG average 79.2%, national average 73.3%).
- 84.3% usually waited 15 minutes or less after their appointment time to be seen (CCG average 70.1%, national average 64.8%).
- Summary information from the practices 'Friends and Families' survey showed 89% of patients responding to the survey were 'likely' or 'extremely likely' to recommend the practice to others.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 14 completed Care Quality Commission comment cards, all were positive about the standard of care received. We read the commentary responses from patients on these cards and noted they included observations such as;

- The services provided were excellent and caring.
- Appointment access was good for patients who confirmed they were able to get urgent on the day appointments.
- Staff were helpful, respectful and compassionate towards patients.
- Patients felt treated with dignity and respect
- Patients expressed their overall satisfaction with the treatment received.

We spoke with four patients during the inspection whose comments were very positive and praised the care and treatment they received. Patients spoke about being involved in the care and treatment provided, and about feeling confident in the treatment agreed with their GP or nurse.

We spoke with three members of the practices patient participation group. All patients said they were happy with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service SHOULD take to improve

The area where the provider should make improvement is:

- In support of the whole staff group; consider ways of enabling all staff to gather collectively to review the performance of the practice.

Outstanding practice

We saw areas of outstanding practice:

Summary of findings

- The practice made reasonable adjustments to remove barriers when patients found it hard to use or access services for example, through the provision of appointments to see a GP outside the GPs normal working hours.
- The practice provided regular twice weekly clinics by a male and female GP for students at a local boarding school to ensure their health needs were being met. In addition they provided rugby concussion assessments for students if required.
- The practice worked effectively with patients diagnosed with learning disabilities to ensure they received appropriate treatment. Where patients lacked capacity to make decisions for themselves they involved the local authority Independent Mental Capacity Assessor to ensure safe decisions about appropriate treatment were made on behalf of the patient.

Luson

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead Inspector**.** The team included a GP specialist advisor, and a practice nurse.

Background to Luson

Luson Surgery is located in the centre of Wellington, a small Somerset town about seven miles from Taunton. The practice serves a local and rural population of approximately 5940 patients from Wellington and the surrounding villages. The practice building has been in the same location for over 150 years and has been extended in several phases since 1995 to include further treatment rooms and hosting a pharmacy on the premises. .

Luson Surgery has five GPs, all of whom are partners. Between them they provide 26 GP sessions each week and are equivalent to 3.25 whole time employees. Three GPs are female and two are male. There are four nurses including nurse practitioner and senior nurse whose working hours are equivalent to 1.91 whole time employees. A health care assistant is also employed by the practice. The GPs and nurses are supported by 11 management and administrative staff including a practice manager.

The practices patient population is expanding and has a high proportion of patients over the age of 65 years, with approximately 23.6% of patients being over this age compared with the national average of 17%. Approximately 3.75% of the patients are over the age of 85 years compared to a national average of 2.2%. Approximately 65.4% of patients have a long standing health condition compared to a national average of 54% resulting in a higher demand for GP and nurse appointments. These figures indicate there may well be competing demands for GP appointments however patient satisfaction scores are high with over 98% of patients having confidence and trust in the last GP or nurse they saw or spoke with.

The general Index of Multiple Deprivation (IMD) population profile for the geographic area of the practice is in the fourth least deprivation decile. (An area itself is not deprived: it is the circumstances and lifestyles of the people living there that affect its deprivation score. It is important to remember that not everyone living in a deprived area is deprived and that not all deprived people live in deprived areas). Average male and female life expectancy for the area is 80 and 84 years respectively compared to a national average of 79 and 83 years respectively.

The practice is open between 8:30am and 6:30pm Monday to Friday; appointments are available during these times with telephone access available from 8am and 6:30pm. The practice offers online booking facilities for non-urgent appointments and an online repeat prescription service. Patients need to contact the practice first to arrange for access to these services.

The practice has a General Medical Services (GMS) contract to deliver health care services; the contract includes enhanced services such as childhood vaccination and immunisation scheme, facilitating timely diagnosis and support for patients with dementia and minor surgery services. An influenza and pneumococcal immunisations enhanced service is also provided. These contracts act as the basis for arrangements between the NHS Commissioning Board and providers of general medical services in England.

Detailed findings

The practice has opted out of providing out-of-hours services to their own patients. This service is provided by Somerset Doctors Urgent Care (SDUC), patients are directed to this service by the practice outside of normal practice hours.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

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 3 December 2015. During our visit we:

- Spoke with a range of staff including three GPs, three nurses, the practice manager and administrative staff. In addition we spoke with members of the patient participation group and with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.
- 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 looked at how well services were 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 Somerset Practices Quality System or Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Good

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager either verbally or by email of any incidents and there was a recording form available on the practice's computer system.
- 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. The practice manager kept a log of all patient safety alerts received at the practice. The log detailed what the alert was about, whether it was relevant to the practice and what action the practice had taken. The log detailed when action had been taken and who took the action. Minutes of meetings showed these alerts were disseminated and discussed. Lessons were shared from alerts and incidents to make sure action was taken to improve safety in the practice. For example, checking whether patients were prescribed a medicine highlighted in an alert and ensuring the provision of more detailed special notes to the Out of Hours service to ensure patients only received prescribed medicines.

When there were unintended or unexpected safety incidents, people 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

The practice had clearly defined and embedded systems, processes and practices in place to keep people 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. Phone numbers of the local authority safeguarding team were available in all staff areas. 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 3 for children.
- Where safeguarding concerns were identified we noted the practice made relevant referrals to safeguarding authorities to ensure the patient remained safe. We saw monitoring continued after the initial referral and all concerns were discussed at multidisciplinary meetings.
- All practice staff had undertaken vulnerable adults training to aid recognition of potential problems concerning patients.
- A notice in the waiting room advised patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring 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 appeared clean and tidy. Onepractice 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 training to ensure infection control processes were followed. Annual infection control audits were undertaken and we saw evidence 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 Clinical Commissioning Group 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. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable health care assistants to administer vaccinations.

Good

Are services safe?

- 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.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- 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. The practice had up to date fire risk assessments and carried out regular fire drills.
- We saw from maintenance certificates all electrical equipment was checked to ensure equipment was safe to use and clinical equipment was checked to ensure it was working effectively. 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.
- There was sufficient equipment in the practice to ensure patients were safely treated. The practice had recently purchased a new spirometer (An instrument used to compare lung function to that expected according to age, sex and height), electrocardiograph (ECG) (used to assess the electrical and muscular functions of the heart) and a centrifuge machine (used for separating blood samples). This enabled patients to be assessed locally and ensured blood samples were kept in the optimum way prior to transporting to the laboratory for testing.
- 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. A telephone emergency call system was also available to call for assistance or to alert staff about other emergencies.
- All key 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. There was also a first aid kit and accident book 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 and copies were held off the premises by the partners and practice manager..

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- 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 GPs and nurses had access to patient care pathways from the patient record system and intranet resources.
- The practice monitored these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- In conjunction with Somerset Drug and Alcohol services the practice carried out three way shared care reviews of patients. These reviews ensured treatment and support for the patient was collaborative and all involved were clear about the patients treatment plan.
- The practice identified nominated GPs to carry out nursing home visits and carried out regular visits to the 99 patients registered at the practice living in this type of accommodation.
- Patients with a learning disability living in nearby home received similar visits and access to GPs was offered via an ex-directory telephone number, which was answered as a priority.
- Patients with long term conditions each had a named GP to ensure continuity of care; a GP buddy system ensured continuity was maintained for these patients.
- The practice held a register of all patients diagnosed with a learning disability and provided annual health checks and medicines reviews to all these patients.

Management, monitoring and improving outcomes for people

The practice used information collected for the Somerset Practice Quality Scheme (SPQS) and performance against national screening programmes to monitor outcomes for patients. (SPQS is a system intended to improve patient support based on local need). Aggregated information from a review of this scheme (October 2015) indicated;

- There was emerging evidence the number of contacts patients had in order to meet their needs was being reduced in some of the SPQS practices. However, the practice had not fully implemented a program of audits which would help provide a wider monitoring of the practices performance and outcomes for patients.
- Patients and clinicians decided priorities together through shared decision making.

A South West penninsular research project (October 2015) had indicated small incremental gains from suspending Quality and Outcomes Framework (QOF) were being used by SPQS practices to concentrate on the work which provided most local value for example, spending more time listening to patients about their illness.

Clinical audits demonstrated quality improvement.

- There had been nine clinical audits completed in the last two years, three 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 be more effective for patients. For example, recent action taken as a result included a change from prescribing high cost to lower cost but equally effective medicines used to lower blood cholesterol and improved management of patients post myocardial infarction (Myocardial infarction is commonly known as a heart attack).

Information about patients' outcomes was used to make improvements such as; providing additional clinics to support patients with multiple long term conditions, minor illnesses clinics and 24 hour blood pressure monitoring. The practice hosted external organisations who delivered services such as counselling services as well as a Somerset Clinical Commissioning Group 'wellbeing worker' to support patients with long term conditions.

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 topics such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

Good

Are services effective?

(for example, treatment is effective)

- 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, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had received 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 was also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Communication between different services was enhanced in the practice by having the health visitor and midwife being co-located in the practice. This provided opportunities for GPs and the community staff to discuss patient concerns informally as well as during planned meetings and ensured more effective patient care or support.

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 patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place quarterly, involving health visitors, district nurses and hospice staff, and care plans were routinely reviewed and updated following these meetings.

The practice worked with voluntary services such as Diabetes UK and hosted a monthly information and advices drop in session to support patients to manage their diabetes more effectively.

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 in conjunction with the local authority mental capacity officer and, where appropriate, recorded the outcome of the assessment. For example, the practice involved the independent mental capacity act assessor (IMCA) where a patient needed to attend hospital for an appointment. Their fear of leaving their familiar environment meant their decision not to attend the appointment was not in their best interests. An assessment was carried out, recorded following wide consultation and an action plan agreed as it was in their best interests to attend the appointment.
- The process for seeking consent was monitored through records audits to ensure they 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 and patients diagnosed with a learning disability. Patients were then signposted to relevant services.

Good

Are services effective?

(for example, treatment is effective)

- A dietician was available locally and smoking cessation advice was available from the practice nurse as well as a locally commissioned service.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 79.61%, which was comparable to the national average of 81.88%. 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 comparable to Clinical Commissioning Group and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 87.5% to 97.9% and five year olds from 90.5% to 98.4%. Flu vaccination rates for the over 65s were 68.39%, and at risk groups 46.18%. These were comparable to national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups about the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted consultation and treatment room doors were closed during consultations and 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. A notice at the reception desk informed patients about the availability of a room for private discussions.

All of the 14 patient Care Quality Commission 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 three 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. We were told about a member of staff who observed a cold and distressed practice patient whilst attending a hospital appointment. They arranged for warm clothing and toiletries to be provided to improve their wellbeing and dignity.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 92.8% said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 91.6% and national average of 88.6%.
- 95.3% said the GP gave them enough time (CCG average 89.8%, national average 86.6%).
- 98.9% said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95.2%)
- 93.8% said the last GP they spoke to was good at treating them with care and concern (CCG average 88.9%, national average 85.1%).
- 98.3% said the last nurse they spoke to was good at treating them with care and concern (CCG average 94%, national average 90.4%).
- 91.8% said they found the receptionists at the practice helpful (CCG average 89%, national average 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 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 positive and aligned with these views.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 94.4% said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 90.1% and national average of 86%.
- 94.1% said the last GP they saw was good at involving them in decisions about their care (CCG average 86.1%, national average 81.4%).

Staff told us translation services were available for patients who did not have English as a first language. We saw notices on practices website informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room and on the practices website told patients how to access a number of local and national support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified all patients on the practice list who had carers and alerts were put on the patients record to alert staff where carers were involved. Written information was available to direct carers to the various avenues of support available to them.

Good

Are services caring?

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.

Good

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. Services provided included supporting patients diagnosed with three or more long term conditions via a wellbeing worker as part of the local Symphony project (The Symphony project in Somerset provides new integrated care models for patients with long term conditions).

- Longer appointments were available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from them.
- Patients at high risk of emergency admission to hospital had an avoiding unplanned admissions (AUA) care plan in place.
- The practice had system alerts for patients with particular needs such as older patients who had difficulties with mobility, vision and hearing who required some assistance during their appointment.
- Same day appointments were available for children and those with serious or urgent medical conditions.
- Long acting reversible contraception was provided in house with sexual health advice and chlamydia screening also available.
- There were disabled facilities and translation services available.
- The practice made reasonable adjustments to remove barriers when patients found it hard to use or access services for example, by providing online services, improving accessibility within the practice and through the provision of appointments to see a GP outside the GPs normal working hours.
- The practice provided regular twice weekly clinics for students at a local boarding school to ensure their health needs were being met. In addition they provided rugby concussion assessments for students if required.
- We saw GP work schedules were arranged well in advance, allowing patients, particularly those who worked, the ability to book appointments between three and four months ahead to assist patient's planning.
- The practice provided flexibility for patients with long term conditions to be seen outside of set clinics, subject to a suitable nurse being available.
- The practice was responsive towards the needs of patients with learning disabilities. For example, appointments were made at times identified as best for the patient, and where an ultrasound scan was required by a patient the practice organised for a mobile scanner to be provided so the scan could be carried out where the patient lived.
- Same day access to appointments with the crisis team were provided to all patients with mental health needs if required. These appointments could be followed up with referrals to a counsellor who held sessions in the practice each week.

Access to the service

The practice was open between 8:30am and 6:30pm Monday to Friday with appointments available throughout this time. In addition to pre-bookable appointments that could be booked up to five months ahead for GPs and three months ahead for Nurses, urgent on the day appointments were available for patients who needed them.

Results from the national GP patient survey showed patient's satisfaction with how they could access care and treatment was comparable to local and national averages. Patients told us on the day that they were able to get appointments when they needed them.

- 67.5% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 77.2% and national average of 74.9%.
- 90.1% patients said they could get through easily to the surgery by phone (CCG average 78.6%, national average 73.3%).
- 84.4% patients described their experience of making an appointment as good (CCG average 79.2% and national average 73.3%.
- 84.3% patients said they usually waited 15 minutes or less after their appointment time (CCG average 70.1% and national average 64.8%).

In support of improving access for patients, patients who were deaf were provided with email communications by the practice to facilitate their appointment reminders and test results.

Listening and learning from concerns and complaints

Good

Are services responsive to people's needs?

(for example, to feedback?)

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw information was available in the reception area, the practice leaflet and on their website to help patients understand the complaints system.

We looked at five complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way with openness and transparency. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, offering alternative appointment times and ensuring call back messages are signed off as seen so none are missed.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed on the practices website and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

The practice held quarterly practice meetings where partners and other clinical staff discussed governance arrangements alongside educational update sessions. For example, information governance support and Parkinson's disease. A range of other meetings for all staff groups supported the practices governance and information sharing arrangements.

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable, encouraged teamwork and always took the time to listen to all members of staff.

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 robust systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- They 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 the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings, felt confident in doing so and felt supported if they did. However we noted there had been no away day type meetings to bring the whole staff group together to review performance or plan for the future for several years.
- Records showed there were partners evening meetings once per month and lunchtime meetings in the other weeks to discuss the practices performance and future planning.
- 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.
- The practice funded social events for their staff such as a Christmas meal and partners hosted other social events throughout the year to recognise staff commitment to the practice.

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

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

- The practice gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active

Are services well-led?

Good

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

PPG which met quarterly, carried out patient surveys and submitted proposals for improvements to the practice management team. Recently the PPG carried out a SWOT (Strengths, weaknesses, opportunities and threats) analysis of the practice to provide patient based information for consideration in the practices business plan.

- The practice encouraged feedback from patients via its website, a suggestion form and through their friends and families survey. The friends and families survey was made accessible using paper forms and an I-Pad just outside the reception area.
- The practice gathered feedback from staff 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 for example, about improving privacy in the reception area. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, involvement with the Somerset Practice Quality System to develop locally based services for patients. Other examples included;

- Participation in the Somerset Symphony project provided new integrated care models for patients with long term conditions to ensure their wellbeing.
- The practice was part of the Taunton Deane Federation of 14 GP practices which provided patients with wider access to locally based services rather than having to attend hospital.