

# St Mary's Surgery

## Quality Report

Timsbury Surgery

St Mary's Close

Timsbury

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Date of inspection visit: 28 June 2016

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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.

## Ratings

### Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at St Mary's Surgery on 28 June 2016. Overall the practice is rated as good.

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

- The practice had a clear vision to deliver personalised cradle to grave care to the local community and provide continuity for patients and timely welcoming access.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.

- Patients said the care they received was excellent and caring and they were involved in decisions about their care and treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it very easy to make an appointment with a named GP and there was continuity of care, with urgent appointments and often routine 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.

Action the provider should take to improve:

- Review their procedures for maintaining safety of their repeat prescribing and dispensary procedures.

# Summary of findings

- Ensure that a second member of staff checks completed compliance aids before they are given to patients, to reduce the risk of mistakes.
- Ensure that carers are identified for ongoing care and support.
- Ensure risk assessments for the whole premises and patients who use the service are regularly reviewed.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). Staff reviewed these to make sure they were still correct.
- The practice was signed up to the Dispensing Services Quality Scheme, to maintain a high quality service to patients using the dispensary.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice offered talking therapies counselling support, access to physiotherapy, weight management advice, smoking cessation advice and retinal screening so patients could access support locally.

# Summary of findings

- The practice had developed a walking for health group to promote exercise and healthy living for the patients and the local community.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said the care they received was excellent and caring and they were involved in decisions about their care and treatment.
- The practice had an ethos to welcome their patients and offer personalised care.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice was working with the other local practices and health providers to deliver care within the local community where possible, for example offering retinal and aortic aneurism screening (a test to identify a potentially dangerous swelling to a major blood vessel) at the practice and referring patients for X-rays to the local minor injury unit where appropriate.
- Patients said they found it very easy to make an appointment with a named GP and there was continuity of care, with urgent appointments and often routine 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?

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

Good



# Summary of findings

- The practice had a clear vision to deliver personalised cradle to grave care to the local community and provide continuity for patients and timely welcoming access. All the staff knew and understood the values.
- All the staff reported a patient centred caring focus and that the whole practice team were approachable and supportive.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- There were governance arrangements which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice sought feedback from staff and patients, which it acted on. The virtual patient participation group was active.
- Opportunities were taken for continuous learning and improvement.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice supported patients in four local care homes and conducted a weekly ward round with a named GP for continuity of care.

The practice was piloting the use of remote access to medical records to improve the care for patients on home visits.

Good



### People with long term conditions

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.
- Performance for diabetes related indicators were better than the local and national averages:
- The percentage of patients with diabetes, on the register, in whom the last blood test was in the target range, in the preceding 12 months (2014/15) was 83% which was higher than the clinical commissioning group (CCG) average of 81% and the national average of 78%.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was in the target range was 90% which was higher than the CCG average of 81% and the national average of 78%.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was in the target range was 88% which was higher than the CCG average of 83% and the national average of 81%.
- Longer appointments and home visits were available when needed.

Good



# Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. 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's uptake for the cervical screening programme was 81%, which was comparable to the clinical commissioning group (CCG) average of 83% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Good



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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered extended hours appointments on Saturdays every other week for this group and on the day or bookable telephone appointments.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



## People whose circumstances may make them vulnerable

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

Good





# Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice supported a local care home for young disabled patients and conducted a weekly ward round for continuity of care.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. A talking therapies service was accessible at the practice.
- 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.

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

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

- Performance for mental health related indicators were higher than the local and national averages except for dementia which was lower.
- The percentage of patients with a serious mental health problem who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (2014/15) was 100% which was higher than the clinical commissioning group (CCG) average of 92% and the national average of 88%.
- The percentage of patients with a serious mental health problem whose alcohol consumption has been recorded in the preceding 12 months (2014/15) was 100% which was higher than the CCG average of 91% and the national average of 90%.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months (2014/15) was 78% which was lower than the CCG average of 86% and the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.

Good



## Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing above both local and national averages. The GP patient survey distributed 235 survey forms and 130 were returned. This represented 2.6% of the practice's patient list.

- 98% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 91% and the national average of 73%.
- 92% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 90% and the national average of 85%.
- 86% of patients said they were satisfied with the surgery's opening hours compared to the CCG average of 80% and the national average of 75%.
- 92% of patients described the overall experience of this GP practice as good compared to the CCG average of 92% and the national average of 85%.

- 90% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 88% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 21 comment cards which were all extremely positive about the standard of care received. Three of the comment cards reported the care to be ten out of ten and many noted the excellent service they received from all the staff.

We spoke with 20 patients during the inspection. All 20 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Although one commented that they felt one GP did not listen as well as the other GPs. Patients said they felt the practice offered an excellent, caring service and staff were helpful, caring and treated them with dignity and respect and many told us their care was 'faultless'.

## Areas for improvement

### Action the service **SHOULD** take to improve

- Review their procedures for maintaining safety of their repeat prescribing and dispensary procedures.
- Ensure that a second member of staff checks completed compliance aids before they are given to patients, to reduce the risk of mistakes.
- Ensure that carers are identified for ongoing care and support.
- Ensure risk assessments for the whole premises and patients who use the service are regularly reviewed.

# St Mary's Surgery

## 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 adviser, a CQC Pharmacist inspector and an Expert by Experience.

## Background to St Mary's Surgery

St Mary's Surgery is also known as Timsbury Surgery. The practice has been in the village of Timsbury for over 50 years and has been in its current location since 1975. The practice has a patient population of approximately 5,200 patients in the communities of Timsbury and the surrounding villages.

The practice population consists of a large rural community and patients from a previous mining community, the villages support a large number of patients who commute into Bristol, Bath and London and has a low rate of social deprivation. The practice has a higher than average ratio of patients over the age of 50 and higher than the local average number of patients over the age of 95. The practice supports a higher than average number of patients in nursing homes and supports a high number of patients with end of life care.

The practice team consists of three GP Partners (one female and two Male) and two female GP associates. The practice has two GP Registrars. (Registrars are qualified doctors who undertake additional training to gain experience and higher qualifications in general practice and family medicine). The practice is a teaching and training practice and also supports medical students from local universities.

The GPs are supported by two nursing sisters, two health care assistants, a practice manager and team of reception, administration and dispensing staff.

The practice provides pharmaceutical services to patients who live more than one mile (1.6km) from their nearest pharmacy premises. This includes 46% of the patients registered at the surgery.

The practice dispensary is open Monday to Friday between 8am and 6pm and two Saturday mornings each month, so patients have a choice of when to collect their prescriptions. Patients are able to use a variety of methods to request repeat prescriptions, including a telephone and on-line service.

The practice is open between 8am and 6pm Monday to Friday. Appointments are available from 8.30am to 11am every morning and 3.20pm to 5.50pm daily. Extended hours appointments are available every other Saturday from 8.30am to 10.30am. In addition to pre-bookable appointments that can be booked up to six weeks in advance, urgent appointments and often routine appointments are also available on the same day for people that need them.

The local Bath and North East Somerset area has a local agreement for the out of hours care to commence from 6pm. When the practice is closed overnight and at weekends the out of hours care is provided by Bath Doctors Urgent Care accessed via NHS 111.

The practice holds a Primary Medical Service contract to provide medical care.

The practice's regulated activities are delivered from the following location:

Timsbury Surgery

St Mary's Close

# Detailed findings

Timsbury

BA2 0HX

## Why we carried out this inspection

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 we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 28 June 2016. During our visit we:

- Spoke with a range of staff including five GPs, two of the nursing team, the practice manager, four of the reception and administration team and three of the dispensing team. We spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of 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 also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

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

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following shared learning from an antibiotic dosage error a paediatric weight dosage chart had been added to every clinical room.

### Overview of safety systems and processes

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

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

responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.

- There were notices in the waiting areas and all the clinical rooms which advised patients that chaperones were available if required. The nursing team were used as chaperones. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. The infection control lead undertook six monthly infection control audits; we saw evidence that action was taken to address any improvements identified as a result. For example, sinks and flooring had been replaced, the chairs were being replaced through a rolling replacement schedule, and new pedal bins had been purchased.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training. Staff received annual appraisals and were regularly observed in their work. This helped to ensure they were working to the correct, safe standard and protected patients from the risk of medicines errors.
- Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). Staff reviewed these to make sure they were still correct.
- The practice was signed up to the Dispensing Services Quality Scheme, to maintain a high quality service to patients using the dispensary.

## Are services safe?

- Appropriate systems were in place for the safe dispensing of medicines. The doctors checked and signed the repeat prescriptions before staff dispensed them. The dispensing system in place included checks to make sure staff dispensed the correct medicines.
- Although systems were in place for the generation of repeat prescriptions, there was no standard procedure in place for this. Prescriptions had an annual review date; this helped to ensure patients received appropriate medicines. We saw that three prescriptions waiting to be dispensed were more than a year past this review date. During the inspection, staff put in place a procedure to ensure regular review of patients taking repeat medications.
- Suitable arrangements were in place for storing medicines. Dispensary medicines were stored securely and unauthorised people could not access them. Medicines were stored at the required temperatures. Staff monitored the temperatures of the medicines refrigerators to make sure medicines were safe to use.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had procedures in place to manage them safely. Arrangements were in place for the destruction of out of date controlled drugs.
- Staff dispensed some medicines in weekly compliance aids to help patients manage their medicines. Systems were in place for the safe dispensing of medicines in these containers. However, this did not include a second member of staff checking the final pack to make sure it was correct. This could increase the risk of a mistake.
- Patients were able to collect their prescriptions directly from the dispensary. Staff checked patient's names and addresses to reduce the risk of mistakes. We spoke to a number of patients who told us the dispensary service was very good.
- Blank prescription forms were handled in accordance with national guidelines. Staff kept these securely. Systems were in place to monitor their use.
- The practice carried out medicines audits, with the support of the local clinical commissioning group pharmacy team, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- 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 which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). During the inspection we found a number of separate risk assessments for specific risks however a risk assessment detailing the whole practice was not in place.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. All the staff covered each other's absences and leave which ensured continuity across the practice, the practice had not needed to use any locum support since 2013.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.

## Are services safe?

- 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 stored securely.
- 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.



# 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 patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.3% of the total number of points available. The practice's exception reporting rates were significantly better than the local and national averages, for example the exception rate for mental health indicators was 0%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets, although data indicated the practice was an outlier for heart failure this was a coding error. Data from 2014/15 showed:

- Performance for diabetes related indicators were better than the local and national averages:
- The percentage of patients with diabetes, on the register, in whom the last blood test was in the target range, in the preceding 12 months (2014/15) was 83% which was higher than the clinical commissioning group (CCG) average of 81% and the national average of 78%.

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was in the target range was 90% which was higher than the CCG average of 81% and the national average of 78%.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was in the target range was 88% which was higher than the CCG average of 83% and the national average of 81%.
- Performance for mental health related indicators were higher than the local and national averages except for dementia which was lower.
- The percentage of patients with a serious mental health problem who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (2014/15) was 100% which was higher than the CCG average of 92% and the national average of 88%.
- The percentage of patients with a serious mental health problem whose alcohol consumption has been recorded in the preceding 12 months (2014/15) was 100% which was higher than the CCG average of 91% and the national average of 90%.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months (2014/15) was 78% which was lower than the CCG average of 86% and the national average of 84%.

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored. For example, an audit had identified the need to improve the care and treatment of patients with a form of diabetes and reduce a potential risk factor, this had led to a review of patients to improve the treatment for this group and the practice had introduced supporting education and information for the patients. A second cycle of the audit had shown an improvement to this patient group.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

# Are services effective?

## (for example, treatment is effective)

- Findings were used by the practice to improve services. For example, the practice identified certain circumstances where some patients may be at risk of an acute kidney injury and as a result introduced improvements to prescribing practice. The practice repeated the audit which demonstrated an improvement for patients.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, one of the nursing team who had a lead role for diabetes had undertaken training updates and had run joint clinics with a diabetes specialist nurse. The nurse lead had undertaken an assessor course to be able to support the development of the health care assistants.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- The staff reported good peer support and protected learning time to keep up to date with learning and development; we saw good examples of induction programmes for the nursing and reception staff.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. 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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' 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. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

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

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

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

# Are services effective?

(for example, treatment is effective)

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and weight management. Patients could receive support through a local healthy living support service.
- The practice offered talking therapies counselling support, access to physiotherapy, weight management advice, smoking cessation advice and retinal screening so patients could access support locally.
- The practice had developed a walking for health group to promote exercise and healthy living for the patients and the local community.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 83% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for

bowel and breast cancer screening. The practice's uptake for the breast screening programme was 76% which was slightly above the CCG average of 75% and the national average of 72%. The practice's uptake for the bowel screening programme was 69% which was higher than the CCG average of 61% and the national average of 58%. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 81% to 100% compared to the CCG range from 83% to 98%, and five year olds from 92% to 100% compared to the CCG range from 91% to 97%.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect. We were told of examples of staff going the extra mile to support the patients when required, for example on more than one occasion staff had assisted patients home for support including walking someone home to help maintain their independence. The comments and feedback we received from patients supported how they valued the kindness and support from the practice staff.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 21 patient Care Quality Commission comment cards we received were extremely positive about the service experienced. Patients said they felt the practice offered an excellent, caring service and staff were helpful, friendly and treated them with dignity and respect. Three of the comment cards reported the care to be ten out of ten, and many told us their care was 'faultless'.

Data from the Friends and Family test reported that 84% of patients said they were extremely likely or likely to recommend the practice to their family and friends over the last 12 months.

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

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

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 95% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 100% of patients said they had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 98% and the national average of 97%.
- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 85%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 93% and the national average of 87%.

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

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

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 above the local and national averages. For example:

- 94% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 93% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 82%.

## Are services caring?

- 96% of patients said the last nurse they saw or spoke to was good at explaining tests and treatments compared to the CCG average of 91% and the national average of 90%.
- 91% of patients said the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- There was a hearing loop available.
- Staff would come to the waiting area to collect any patients that could not see the waiting room call system and assist any patients with mobility problems.

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

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified approximately 35 patients as carers (0.7% of the practice list). The practice had support information for carers to signpost them for ongoing support. The practice website offered information on local support agencies and advice for carers.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice was working with the CCG pharmacist to ensure regular medicine reviews and that the best treatment plans were in place. The practice was working with the other local practices and health providers to deliver care within the local community where possible, for example offering retinal and aortic aneurism screening (a test to identify a potentially dangerous swelling to a major blood vessel) at the practice and referring patients for X Ray's to the local minor injury unit where appropriate.

- The practice offered two Saturday morning sessions each month for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and those with complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice had reviewed the needs of the local population and analysed the demand for appointments then adjusted their appointment system to meet these demands. This has resulted in excellent access to appointments including routine appointments for GPs and nurses often available on the day or within two to three days. Urgent appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to use a variety of methods to request repeat prescriptions, including a telephone and on-line service.
- Staff dispensed medicines for some patients in weekly compliance aids, to help them manage their medicines more safely.
- There were arrangements in place to deliver dispensed medicines to a community location in another village to help patients who had difficulty reaching the surgery. Staff put in place a standard operating procedure for this during the inspection, to help ensure medicines were delivered safely.

- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and translation services available.

### Access to the service

The practice and the dispensary were open between 8am and 6pm Monday to Friday. Appointments were available from 8.30am to 11am every morning and 3.20pm to 5.50pm daily. Extended hours appointments were offered every other Saturday from 8.30am to 10.30am. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. We saw that routine appointments were often available the same day for nurses and GPs, and patients we spoke to confirmed this and highly praised and valued this access.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were above the local and significantly above the national averages.

- 86% of patients said they were satisfied with the surgery's opening hours compared to the CCG average of 80% and the national average of 75%.
- 98% of patients said they could get through easily to the practice by phone compared to the CCG average of 91% and the national average of 73%.
- 97% of patients described their experience of making an appointment as good compared to the CCG average of 85% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

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

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

### Listening and learning from concerns and complaints

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



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

- 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 that information was available to help patients understand the complaints system on the practice website and from the reception staff.

We looked at two complaints received in the last 12 months and found they were dealt with in a timely way, with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, following a complaint investigation the practice introduced a paediatric average dose (compared to weight) chart for each clinical room as a result of the investigation and shared learning.

# 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 personalised cradle to grave care to the local community and provide continuity for patients and timely welcoming access.

All the staff knew and understood the values. All the staff reported a patient centred caring focus and that the whole practice team were approachable and supportive.

- The practice could not demonstrate a supporting business plan which reflected the vision and values and were regularly monitored, however it was clear the partners met regularly and reviewed the future of the practice and the changing needs and challenges to primary care and their service delivery.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). Staff reviewed these to make sure they were still correct.
- The practice was signed up to the Dispensing Services Quality Scheme, to maintain a high quality service to patients using the dispensary.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us 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 and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the virtual patient participation group (PPG) and through surveys and complaints received. The PPG carried out patient surveys and submitted proposals for



# Are services well-led?

Good 

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

improvements to the practice management team. For example, the practice offered the extended hours access on Saturday mornings rather than into the evenings following feedback from the patients.

- The practice had 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. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a 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. The practice was working with the other local practices and health providers to deliver care within the local community where possible, for example offering retinal and aortic aneurism screening (a test to identify a potentially dangerous swelling to a major blood vessel) at the practice and referring patients for X Ray's to the local minor injury unit where appropriate.