Court Thorn Surgery

Quality Report

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

Ratings

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

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 Court Thorn Surgery on 4 October 2016. Overall the practice is rated as outstanding.

Our key findings were as follows:

- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. All staff were involved in discussions about complaints and significant events. Managers were keen to ensure that staff had the opportunity to give their input and take an active role in agreeing any corrective action or learning points.
- Feedback from patients and their families about the way staff treated people was continually and overwhelmingly positive. Every one of the 15 patient CQC comment cards and the 33 'share your experience' forms we received was very positive about the service experienced.
- Information about services and how to complain was available and easy to understand.
- Patients could access appointments and services in a way that suited them. Results from the National GP Patient Survey, published in January 2016, showed that patients' satisfaction with how they could access care and treatment was much higher than local and national averages
- The practice was integrated in the local community; managers were aware of the problems faced by some people and provided appropriate support.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Leaders had an inspiring shared purpose, strove to deliver person centred care and motivated staff to succeed. There was a clear leadership structure in place and staff felt supported by management.
- The practice proactively sought feedback from staff and patients, which they acted on.
- Staff throughout the practice worked well together as a team.

We saw several areas of outstanding practice including:

Summary of findings

- There were innovative approaches to providing care and support for patients. The practice had commissioned a self-care programme for patients with long term conditions. A specialist facilitated the sessions at the practice, and around 14 patients attended each of the modules. The programme was then made available electronically via email for all patients to access.
- The practice had established an effective patient participation group (PPG). Managers supported the PPG to organise a number of health seminars for patients; 11 had been held so far. Patients made suggestions as to which topics they would like to be covered, then the practice and PPG sourced speakers to attend. The seminars were advertised across the area and the previous event had been attended by 52 patients.
- All accident and emergency attendances for care home residents were reviewed monthly to help identify specific health needs or any safeguarding concerns. The number of attendances at accident and emergency for care home patients had reduced from 21 (January to August 2015) to 7 for the same period in 2016.
- There was a weekly prescription delivery service, run by the practice's PPG. Many patients lived in isolated areas, without access to public transport. Each week throughout the year, a number of volunteers delivered medicines to patients at their homes. There were well established governance and management arrangements in place to ensure the effective running of the service.
- The practice had very good arrangements in place to ensure carers' needs were met. Each month one of the nurses carried out a check of all carers on the practice register to ascertain if any further support or interventions were necessary. The practice worked closely with a local carers support group; the group held a drop in clinic once a month to provide support and encourage carers to register themselves. Feedback from the carers support group about the practice was very positive.

The area where the provider should make improvements is:

- Take steps to ensure medicines management processes are up to date and closely monitored.

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.

The nationally reported data we looked at as part of our preparation for this inspection did not identify any risks relating to safety. Staff understood and fulfilled their responsibilities with regard to raising concerns, recording safety incidents and reporting them both internally and externally. Risks to patients were assessed and well managed.

There was evidence of good medicines management. Comprehensive infection control arrangements were in place and the practice was clean and hygienic. Effective staff recruitment practices were followed and there were enough staff to keep patients safe. Disclosure and Barring Service (DBS) checks had been completed for all staff.

Are services effective?

Good

The practice is rated as good for providing effective services.

Data showed patient outcomes were above national averages. The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring its effectiveness and had achieved 98.2% of the points available. This was above the local and national averages of 96.8% and 94.7% respectively. Patients' needs were assessed and care was planned and delivered in line with current legislation.

Arrangements had been made to support clinicians with their continuing professional development. Staff had received training appropriate to their roles. The practice was a teaching and training practice. One of the GPs was an accredited GP trainer. At the time of the inspection there was one trainee GP in post. Feedback from trainees and students was very positive; they told us the practice provided them with strong support.

There were systems in place to support multi-disciplinary working with other health and social care professionals in the local area. Staff had access to the information and equipment they needed to deliver effective care and treatment.

Staff supported patients to live healthier lives. The practice's uptake for the cervical screening programme was 86.4%, which was above the clinical commissioning group (CCG) average of 82.5% and the national average of 81.8%. There were comprehensive arrangements in place to encourage patients to attend for their cervical screening test.

Summary of findings

Are services caring?

Outstanding 

The practice is rated as outstanding for providing caring services.

Feedback from patients and their families about the way staff treated people was continually and overwhelmingly positive. Every one of the 15 patient CQC comment cards and the 33 'share your experience' forms we received was very positive about the service experienced. Patients felt that staff went the extra mile; phrases used frequently included, excellent, extremely caring, they go out of their way, wonderful and five star. Patients commented on a number of cards and forms that they felt lucky to be a patient at the practice.

The National GP Patient Survey published in July 2016 showed scores on consultations with doctors and nurses were all well above average. Results showed that 99% of respondents had confidence and trust in their GP, compared to 95% nationally; 98% of respondents said the last GP they saw was good at treating them with care and concern, compared to the national average of 85%. Scores for nurses were similarly high; 99% had confidence and trust in their nurse, compared to 97% nationally and 99% felt the nurse was good at treating them with care and concern, compared to 91% nationally.

Patients' emotional and social needs were seen as important as their physical needs. There were effective arrangements in place to ensure carers' needs were met. Each month one of the nurses carried out a check of all carers on the practice register to ascertain if any further support or interventions were necessary, for example, if the person they were caring for had been in hospital then they were contacted to ask if they needed anything. The practice worked closely with a local carers support group; the group held a drop in clinic once a month to provide support and encourage carers to register themselves. Feedback from the carers support group about the practice was also very positive.

Are services responsive to people's needs?

Outstanding 

The practice is rated as outstanding for providing responsive services.

The practice scored exceptionally well in relation to access in the National GP Patient Survey. The most recent results (published in July 2016) showed 97% (compared to 85% nationally and 87% locally) of respondents were able to get an appointment or speak to someone when necessary; 90% of respondents said they were satisfied with opening hours (compared to the national and local averages of 76% and 81% respectively). The practice also scored

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highly on the ease of getting through on the telephone to make an appointment (100% of patients said this was easy or very easy, compared to the national average of 73% and a local average of 80%).

There were innovative approaches to providing care and support for patients. The practice had commissioned a self-care programme for patients with long term conditions. This provided advice on relaxation techniques, exercise, healthy eating, emotional well-being and pain management. A specialist facilitated the sessions at the practice, and around 14 patients attended each of the modules. The programme was then made available electronically via email for all patients to access. The practice was in the process of adding it to their website and evaluating its success.

The involvement of the local community was integral to how services were planned and ensured that the practice met patients' needs. There was a weekly prescription delivery service, run by the practice's patient participation group (PPG).

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 that the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Are services well-led?

Outstanding ☆

The practice is rated as outstanding for providing well-led services.

The leadership, management and governance of the practice assured the delivery of person-centred care which met patients' needs. There was a clear and documented vision for the practice which had been developed with staff. Staff understood their responsibilities in relation to the practice aims and objectives.

Leaders had an inspiring shared purpose, strove to deliver person centred care and motivated staff to succeed. There was a clear leadership structure in place and staff felt supported by management. Team working within the practice between clinical and non-clinical staff was good.

There were consistently high levels of constructive staff engagement. 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.

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Innovative approaches were used to gather feedback from patients; some of the PPG members had been invited to take part in interviews for new GP partners. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team.

There was a strong focus on continuous learning and improvement at all levels within the practice. Continuous improvement was highlighted as one of the practice's key goals. The practice team was forward thinking and had implemented a number of innovative systems.

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

Outstanding ☆

The practice is rated as outstanding for the care of older people. The practice was rated as outstanding for providing caring, responsive and well led services. The positive aspects of the practice which led to these ratings apply to everyone using the practice, including this population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. For example, all patients over the age of 75 had a named GP. Patients at high risk of hospital admission and those in vulnerable circumstances had care plans.
- The practice was responsive to the needs of older people and offered home visits and urgent appointments for those with enhanced needs.
- A palliative care register was maintained and the practice offered immunisations for pneumonia and shingles to older people.
- Several patients lived in local residential or nursing homes; one of the GPs, who had a diploma in geriatric medicine, carried out a weekly ward round to review patients, and had regular phone contact with staff. All accident and emergency attendances for care home residents were reviewed monthly to help identify specific health needs or any safeguarding concerns. The practice also offered regular training and development sessions for care home staff to help meet patients' needs.

People with long term conditions

Outstanding ☆

The practice is rated as outstanding for the care of patients with long-term conditions. The positive aspects of the practice which led to these ratings apply to everyone using the practice, including this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of admission to hospital were identified as a priority.
- There were comprehensive arrangements in place to encourage patients with long term conditions to attend for their review appointments. Administrative staff and the nursing team worked closely together. Each month a list of all patients due

for review was prepared, a nurse reviewed and noted the type and length of appointment needed. Administrative staff then made the arrangements to book patients in for personalised appointments.
- Longer appointments and home visits were available when needed.
- Patients had regular reviews to check health and medicines needs were being met.
- For those people with the most complex needs, GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had commissioned a self-care programme for patients with long term conditions. This provided advice on relaxation techniques, exercise, healthy eating, emotional well-being and pain management.
- The practice supported the PPG to organise a number of health seminars for patients; 11 had been held so far. Patients made suggestions as to which topics they would like to be covered, then the practice and PPG sourced speakers to attend. Topics previously covered included diabetes, heart diseases, arthritis and dementia. The seminars were advertised across the area and the previous event had been attended by 52 patients.

Families, children and young people

Outstanding ☆

The practice is rated as outstanding for the care of families, children and young people. The positive aspects of the practice which led to these ratings apply to everyone using the practice, including this population group.

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

Summary of findings

- The practice's uptake for the cervical screening programme was 86.4%, which was above the clinical commissioning group (CCG) average of 82.5% and the national average of 81.8%. There were comprehensive arrangements in place to encourage patients to attend for their cervical screening test.
- Pregnant women were able to access an antenatal clinic provided by healthcare staff.
- Health visitors provided a regular monthly clinic at the practice to support families with children under the age of five.

Working age people (including those recently retired and students)

Outstanding 

The practice is rated as outstanding for the care of working age people (including those recently retired and students). The positive aspects of the practice which led to these ratings apply to everyone using the practice, including this population group.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible and flexible.
- The practice offered a full range of health promotion and screening which reflected the needs for this age group. Patients could order repeat prescriptions and book appointments on-line.
- Additional services were provided such as health checks for the over 40s and travel vaccinations.

People whose circumstances may make them vulnerable

Outstanding

The practice is rated as outstanding for the care of people whose circumstances may make them vulnerable. The positive aspects of the practice which led to these ratings apply to everyone using the practice, including this population group.

- The practice held a register of patients living in vulnerable circumstances, including those with a learning disability.
- Patients with learning disabilities were invited to attend the practice for annual health checks and were offered longer appointments, if required.
- The practice had effective working relationships with multi-disciplinary teams in the case management of vulnerable people.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in and out of hours.

Summary of findings

- The practice had implemented lessons learned from safeguarding serious case reviews; including the introduction of a new patient registration form for children and ensuring that all children had a new patient check with a GP.
- There were effective arrangements in place to ensure carers' needs were met. Each month one of the nurses carried out a check of all carers on the practice register to ascertain if any further support or interventions were necessary, for example, if the person they were caring for had been in hospital then they were contacted to ask if they needed anything.
- The practice worked closely with a local carers support group; the group held a drop in clinic once a month to provide support and encourage carers to register themselves.

People experiencing poor mental health (including people with dementia)

Outstanding 

The practice is rated as outstanding for the care of people experiencing poor mental health (including people with dementia). The positive aspects of the practice which led to these ratings apply to everyone using the practice, including this population group.

- The practice worked closely with multi-disciplinary teams in the case management of people experiencing poor mental health including those with dementia. Care plans were in place for patients with dementia.
- Patients experiencing poor mental health were sign posted to various support groups and third sector organisations.
- The practice kept a register of patients with mental health needs which was used to ensure they received relevant checks and tests.
- One of the GPs had a special interest in dementia; they had provided training to local first responders on dementia awareness.
- A number of staff had also completed 'dementia friends' training. This encouraged staff to look for ways to make the practice more accessible to patients with dementia.

Summary of findings

What people who use the service say

We spoke with three patients during our inspection. We spoke with people from different age groups, who had varying levels of contact and had been registered with the practice for different lengths of time.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 15 comment cards. We also received some online feedback from patients; 33 patients completed our 'share your experience' surveys on our website. This feedback was all overwhelmingly positive. Phrases used frequently included, excellent, extremely caring, they go out of their way, wonderful and five star. Patients commented on a number of cards and forms that they felt lucky to be a patient at the practice.

The National GP Patient Survey results published in July 2016 showed scores were consistently above local and national averages. There were 115 responses (from 212 sent out); a response rate of 54%. This represented 3.8% of the practice's patient list. Of those who responded:

- 96% said their overall experience was good or very good, compared with a CCG average of 88% and a national average of 85%.
- 100% found it easy to get through to this surgery by phone, compared with a CCG average of 80% and a national average of 73%.
- 99% found the receptionists at this surgery helpful, compared with a CCG average of 90% and a national average of 87%.
- 97% were able to get an appointment to see or speak to someone the last time they tried, compared with a CCG average of 87% and a national average of 85%.
- 100% said it was easy to get through on the telephone, compared with a CCG average of 80% and a national average of 73%.
- 97% described their experience of making an appointment as good, compared with a CCG average of 78% and a national average of 73%.
- 95% usually waited 15 minutes or less after their appointment time to be seen, compared with a CCG average of 67% and a national average of 65%.
- 96% felt they don't normally have to wait too long to be seen, compared with a CCG average of 62% and a national average of 58%.

Areas for improvement

Action the service SHOULD take to improve

Take steps to ensure medicines management processes are up to date and closely monitored.

Outstanding practice

There were innovative approaches to providing care and support for patients. The practice had commissioned a self-care programme for patients with long term conditions. A specialist facilitated the sessions at the practice, and around 14 patients attended each of the modules. The programme was then made available electronically via email for all patients to access.

The practice had established an effective patient participation group (PPG). Managers supported the PPG to organise a number of health seminars for patients; 11 had been held so far. Patients made suggestions as to which topics they would like to be covered, then the practice and PPG sourced speakers to attend. The seminars were advertised across the area and the previous event had been attended by 52 patients.

All accident and emergency attendances for care home residents were reviewed monthly to help identify specific

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health needs or any safeguarding concerns. The number of attendances at accident and emergency for care home patients had reduced from 21 (January to August 2015) to 7 for the same period in 2016.

There was a weekly prescription delivery service, run by the practice's PPG. Many patients lived in isolated areas, without access to public transport. Each week throughout the year, a number of volunteers delivered medicines to patients at their homes. There were well established governance and management arrangements in place to ensure the effective running of the service.

The practice had very good arrangements in place to ensure carers' needs were met. Each month one of the nurses carried out a check of all carers on the practice register to ascertain if any further support or interventions were necessary. The practice worked closely with a local carers support group; the group held a drop in clinic once a month to provide support and encourage carers to register themselves. Feedback from the carers support group about the practice was very positive.

Court Thorn Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist advisor and a medicines inspector.

Background to Court Thorn Surgery

Court Thorn Surgery is registered with the Care Quality Commission to provide primary care services. It is located in the Carlisle area of Cumbria.

The practice provides services to around 3,000 patients from one location: Low Hesket, Carlisle, Cumbria, CA4 0HP. We visited this address as part of the inspection. The practice has three GP partners (two female and one male), two practice nurses (both female), a business manager, a dispensary manager, a medicines manager and six staff who carry out reception, administrative and dispensing duties.

The practice is a teaching and training practice and one of the GPs is an accredited GP trainer. At the time of the inspection there was one trainee GP working at the practice.

The practice is part of Cumbria clinical commissioning group (CCG). The practice population is made up of a higher than average proportion of patients over the age 65 (21.8% compared to the national average of 17.1%). Information taken from Public Health England placed the area in which the practice is located in the third less deprived decile. In general, people living in more deprived areas tend to have greater need for health services.

The practice is located in a purpose built two storey building. All patient facilities are on the ground floor. There is on-site parking, disabled parking, a disabled WC, wheelchair and step-free access.

Opening hours are between 8.15am and 6pm Monday to Friday. Patients can book appointments in person, on-line or by telephone. Appointments are available from 8.20am to 11.30am every morning and from 2.30pm to 5.50pm every afternoon. A duty doctor is available each morning between 8am and 8.15am and every afternoon until 6.30pm.

The practice provides services to patients of all ages based on a General Medical Services (GMS) contract agreement for general practice.

The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and Cumbria Health On Call (CHOC).

Why we carried out this inspection

We inspected this service as part of our 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. This inspection was planned to check whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

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

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

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

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

As part of the inspection process, we contacted a number of key stakeholders and reviewed the information they gave to us. This included the local clinical commissioning group (CCG).

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.

We carried out an announced visit on 4 October 2016. We spoke with three patients and 10 members of staff from the practice. We spoke with and interviewed two GPs, a trainee GP, two practice nurses, the business manager, the medicines manager and three staff carrying out reception, administrative and dispensing duties. We observed how staff received patients as they arrived at or telephoned the practice and how staff spoke with them. We reviewed 15 CQC comment cards where patients and members of the public had shared their views and experiences of the service. We also looked at records the practice maintained in relation to the provision of services.

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

Staff told us they were encouraged to report incidents. Lessons were shared to make sure action was taken to improve safety in the practice, for example, following one incident the arrangements to support patients who had been prescribed warfarin were improved; a laminated card with dosage instructions was prepared and given out to patients.

We discussed the process for dealing with safety alerts with the practice manager and some of the clinical staff. Safety alerts inform the practice of problems with equipment or medicines or give guidance on clinical practice. Alerts were disseminated by the practice manager to the clinicians. The clinicians then reviewed the alerts during clinical meetings and decided what action should be taken to ensure continuing patient safety, and mitigate risks.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, 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 safeguarding level three, and the nurses to level two.
- The practice had implemented lessons learned from safeguarding serious case reviews; including the introduction of a new patient registration form for children and ensuring that all children had a new patient check with a GP.
- Notices in the waiting room and in consultation rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (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).
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead; they liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- Recruitment checks were carried out and the three files we reviewed showed that 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 DBS checks.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe. The practice had standard operating procedures (these are written instructions about how to safely dispense medicines) that were readily accessible and covered all aspects of the dispensing process.

Good

Are services safe?

- A process was in place to check medicines were within their expiry date on a monthly basis however these checks were not formally recorded. All medicines we checked were in date. Expired and unwanted medicines were disposed of in accordance with waste regulations.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by practice staff. For example controlled drugs were stored in a controlled drugs cupboard and access to them was restricted. Balance checks of controlled drugs were carried out every six months.
- The practice had signed up to the Dispensing Services Quality Scheme, which rewards practices for providing high quality services to patients of their dispensary.
- All prescriptions were signed by a GP before they were given to patients and there was a robust system in place to support this. Staff told us how they managed review dates of repeat prescriptions however we found four prescriptions which were overdue a review, with one dating back to March 2013.
- We checked medicines stored in the treatment rooms and medicines refrigerators and found they were stored securely and were only accessible to authorised staff. There was a clear policy for ensuring medicines were stored at the required temperatures and this was being followed by practice staff. Vaccines were administered by nurses using directions which had been produced in accordance with legal requirements and national guidance. Prescription pads were stored securely and there were systems in place to monitor their use.

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 regular fire drills were carried out. 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 also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (legionella is a type of bacteria found in the environment which can contaminate water systems in buildings and can be potentially fatal).
- Arrangements were in place for planning and monitoring the number 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

- 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.
- 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 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.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment 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 ensure all clinical staff were kept up to date. Staff had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet patients' needs.
- The practice monitored that these guidelines were followed through risk assessments and audits.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). The QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long term conditions and for the implementation of preventative measures. The results are published annually. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients.

There were comprehensive arrangements in place to encourage patients with long term conditions to attend for their review appointments. Administrative staff and the nursing team worked closely together. Each month a list of all patients due for review was prepared, a nurse reviewed and noted the type and length of appointment needed. Administrative staff then made the arrangements to invite patients in for bespoke appointments. The latest publicly available data from 2014/15 showed the practice had achieved 98.2% of the total number of points available, which was above the England average of 94.7%.

At 4.5%, the clinical exception reporting rate was well below the England average of 9.2% (the QOF scheme includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where medicines cannot be prescribed due to a contraindication or side-effect).

The data showed:

- Performance for diabetes related indicators was better than the national average (92.9% compared to 89.2% nationally). For example, the percentage of patients with diabetes with a record of a foot examination and risk classification within the preceding 12 months was 89.8%, compared to the national average of 87.7%. The exception rate was also low; 6% compared to the national average of 7.6%.
- Performance for asthma related indicators was better than the national average (100% compared to 97.4% nationally). For example, the percentage of patients with asthma who had had an asthma review in the preceding 12 months was 78.9%, compared to the national average of 75.3%. The exception rate was also low; 2% compared to the national average of 7.5%.
- Performance for hypertension (high blood pressure) related indicators was above the national average (100% compared to 97.8% nationally). For example, the percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) was 150/90 mmHg or less was 89.8%, compared to the national average of 83.6%. The exception rate was also low; 2.5% compared to the national average of 3.8%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We saw a number of clinical audits had recently been carried out. The results and any necessary actions were discussed at the clinical team meetings. This included an audit of antibiotic prescribing. Local comparative data had shown that the practice's prescribing rates were above average. An initial audit was carried out which showed that the percentage of antibiotics prescribed that were cephalsporins or quinolones was 13.3% (research shows that in some cases these medicines may increase the risk of further infections). Action was taken and staff received further training and guidance. A further audit cycle was carried out and this showed an improvement, in that only 9% of antibiotics prescribed were cephalsporins or quinolones.

The practice used an analysis tool, Reporting Analysis and Intelligence Delivering Results (RAIDR) to look at trends and compare performance with other practices. Information about patients' outcomes was used to make improvements. All accident and emergency attendances for care home residents were reviewed monthly to help

Good

Are services effective?

(for example, treatment is effective)

identify specific health needs or any safeguarding concerns. The number of attendances at accident and emergency for care home patients had reduced from 21 (January to August 2015) to 7 for the same period in 2016.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updates 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 these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- The practice was a teaching and training practice. One of the GPs was an accredited GP trainer. At the time of the inspection there was one trainee GP in post. Feedback from trainees and students was very positive; they told us the practice provided them with strong support.
- The practice was keen to promote general practice as a career choice and as such, had invited a number of sixth form students to work in the practice. One person had gone on to study medicine and had recently returned to the practice as a final year medical student.

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 test results. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance.

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

Supporting patients to live healthier lives

Patients who may be in need of extra support were identified by the practice. For example:

- Patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- A dietician was available on the premises and smoking cessation advice was available from the GPs and practice nurses.

The practice's uptake for the cervical screening programme was 86.4%, which was above the clinical commissioning group (CCG) average of 82.5% and the national average of 81.8%. There were comprehensive arrangements in place to encourage patients to attend for their cervical screening test. One of the practice nurses, and a member of the administrative team maintained a register of patients who had not attended; this was reviewed each month. Staff

Good

Are services effective?

(for example, treatment is effective)

contacted the patients and if they had any type of appointment at the practice they were encouraged to book in for a 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 above CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96.6% to 96.9%, compared to the CCG averages of between 73.3% and 95.1%. Rates for five year olds ranged from 96.2% to 100%, compared to the CCG averages of between 92.6% and 97%.

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 on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Outstanding ☆

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect.

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

Feedback from patients and their families about the way staff treated people was continually and overwhelmingly positive. Every one of the 15 patient CQC comment cards and the 33 'share your experience' forms we received was very positive about the service experienced. Phrases used frequently included, excellent, extremely caring, they go out of their way, wonderful and five star. Patients commented on a number of cards and forms that they felt lucky to be a patient at the practice.

Staff were highly motivated and shared a common goal to offer person centred care. This was reflected in the results from the National GP Patient Survey, published in July 2016. For example, of those who responded:

- 99% said they had confidence and trust in the last GP they saw, compared to the clinical commissioning group (CCG) average of 97% and the national average of 95%.
- 98% 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%.
- 99% said they had confidence and trust in the last nurse they saw, compared to the CCG average of 98% and the national average of 97%.
- 99% said the last nurse they spoke to was good at treating them with care and concern, compared to the CCG average of 94% and the national average of 91%.
- 99% said they found the receptionists at the practice helpful, compared to the CCG average of 90% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients were active partners in their care. Staff were committed to working in partnership with patients to make this a reality. 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.

Results from the July 2016 National GP Patient Survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages. For example, of those who responded:

- 98% said the GP was good at listening to them, compared to the CCG average of 92% and the national average of 89%.
- 99% said the GP gave them enough time, compared to the CCG average of 91% and the national average of 87%.
- 98% said the last GP they saw was good at explaining tests and treatments, compared to the CCG average of 90% and the national average of 86%.
- 95% said the last GP they saw was good at involving them in decisions about their care, compared to the CCG average of 86% and the national average of 82%.
- 97% said the last nurse they spoke to was good listening to them, compared to the CCG average of 94% and the national average of 91%.
- 98% said the nurse gave them enough time, compared to the CCG average of 95% and the national average of 92%.
- 96% said the nurse was good at explaining tests and treatments, compared to the CCG average of 92% and the national average of 90%.

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. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Outstanding ☆

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Patients' emotional and social needs were seen as important as their physical needs. Patients who completed CQC comment cards or the 'share your experience were positive about the emotional support provided by the practice. For example, patients commented that staff were caring and took time to help and support them throughout their own ill health or that of a relative.

Staff knew their patients very well, which allowed for good continuity of care. We observed staff during the inspection and saw positive interactions with patients. Many patients told us how much they valued the support of the doctors. We saw a number of thankyou cards to the practice thanking staff for their care and support during difficult times. There was a compliments book in the waiting room; we saw there were several pages of compliments from patients; 63 this year alone. Comments reflected how staff went the extra mile and supported patients.

Notices in the patient waiting room told patients how to access a number of support groups and organisations. For example, there were leaflets with information about a hospice at home service, a baby sensory group, a carers' support group and local parish news.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all patients who were also carers; 86 patients (3% of the practice list) had been identified as carers. They were offered health checks and referred for social services support if appropriate. Written information was available for carers to ensure they understood the various avenues of support available to them.

There were effective arrangements in place to ensure carers' needs were met. Each month one of the nurses carried out a check of all carers on the practice register to ascertain if any further support or interventions were necessary, for example, if the person they were caring for had been in hospital then they were contacted to ask if they needed anything. The practice worked closely with a local carers support group; the group held a drop in clinic once a month to provide support and encourage carers to register themselves. Feedback from the carers support group about the practice was very positive; they said the practice was proactive in identifying and referring carers and worked well with the group to promote carers clinics.

Staff told us that if families had suffered bereavement, their usual GP sent them a letter and contacted them by telephone. 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.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient groups and to help ensure flexibility, choice and continuity of care. For example:

- There were longer appointments available for anyone who needed them. This included people with a learning disability or people speaking through an interpreter.
- Home visits were available for older patients / patients who would benefit from these.
- Several patients lived in local residential or nursing homes; one of the GPs, who had a diploma in geriatric medicine, carried out a weekly ward round to review patients, and had regular phone contact with staff. The practice also offered regular training and development sessions for care home staff to help meet patients' needs.
- All accident and emergency attendances for care home residents were reviewed monthly to help identify specific health needs or any safeguarding concerns. The number of attendances at accident and emergency had reduced from 21 (January to August 2015) to 7 for the same period in 2016.
- Telephone consultations were available with each of the GPs each day.
- There were disabled facilities, hearing loop and translation services available.
- The site had level access to all facilities.
- Appointments could be booked on-line, in person, on the telephone.
- The practice was located in a semi-rural area. Minor injury care was therefore offered by the practice, to avoid the need for patients to attend the local Accident and Emergency department.
- The practice provided medical care to tourists in the area as temporary residents.
- One of the GPs had a special interest in dementia; they had provided training to local first responders on dementia awareness.
- A number of staff had also completed 'dementia friends' training. This encouraged staff to look for ways to make the practice more accessible to patients with dementia.

There were innovative approaches to providing care and support for patients. The practice had commissioned a self-care programme for patients with long term conditions. This provided advice on relaxation techniques, exercise, healthy eating, emotional well-being and pain management. A specialist facilitated the sessions at the practice, and around 14 patients attended each of the modules. The programme was then made available electronically via email for all patients to access. The practice was in the process of adding it to their website and evaluating its success.

The involvement of the local community was integral to how services were planned and ensured that the practice met patients' needs. There was a weekly prescription delivery service, run by the practice's patient participation group (PPG). Many patients lived in isolated areas, without access to public transport. Each week throughout the year, a number of volunteers delivered medicines to patients at their homes. There were well established governance and management arrangements in place to ensure the effective running of the service.

Managers were aware that because of the rural area, there was less of a sense of community. They told us the surgery was becoming the heart of the community. Staff carried out lots of fundraising activities and were supporting the PPG to raise funds to install a defibrillator in each of the local villages.

The practice supported the PPG to organise a number of health seminars for patients; 11 had been held so far. Patients made suggestions as to which topics they would like to be covered, then the PPG sourced speakers to attend. Topics previously covered included diabetes, heart diseases, arthritis and dementia. The seminars were advertised across the area and the previous event had been attended by 52 patients.

Access to the service

The practice was open between 8.15am and 6pm Monday to Friday. Appointments were from 8.20am to 11.30am every morning and from 2.30pm to 5.50pm every afternoon.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent on the day appointments were also available for people that needed them.

Patients could access appointments and services in a way that suited them. Results from the National GP Patient

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Survey, published in January 2016, showed that patients' satisfaction with how they could access care and treatment was much higher than local and national averages. For example:

- 90% of patients were satisfied with the practice's opening hours, compared to the CCG average of 81% and the national average of 76%.
- 100% of patients said they could get through easily to the surgery by phone, compared to the CCG average of 80% and the national average of 73%.
- 97% were able to get an appointment to see or speak to someone the last time they tried, compared with a CCG average of 87% and a national average of 85%.
- 97% of patients described their experience of making an appointment as good, compared to the CCG average of 78% and the national average of 73%.
- 95% of patients said they usually waited 15 minutes or less after their appointment time, compared to the CCG average of 67% and the national average of 65%.

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 a system in place for handling complaints and concerns.

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. Leaflets detailing the process were available in the waiting room and there was information on the practice's website.
- Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at three complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. The practice displayed openness and transparency when dealing with complaints.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, following one complaint the arrangements for dealing with patients who moved out of the practice area were revised.

Are services well-led?

Outstanding ☆

(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 aim to deliver high quality care and promote good outcomes for patients.

- The practice's vision was 'Where YOU – the patient comes first' and they had identified six goals which were necessary to achieve this; patient experience, delivery of holistic services, engagement, collaboration and partnership working, continuous improvement, people and business development and meeting future needs. Values were displayed throughout the practice and on the practice website.
- Staff knew and understood the practice's values. They shared a common focus on improving quality of care and patients' experiences.
- The practice had a detailed strategy which reflected the vision and values and was regularly monitored.

Governance arrangements

Governance and performance management arrangements were proactively reviewed and reflected best practice.

- Innovative approaches were used to test the effectiveness of the practice's procedures, for example, some of the PPG members had been invited to take part in interviews for new GP partners.
- 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.
- Managers and staff had a comprehensive understanding of the performance of the practice.
- There were effective arrangements in place to manage the recall system for patients' long term condition reviews. Staff from all teams were involved in this collaborative work.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

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.

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

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

Leaders had an inspiring shared purpose, strove to deliver person centred care and motivated staff to succeed. There was a clear leadership structure in place and staff felt supported by management.

- Staff were supported to attend external training sessions. Following these sessions, staff prepared a precis which summarised the key points from the training and how they could be applied to the practice. The learning was also shared throughout the team.
- There were consistently high levels of constructive staff engagement. 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. For example, all staff were involved in discussions about complaints and significant events. Managers were keen to ensure that staff had the opportunity to give their input and take an active role in agreeing any corrective action or learning points.
- The business manager collated a weekly bulletin for staff; this included information on any new policies, minutes from local clinical commissioning group (CCG) and practice manager meetings to ensure staff were kept up to date on practice specific issues and those relevant to the wider area.Staff told us that there was an

Are services well-led?

Outstanding ☆

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

open culture within the practice and they had the opportunity to raise any issues at team meetings. They said they felt confident in doing so and were supported if they did.

- Staff said they felt respected, valued and supported, particularly by the business manager and the partners in the practice.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received.

There was an active, well established PPG which met with the practice on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the group had organised a number of health seminars for patients; 11 had been held so far. The seminars were advertised across the area and the previous event had been attended by 52 patients.

The practice published a comprehensive patient newsletter on a quarterly basis. The Autumn edition included information about the forthcoming flu clinics, staffing changes, the NHS Accessible Information Standard, compliments from patients, a monthly health topic (sleep) which was suggested by patients, an update from the PPG and a summary of the most recent health seminar.

The practice had also gathered feedback from staff through staff meetings, appraisals and general discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

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:

- Continuous improvement was highlighted as one of the practice's key goals. There was a culture within the practice of identifying opportunities for learning. All staff understood the importance of identifying and reporting any events which could lead to improvement; and all were involved in the review of complaints and significant events.
- Another of the practice's key goals was the delivery of holistic services. As part of this they had commissioned a self-care programme for patients with long term conditions. This had been filmed and was available for all patients to access.
- Managers continually reviewed practice performance and looked for ways to improve. All accident and emergency attendances for care home residents were reviewed monthly to help identify improve care for patients and reduce attendances.
- The practice was keen to promote general practice as a career choice and offered work experience placements. One of the final year medical students had previously carried out work experience at the practice.