Newland Medical Practice

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	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Newland Medical Practice on 9 June 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Appointments were for a minimum of 15 minutes recognising increasing complexity of care needed for many patients.
- 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 sought feedback from staff and patients, which it acted on.
- The practice was piloting specialist paramedic training in conjunction with the South West Ambulance Service. The paramedic held clinics at the practice and the GP partners told us this had been received positively by patients.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

- One of the GPs provided a weekly session to two local residential independent schools, where many of the students were living away from home for the first time. The sessions held at the schools rather than at the practice were less disturbing to the students' study and took place in an environment students felt safe in. The students were able to see same GP or practice nurse to build up a trust with them and the practice held team meetings with the schools, with input from school staff pastoral care, the schools' matrons and teachers.

The area where the provider should make improvement is:

- Review the adequacy of the current fire alarm testing regime in terms of safety to patients, staff and visitors to the premises.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When 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.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- 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.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others almost all aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Summary of findings

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- 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. For example, the practice had a larger than average population of patients aged over 75 years. The practice invited all patients over the age of 75 in for a GP appointment if they had not been seen for more than 12 months.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- One of the GPs provided a weekly session to two local residential independent schools, where many of the students were living away from home for the first time. The sessions held at the schools were less disturbing to the students' study and took place in an environment students felt safe in. Students could be seen outside of normal practice opening times, for example during the lunch break.
- The practice was piloting specialist paramedic training in conjunction with the South West Ambulance Service. This project provided 40 hours of specialist paramedic training at a GP practice over an eight week period. The practice told us they were also in the process of employing a nurse practitioner.

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for 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 patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice offered 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.
- Monthly Gold Standards Framework (a set of standards to uphold when delivering best care for patients with palliative care needs) meetings were held at the practice involving a palliative care nurse community matron and a community district nurse.
- One of the GP partners had a specific expertise in palliative care and worked one day a week in a local hospice.
- There were allocated weekly clinical session where one of the GPs and a health care assistant reviewed patients registered at the practice living in care homes in their care home.
- Patients over the age of 75 were actively invited for health checks.
- Older patients were actively called for pneumococcal and shingles vaccinations.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Results for diabetes care management were in line with local and above national averages. For example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 95% (compared with the clinical commissioning group (CCG) average of 91% and the national average of 88%).
- Practice nurses ran a monthly clinic in conjunction with a visiting specialist diabetic nurse and a 'calorie counting' course for patients with diabetes who wanted to lose weight.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and structured reviews either six monthly or annually to check their health and

Summary of findings

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

Good

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.
- Results for cervical screening data (women aged 25-64 with a record of a cervical screening test performed in the preceding 5 years) was 83%. This was similar to the clinical commissioning group (CCG) average of 84% 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, health visitors and school nurses.
- Children and babies were seen on a same day basis. The practice had an emergency surgery twice a day.
- The health visitor was based at the practice. There were monthly meetings with a GP, health visitor, practice nurse and practice manager to review families and children who had additional or complex needs.
- One of the GPs provided a weekly session to two local residential independent schools, where many of the students were living away from home for the first time.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

Summary of findings

- The practice offered online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Patients had e-mail access for advice via the reception e-mail address.
- Travel vaccination requests could be made electronically.
- There were extended opening hours for appointments on a Monday evening.
- On request patients could make appointments with the nurses prior to normal opening hours, for the benefit of patients commuting to work.
- All clinical staff offered telephone consultations. This included phone calls before morning surgery and after evening surgery if required.
- Cervical smear testing and contraceptive appointments were offered flexibly to fit in with the patients' commitments.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- 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.
- 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)

Good

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

- 91% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was better than the local clinical commissioning group (CCG) average of 85% and the national average of 84%.

Summary of findings

- Other mental health indicators were similarly above local CCG and national averages. For example, 100% of patients with severe mental illness had an agreed care plan that was kept under review. This compared with a 92% average for the CCG and 88% nationally.
- 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.
- 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.
- The practice was signed up to the iSPACE programme to develop the practice environment in becoming more dementia friendly.
- A community alcohol and drug advisory service (CADAS) worker held monthly clinics at the practice (or more frequently if needed).
- A 'steps to wellbeing' counsellor held a weekly clinic at the practice. This provided services for adults suffering with depression or anxiety disorders.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing above national averages. 238 survey forms were distributed and 114 were returned. This represented 1.8% of the practice's patient list.

- 94% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 90% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 89% of patients described the overall experience of this GP practice as good compared to 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 national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 35 comment cards which were all positive about the standard of care received. Patients praised the caring attributes of GPs and nurses and found making appointments convenient. We also received eight on-line comments about the practice directly to CQC and we looked at the NHS Choices website regarding comments left about the practice. People said that the staff at the practice acted with compassion, listened to their concerns and conducted themselves with a perceived professionalism.

We spoke with six patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

We spoke with four local care home managers, with patients registered with the practice. Their feedback was wholly positive. They said the GPs were responsive and supportive.

Areas for improvement

Action the service SHOULD take to improve

The area where the provider should make improvement is:

- Review the adequacy of the current fire alarm testing regime in terms of safety to patients, staff and visitors to the premises.

Outstanding practice

We saw one area of outstanding practice:

- One of the GPs provided a weekly session to two local residential independent schools, where many of the students were living away from home for the first time. The sessions held at the schools rather than at the practice were less disturbing to the students' study and took place in an environment students felt safe in. The students were able to see same GP or practice nurse to build up a trust with them and the practice held team meetings with the schools, with input from school staff pastoral care, the schools' matrons and teachers.

Newland Medical Practice

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 Newland Medical Practice

Newland Medical Practice is situated in the market town of Sherborne, Dorset. There were approximately 6200 patients registered at the practice. The practice list contained a higher than average elderly population and a higher than average population with long term conditions.

Although the practice was in the third least deprived decile for socio-economic groups, the patient list was a diverse socio-economic group, including pockets of deprivation and a rural population with poor local transport. 96% of patients described themselves in the 2011 census as white British.

The practice is purpose built and shares the site with another separately registered GP practice. There is parking at the practice and ground floor consulting rooms.

There are five GP partners and one salaried GP (three female and three male GPs), four nurses and two health care assistants. There is a practice manager and a personal assistant to the practice manager. The GPs between them cover 18 clinical sessions per week (a session is a half-day). As a dispensing practice there are four dispensary staff. The team is supported by receptionists and administrators.

The practice is a training practice for GP registrars and a teaching practice for medical students, student nurses and paramedics.

The practice is open between 8am and 6.30pm Monday to Friday. On Mondays appointments are available until 7.15pm. Patient consultations start at 8.30am.

When the practice is closed patients are directed to the Dorset Emergency Care Service, accessed via the national NHS 111 telephone service for health advice.

We previously inspected the practice on 23 October 2013 and found the practice was meeting all the standards that we inspected. We have re-inspected the practice under our new inspection regime and to award a rating to the practice.

All regulated activities are carried out from the following location:

Newland Medical Practice

Grove Medical Centre

Wootton Grove

Sherborne

Dorset

DT9 4DL

We visited this location during our inspection.

Newland Medical Practice holds a general medical services contract with NHS Dorset Clinical Commissioning Group (CCG).

Detailed findings

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 9 June 2016. During our visit we:

- Spoke with a range of staff (four GPs, one nurse, two health care assistants, two dispensary staff, the practice manager and personal assistant to the practice manager and two reception/administrative staff) and 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.

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 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.
- The practice carried out a thorough 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 a review of timely reporting of potential safeguarding concerns in the context of bruising protocol the practice completed a significant event review to appraise how this was managed by the clinician in reporting concerns in a timely way. As a result the practice reviewed their policy on bruising and vulnerable children. This review was shared with the staff team and health visitors. As a result monthly meetings were established at the practice with the health visitors, practice safeguarding lead, practice nurse and practice manager with regard to vulnerable children. Between meetings any concerns were sent as a task to the practice manager to co-ordinate any required actions.

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 and nurses to the appropriate level two. An example of acting on a safeguarding concern was when an elderly patient failed to attend a booked appointment with a health care assistant. Concerned for their safety the health care assistant raised this with the lead safeguarding GP, who arranged for an urgent home visit. Sadly the patient had died at home. Staff were alert to the frailty and vulnerability of particular patients registered at the practice.
- A notice in the waiting room 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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the GPs was the infection control clinical lead for the practice 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. Annual infection control audits were undertaken (last one had been completed on 26 May 2016) and we saw evidence that action was taken to address any improvements identified as a result, for example in upgrading the practice sluice and repainting toilet areas.
- There were innovative approaches to ensuring infection control best practice was maintained. The practice uttilised medical students to conduct regular unannounced audits of staff hand washing adherence. The practice also surveyed 100 patients in September 2015 regarding cleanliness at the practice and hand washing by clinical staff during their consultation. 76

survey responses were returned. Findings were shared with individuals and the whole staff team. The audits showed the practice was committed to ensuring infection spread through hand contact was minimised.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to supply or administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. All prescriptions were seen to be signed before any medicines were supplied to patients. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard operating procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). These were available both as printed documents and on the practice intranet and were seen to be reviewed on an ongoing basis.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- 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 an up to date fire risk assessment, which demonstrated on-going premises fire maintenance recommendation had been carried out. Records showed that testing of the fire alarm was carried out quarterly. On discussion with the lead partner and practice manager, the practice said they would review this and increase the frequency of fire alarm testing. A recent fire drill in March 2016 had been carried out and learning was shared with the staff team as a result of the analysis of the fire drill.
- 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 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 term for a particular bacterium which can contaminate water systems in buildings).
- 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.

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.
- 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.

Good

Are services safe?

- 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 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 98% of the total number of points available, with exception reporting that was lower than the clinical commissioning group (CCG) average. (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. Data from 2014/2015 showed:

- 91% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was better than the local CCG average of 85% and the national average of 84%.
- Other mental health indicators were similarly above local CCG and national averages. For example, 100% of patients with severe mental illness had an agreed care plan that was kept under review. This compared with a 92% average for the CCG and 88% nationally.
- Results for diabetes care management were in line with local and above national averages. For example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 95% (compared with the CCG average of 91% and the national average of 88%).

There was evidence of quality improvement including clinical audit.

- We were sent examples of eight clinical audits completed in the last two years, six of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research trials, through identifying patients suitable to take part in research studies and writing to them to ask if they would consider taking part in such.
- Findings were used by the practice to improve services. For example, recent action taken as a result included increasing the patient recall and review of patients on a certain medicine used as a mood stabiliser or pain reliever following an audit that showed the percentage of patients regularly reviewed was at 72%. The audit was repeated after six months, which showed at this time 100% of patients on the medicine had been reviewed within a six monthly period, to ensure they medicine was appropriately prescribed and effective.

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, for those reviewing patients with long-term conditions. Practice nurses ran a monthly clinic in conjunction with a visiting specialist diabetic nurse and had completed specific training in weight loss management for patients with diabetes who wanted to lose weight.
- 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.
- 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. There was an annual staff training plan to ensure that mandatory staff training requirements were met.

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. For example, monthly Gold Standards Framework (a set of standards to uphold when delivering best care for patients with palliative care needs) meetings were held at the practice involving palliative care nurse community matron and district nurse. One of the GP partners had a specific expertise in palliative care.

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. Feedback from four local care homes stated the GPs were knowledgeable and supportive for their patients that had mental capacity considerations.
- 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:

- 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 were signposted to the relevant service.
- A drug and alcohol counsellor and a depression and anxiety counsellor held regular clinics at the practice.
- The practice carried out records searches of patients aged over 75. If they had not been seen by a GP in the last 12 months the practice contacted them to offer them an appointment to discuss any health needs they had.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the clinical commissioning group (CCG) average of 84% 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. There were failsafe

Good

Are services effective?

(for example, treatment is effective)

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 51% to 100% (CCG ranges 48% to 96%) and five year olds from 97% to 100% (CCG ranges 92% to 98%).

Patients had access to appropriate health assessments and checks. The practice manager told us tha the CCG was no longer funding health checks for patients aged 40–74 in GP practices. However, patients wishing to access this service were directed to a local pharmacy, which was able to provide these health checks.

Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

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.

- 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 35 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with five members 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 national averages for its satisfaction scores on consultations with GPs and nurses and in the top quarter of the CCG for satisfaction scores, which performed above national averages. For example:

- 98% 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%.
- 98% 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%.
- 95% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 85%.
- 98% 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%.
- 97% of patients 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 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 local and national averages. For example:

- 96% 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%.
- 94% of patients 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%.
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% 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. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Good

Are services caring?

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 2.1% of the practice list as carers. Two staff led on carer's support at the practice (one GP and one health care assistant). They arranged for a carer's display board to be set up in the patient waiting area inviting carers to identify themselves to the practice. Carers were offered a carer's health check and written information was available to direct carers to the various avenues of support available to them. All identified carers also received a follow up telephone call from the practice to ask how they were and if they needed additional support. The practice had leaflets for young carers and worked with schools to help identify these young patient carers.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example,

- There were longer appointments available for patients with a learning disability.
- Appointments were for a minimum of 15 minutes recognising increasing complexity of care needed for many patients.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- NHS physiotherapy, private chiropody and hypnotherapy were available at the practice.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities available with level access to the practice and consulting rooms, disabled parking slots and a wheelchair available for patient use.
- One of the GPs provided a weekly session to two local residential independent schools, where many of the students were living away from home for the first time. The sessions held at the schools rather than at the practice were less disturbing to the students' study and took place in an environment students felt safe in. The students were able to see same GP or practice nurse to build up a trust with them and the practice held team meetings with the schools, with input from school staff pastoral care, the schools' matrons and teachers.
- The practice was piloting specialist paramedic training in conjunction with the South West Ambulance Service. This project provided 40 hours of specialist paramedic training at a GP practice over an eight week period. This helped coordinate primary medical service emergency response services. The paramedic held clinics at the practice. The GP partners told us this had been received positively by patients and had educated patients that they could be seen by a health care professional with additional competencies rather than a GP, when appropriate. The practice told us they were also in the process of employing a nurse practitioner. They thought the patient experience with the specialist paramedic would positively impact upon patients seeking appointments with the nurse practitioner.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 6pm daily. Extended hours appointments were offered on Mondays until 7.15pm. In addition to pre-bookable appointments that could be booked up to twelve weeks in advance, urgent appointments were also available for people that needed them.

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

- 82% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 81% and the national average of 78%.
- 94% of patients said they could get through easily to the practice by phone compared to the CCG average of 84% 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.

This was done by telephoning the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. 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.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 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 in the form of information in the patient waiting room, on the practice website and in the practice leaflet.

We looked at four complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint. 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, a patient complained about the availability of appointments. As a result more pre-bookable appointments and two emergency clinics per day (one am and one pm) were scheduled. This was followed up with a patient survey about appointments, which showed patients welcomed the changes.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. The mission statement was, 'providing good quality family medicine to our local community.'
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured 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.
- 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 robust 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 monthly team meetings, which were minuted and shared with the staff team via the practice intranet.
- 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 patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG used the practice newsletter to explain their role and the most recent newsletter contained a piece from the clinical commissioning group (CCG) on where to find advice on making will, and explaining what is meant by 'lasting power of attorney' in relation to making decisions for relatives. The PPG was using technology to recruit new members, such as by email for a virtual group for

Are services well-led?

Good

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

patients who were unable to commit to face to face meetings. The PPG had used their presence during flu clinics to recruit new members this way and 105 new members signed up.

- The practice had gathered feedback from staff through staff meetings, staff surveys (including those of staff trainees such as medical students), appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Feedback from medical students showed they considered the learning experiences at the practice to be positive. As a result of the staff survey internal communication in the practice was highlighted as an area for improvement. The practiced acted on this by installing a white board in the staff room for internal messages. Staff told us this had aided staff communication. 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. For example, the practice was working to become a dementia friendly practice. This was led by the salaried GP and included additional training in dementia awareness for the whole staff team and improving the premises to make the environment easier to understand and navigate for people with dementia. Some of the work carried out to make the premises dementia friendly included making toilets clearly identifiable by the use of pictorial signs and the use of red toilet seats.