Wembury 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	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 undertook a comprehensive inspection of Wembury Surgery in the village of Wembury on 28 October 2014. Wembury surgery at 51 Hawthorn Drive, Wembury Devon PL9 0BE provides primary medical services to people living in Wembury and surrounding villages. The practice provides services to a diverse population and age group.

Our key findings were as follows:

The Wembury Surgery operated a weekday service for over 2,220 patients in the Wembury area. The practice was responsible for providing primary care, which included access to the GP, minor surgery, ante and post natal care as well as other clinical services. At the time of our inspection there was one male GP, a nurse practitioner, a practice nurse, healthcare assistant a practice manager, and additional administrative and reception staff.

Patients who use the practice have access to community staff including district nurses, health visitors, physiotherapists, counsellors, and midwives.

Patients we spoke to and the comment cards we looked at confirmed that people were happy with the service and the professionalism of the GPs and nurses. The practice was clean and there were effective infection control procedures in place.

We found that staff were well supported and the practice was well led with a clear vision and objectives. Staff had a sound knowledge of safeguarding procedures for children and vulnerable adults.

Care and treatment was being delivered in line with current published best practice. Patients' needs were consistently met in a timely manner.

All the patients we spoke to during our inspection were very complimentary about the service and the manner in which they were cared for.

There was an open culture within the organisation and a clear complaints policy.

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. Staff understood and fulfilled their responsibilities to raise concerns, and report incidents and near misses. Lessons were learned and communicated to all staff to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Infection control measures were in place and the premises were visibly clean. There were safeguards in place to identify children and adults in vulnerable circumstances. Risks to patients were assessed and well managed. There were enough staff to keep people safe.

Are services effective?

Good

The practice was rated good for providing effective services. The practice delivered care and treatment in line with recognised best practice and worked with other support services to provide a service to patients. Staff received the necessary training and development for their role. There was a proactive approach to using data to analyse and improve outcomes for patients. There had been a range of clinical audits, which had resulted in improvements to patient care and treatment. There were robust recruitment procedures in place.

Are services caring?

Good

The practice is rated as good for providing caring services. Patients said they were treated with compassion, dignity and respect and they were involved in care and treatment decisions. We also saw that staff treated patients with kindness and respect ensuring confidentiality was maintained. Accessible information was provided to help patients understand the care available to them. The practice organised for outside providers to deliver care at the practice.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. The practice reviewed and understood the needs of their local population. The practice identified and took action to make improvements. Patients reported that they could access the practice when they needed. There were named GPs for patients aged over 75, and the patients reported that their care was good. There was an accessible complaints system with evidence demonstrating that the

Summary of findings

practice responded appropriately and in a timely way to issues raised. There was evidence that learning from complaints was shared with staff. The practice was well equipped to treat patients and meet their needs.

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 quality care and treatment. Staff reported an open culture and told us they could communicate with all senior staff. They felt supported by management. The practice had a number of policies and procedures to govern activity and regular governance meetings took place. There were systems in place to monitor and improve quality and identify risks. There were systems to manage the safety and maintenance of the premises. The practice proactively sought feedback from staff and patients and this had been acted upon. The practice had an active patient participation group (PPG) which was involved in the core decision making processes of the practice. Patient engagement was central to the operation of the practice.

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 providing care to older people. Health checks and promotion were offered to this group of patients. There were safeguards in place to identify adults in vulnerable circumstances. The practice worked well with external professionals in delivering care to older patients, including end of life care. Pneumococcal vaccination and shingles vaccinations were provided at the practice for older people during routine appointments. The practice had implemented care plans for patients at risk of being admitted to hospital as part of an optional enhanced services scheme. This included older patients.

People with long term conditions

Good

The practice is rated as good for providing care to people with long term conditions. The practice managed the care and treatment for patients with long term conditions in line with best practice and national guidance. Health promotion and health checks were offered in line with national guidelines for specific conditions such as diabetes and asthma. The practice had implemented care plans for patients at risk of being admitted to hospital as part of an optional enhanced services scheme. This included patients with long term conditions. Longer appointments were available for patients if required, such as those with long term conditions.

Families, children and young people

Good

The practice is rated as good for families, children and young people. Staff worked well with the midwife to provide prenatal and postnatal care. Postnatal health checks were provided by a GP. The practice provided baby and child immunisation programmes to ensure babies and children could access a full range of vaccinations and health screening. Information relevant to young patients was displayed and health checks and advice on sexual health for men, women and young people included a full range of contraception services and sexual health screening including chlamydia testing and cervical screening. The practice offered a worries and anxieties service as well as healthy eating and skin care for teenagers. The GPs training in safeguarding children from abuse was at the required level.

Working age people (including those recently retired and students)

Good

The practice is rated as good for providing care to working age people. The practice provided telephone consultations with the GP,

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at the patient's convenience prior to an appointment, and extended surgery hours would accommodate the patient if needed to be seen. The practice operated extended opening hours one morning and one evening a week. There was no online booking system at the time of our inspection. Patients over 45 could arrange to have a health check with a nurse or healthcare assistant if they wanted. A cervical screening service was available. The practice website detailed health advice for this age group for example symptoms to look for in the early stages of cancer.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for people whose circumstances may make them vulnerable. The practice had a vulnerable patient register. These patients were reviewed at team meetings and the multidisciplinary team meetings. The practice does not provide primary care services for patients who are homeless as none are known, however, staff said they would not turn away a patient if they needed primary care and could not access it. Patients with learning disabilities were offered and provided a health check every year during which their long term care plans were discussed with the patient and their carer if appropriate.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for people experiencing poor mental health, including people with dementia. The practice are aware of their aging population group. Staff received safeguarding training, and GP and nurses had access to safeguarding policies. The GP and nurses had training in the Mental Capacity Act (MCA) 2005 and an understanding or appropriate guidance available in relation to the Act when caring for patients with dementia.

Summary of findings

What people who use the service say

We looked at patient experience feedback from the national GP survey from 2014/2015. 51% of the patients rated the practice as being excellent and 27% as being very good. The practice scored highly in comparison to other practices for patients being able to speak with a GP or nurse on the telephone. There was very positive feedback about the way staff spoke with and supported patients. All of the feedback was positive.

We spoke with six patients during the inspection and met with two member of the patient participation group. We collected 13 completed comment cards which had been left in the reception area for patients to fill in before we visited. The vast majority of feedback was positive. Patients told us their care was very good, they had been listened to, and they could access the practice easily. They told us that they found the reception staff to be helpful and caring.

They told us that the staff were always welcoming and the environment clean and tidy and that they were impressed with the care and treatment that they had received.

Wembury Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team also included a GP specialist advisor a practice manager specialist advisor.

Background to Wembury Surgery

Wembury surgery is located on one site in a rural area of Devon. The premises has treatment and consultation rooms on the ground floor with wheelchair access to all rooms. There is one male practice partner working at the practice, supported by locums. The nursing team consists of one nurse practitioner, one practice nurse and one healthcare assistant. They are supported by administration and reception staff. Wembury Surgery dispenses medicines to patients.

Patients using the practice also have access to community staff including district nurses, health visitors, and midwives.

Wembury Surgery is open from 8:30am until 6pm Monday to Friday. An early morning and late evening surgery is available for pre booked appointments on a Tuesday until 7pm for patients that find it difficult to visit the GP during the day. At weekends and when the surgery is closed, patients are directed to an Out of Hours service delivered by another provider and contact information is displayed in the practice and on their website.

At the time of our inspection there were approximately 2,220 patients registered at the Wembury Surgery at 51 Hawthorn Drive, Wembury, South Devon, PL9 0BE.

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. This 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

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

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

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
- Mothers, babies, children and young people
- The working-age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing poor mental health

Detailed findings

Before visiting to inspect the practice, we reviewed a range of information we hold about the service and asked other organisations, such as the local clinical commissioning group, Local Healthwatch and NHS England to share what they knew about the practice. We carried out an announced visit on 28 October 2014. During our visit we spoke with the GP, the practice manager, a registered nurse, administrative and reception staff. We also spoke with six patients who used the practice. We observed how patients were being cared for and reviewed comments cards where patients shared their views about the practice, and their experiences. We also looked at documents such as policies and meeting minutes as evidence to support what staff and patients told us.

Good

Are services safe?

Our findings

Safe Track Record

The practice had an incident reporting process which was included in the staff handbook. Staff we spoke with described how they would respond to and report safety-related incidents and told us they felt able to do so. We looked at safety incidents recorded and saw they were investigated and actions put in place to reduce the risk of them reoccurring. The practice had identified a dispensing error which were discussed at a practice meeting and changes made to minimise the risk of it happening again. Staff were aware of where they could report patient safety concerns within the practice and externally if they needed to.

The GP told us that when they received MHRA alerts (medical alerts about drug safety) they searched their patient records to check whether any patients would be affected, to ensure they took appropriate actions to protect patients. The GP also shared medical alert information with other clinical staff in the practice.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events. We saw records of significant events that had occurred during 2014. The practice recorded positive as well as negative events. The weekly practice team meeting minutes showed significant events were discussed to identify concerns and share learning with the staff or identify any trends.

Complaints were discussed at team meetings and some were recorded as significant events. There was evidence that appropriate learning had taken place where necessary and that the findings were disseminated to relevant staff. All staff were aware of the system for raising issues to be considered at the meetings and told us they were encouraged to do so.

Reliable safety systems and processes including safeguarding

All staff had received training on safeguarding. The GP had undertaken level three safeguarding, the nurses level two and administration staff level one safeguarding children training within the last year. Safeguarding adults and children policies were available on staff computers in treatment and consultation rooms. Most staff were confident in identifying categories and potential identifiers of abuse. Staff told us they would discuss safeguarding concerns with the GP. Staff knew of their responsibilities to report concerns and contact the relevant agencies.

Vulnerable patients, such as those with a learning disability, older patients who are frail or have dementia or children on the 'at risk' register, were flagged on the practice's computer system to nurses and GPs. The practice worked with external organisations through multi-disciplinary meetings such as the local social care team to share information about vulnerable children and adults.

A chaperone policy was in place and visible on the waiting room noticeboard and in consulting rooms. Chaperone training had been undertaken by all nursing staff, including the healthcare assistants. Only GPs and nurses performed chaperone roles.

Medicines Management

Wembury surgery is a dispensing practice. We looked at the procedures for storage and safe dispensing of medicines. There were standard operating procedures (SOP) for dispensing in operation. The practice only stored limited stocks of regular items and new supplies could be ordered twice a day. We saw a documentation that demonstrated the practice checked and balanced stock levels.

Opening times for the dispensary were clearly posted on the door with details of where patients could obtain medicines when they were closed. The majority of the patients opted for their medicines to be supplied by the practice dispensary but they could opt to use local pharmacies if they wished.

There was a clear audit trail for the authorisation and review of repeat prescriptions. Alerts were raised when the GP was required to review the medicines or if the patient requested medicines early. Any changes to the patient's medicines were flagged on the computer system.

Controlled drugs were stored correctly with only relevant staff having access. We looked at the controlled drugs (CD) book and saw that correct procedures were in place for storage and administration and disposal.

All staff working in the dispensary had completed accredited training. The GP audited the staff competencies annually and we saw records that showed the dispensing staff kept up to date with training.

Good

Are services safe?

Refrigerators were available for the storage of vaccines. The nurse checked and recorded the temperatures twice daily. They told us that any abnormal readings would be reported to the practice manager for action to be taken. This demonstrated the staff recognised the importance of storing vaccines at the correct temperature.

For security purposes prescription pads were not stored in the GP consulting rooms, GPs could print a named prescription from their computer system if a hand written item was required.

We looked at the GPs home visit bag and checked the medications carried. These drugs were all within their use by date and were appropriate for dealing with emergencies that the GP may encounter.

Cleanliness & Infection Control

The practice nurse was the lead for the prevention of infection control. There were policies and procedures in place. The practice undertook an infection control and cleaning audit in June 2014. Actions from this audit had been carried out. On our visit to the practice we inspected the building and looked at areas where care and treatment were delivered.

The treatment rooms used by the nurses had washable flooring and there were sinks for hand washing with a supply of hand wash and paper towels. There was a supply of disposable gloves and aprons with foot operated waste bins. All surfaces could be thoroughly cleaned and we were told that this procedure was carried out after each surgery. Each of the examination beds had disposable paper covers that were changed after every use. Modesty curtains were disposable and should be changed six monthly, we saw that these had been changed in May 2014. Equipment used by the nurses was single use and disposed of appropriately after each patient.

The GP consultation rooms each had an examination couch with protective paper covering for preventing the spread of infection. Each had a separate hand washing sink with soap dispenser and paper towels. We were told by the nurses that the GPs and cleaners were responsible for their own consultation room cleanliness. The rooms we looked at were visibly clean.

A legionella test had not been carried out at the premises as advice from the Health and Safety Executive (HSE) is that because the practice is housed in a domestic property they fall outside of the legionella regulations.

Equipment

Electrical appliances were portable appliance tested (PAT) to ensure they were safe. Fire extinguishers were maintained and checked by an external company every year. We saw servicing records for medical equipment were up to date. Disposable medical instruments were stored in clinical treatment rooms in hygienic containers ready for use. We found medical equipment and supplies were within their date of expiry.

Staffing & Recruitment

The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. A meeting was held between the practice manager and the GP and a decision made as to what hours would be required. The GP would be involved in all processes along with the practice manager.

Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and criminal records checks via the Disclosure and Barring Service (DBS).

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a rota system in place for all the different staffing groups to ensure they was enough staff on duty. There was also an arrangement in place for members of staff, including nursing and administrative staff to cover each other's annual leave.

Monitoring Safety & Responding to Risk

Some monitoring and assessing of risks took place. For example, we saw a fire risk assessment and an asbestos assessment for the premises. There was a control of substances hazardous to health (COSHH) risk assessment available for the storage of chemicals in the practice. We saw portable appliances were tested in line with Health and Safety Executive guidance to ensure they were safe.

Arrangements to deal with emergencies and major incidents

Good

Are services safe?

We asked about how the practice planned for unforeseen emergencies. We were told that all staff received basic life support training. We were shown certificates which evidenced this and a training plan to show that all staff had been trained. Staff knew what to do in event of an emergency evacuation; the practice manager showed us fire safety measures and weekly testing of alarm systems. We looked at the business continuity plan and found it to be clear. It covered areas such as staffing, emergency procedures, access to alternative premises, disaster recovery and equipment.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

There were examples where care and treatment followed national best practice and guidelines. For example, emergency medicines and equipment held within the practice followed the guidance produced by the Resuscitation Council (UK). The practice followed the National Institute for Health and Clinical Excellence (NICE) guidance and discussion around latest guidance was included in the staff meetings. We saw that where required, guidance from the Mental Capacity Act 2005 had been followed. Guidance from national travel vaccine websites had been followed by practice nurses.

The GP was aware of his responsibility to remain up to date with the latest guidelines in care and he shared learning with the local GP practices continuous professional development group.

Management, monitoring and improving outcomes for people

The practice routinely collected information about patients care and outcomes. The practice used the Quality and Outcomes Framework (QOF). This enables GP practices to monitor their performance across a range of indicators including how they manage medical conditions. The practice achieved highly on specific areas including health checks for patients with diabetes and high blood pressure and reviewing patients diagnosed with dementia.

The GP and the dispensing staff told us clinical audits were often linked to medicines management information; the most recent audit had been on emergency requests for medicines. The results would be discussed amongst the team and actions decided. A second audit, in the last twelve months, looked into the use of a pain relieving medicine and whether an alternative medicine could be prescribed. This resulted in some patients being weaned off this medicine and an alternative medicine given.

Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that all staff were up to date with attending mandatory courses such as annual basic life support. The GP was up to date with their yearly continuing professional development requirements and had been appraised. (Every GP is appraised annually and every five years undertakes a fuller assessment called revalidation. Only when revalidation has been confirmed by NHS England can the GP continue to practice and remain on the performers list with the General Medical Council).

All staff undertook annual appraisals with the practice manager and/or a GP which identified learning needs. Mandatory training was provided on-line. Staff interviews confirmed that the practice was proactive in providing training and funding for relevant courses.

The nursing staff received their clinical appraisal from the GP at the practice. The nurse told us that they had the opportunities to update their knowledge and skills and complete their continuing professional development in accordance with the requirements of the Nursing and Midwifery Council. Both the practice nurses had received extensive training for their roles, for example, seeing patients with long-term conditions such as asthma, COPD, diabetes and coronary heart disease as well as the administration of vaccines.

Working with colleagues and other services

The practice worked with other service providers to meet people's needs and manage complex cases. Blood results, X ray results, letters from the local hospital (including discharge summaries) and out of hours providers were received both electronically and by post. The duty GP was practice had a responsible for reading and actioning any issues arising from communications with other care providers on the day they were received. The GP was responsible for seeing these documents and results and for the action required. All staff we spoke with understood their roles and felt the system in place worked well. There were no instances within the last year of any results or discharge summaries which were not followed up appropriately.

The practice worked effectively with other services. A weekly meeting was held with the health visitor to discuss vulnerable adults and children. Once a month there was a multidisciplinary team meeting to discuss high risk patients and patients receiving end of life care. This included the multidisciplinary team such as physiotherapists, occupational therapists, health visitors, district nurses, community matrons and the mental health team.

Information Sharing

Good

Are services effective?

(for example, treatment is effective)

The practice had systems in place to provide staff with the information they needed. An electronic patient record was used by all staff to coordinate, document and manage patients' care. All staff were fully trained on the system, and commented positively about the system's safety and ease of use. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

Consent to care and treatment

The GP and nurses had a sound knowledge of the Mental Capacity Act 2005 and its relevance to general practice. The GP we spoke with told us they had access to guidance and information for the MCA 2005. They were able to describe what steps to take if a patient was deemed to lack capacity. Patients who lacked capacity to make their needs fully known had their interests protected, for example by a family member, or a carer who supported them. We were told that patients were able to express their views and were involved in making decisions about their care and treatment. The GP told us they obtained written consent for minor surgery procedures

Patients told us the GP and nurses always explained what they were going to do and why. Patients were able to discuss their treatment with the GP or nurse and told us they never felt rushed during a consultation. Patients said they were involved in the decisions about their treatment and care. Staff told us in order to ensure patients made informed decisions; they would provide written information to patients. We noted there was variety of health information in the waiting area.

Health Promotion & Prevention

There was information on various health conditions and self-care available in the reception area of the practice. The practice website contained information on health advice and other services which could assist patients. The website also provided information on self-care. The practice offered new patients a health check with a nurse or with the GP if a patient was on specific medicines when they joined the practice.

The practice offered patients who were eligible, a yearly flu vaccination. This included older patients, those with a long term medical condition, pregnant women, babies and young children. For patients over the age of 78 years a vaccination against shingles was also available. The practice invited patients to make an appointment for these vaccinations. Patients with long term medical conditions were offered yearly health reviews. Diabetic patients were offered six monthly reviews. All registered patients over 16 years of age could request a consultation even if they have not been seen by their GP within a period of 3 years.

A travel consultation service was available. This included a full risk assessment based on the area of travel and used the 'Fit for travel' website. Vaccinations were given where appropriate or patients were referred on to private travel clinics for further information and support if needed.

There was information on external services on sexual health. Young patients are at higher risk of some sexually transmitted infections, particularly chlamydia. Patients could request testing for chlamydia and this was advertised on the patient website.

Are services caring?

Our findings

Respect, Dignity, Compassion & Empathy

Patients completed CQC comment cards to provide us with feedback on the practice. We received 13 completed cards and all were positive about the care and treatment experienced. Patients said they felt the practice offered very good services and staff were considerate, helpful and caring. They said staff treated them with dignity and respect. Patients were complimentary about their experiences with reception staff. Patients said that the staff in the dispensary were very caring and helpful and that they went out of their way to help.

Staff took steps to protect patients' privacy and dignity. Curtains were provided in treatment and consultation rooms so that patients' privacy and dignity was maintained during examinations 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.

We observed staff were careful to follow basic precautions when discussing patients' treatments in order that confidential information was kept private. There were additional areas available should patients want to speak confidentially away from the reception area. We heard, throughout the day, the reception staff communicating pleasantly and respectfully with patients.

Care planning and involvement in decisions about care and treatment

Patients we spoke to on the day of our inspection told us that health issues were discussed with them and 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 they wished to receive. Patient feedback on the comment cards we received was also positive and aligned with these views.

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 patents this service was available. A hearing loop was available for patients that were hard of hearing and the practice offered information leaflets in large print if these were required.

Patient/carer support to cope emotionally with care and treatment

The patients we spoke to on the day of our inspection and the comment cards we received were complimentary about the support they received. A patient told us that the staff had excelled in their care provision during a recent period of ill health.

Posters and leaflets were available in the waiting areas of the practice to signpost patients to a number of support groups and organisations in the area.

The practice discussed patients who had died, in multi-disciplinary team meetings to identify and review whether their care was appropriate and whether their wishes were respected. One patient told us their relative had passed away and the practice had supported the family during what was difficult time for them.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its patient population group and was responsive to their needs. New patients registering at the practice completed a registration form that gathered comprehensive details of their health and lifestyle choices. All new patients were offered an appointment either in person or over the phone. The GP told us they used the registration form and initial appointment to identify patients who were at risk or required specific support with a long term condition. Staff demonstrated an understanding of their patient population group and knew they had a larger than average number of elderly patients. They had undertaken work to identify patients who were carers, so they were able to offer support to these people.

There was a range of health-related information for patients available in both the waiting room and on the practice website. For example, we found information explaining how patients could access out-of-hours care. Patients we spoke with understood where they could access advice and support when the practice was not open.

The practice offered home visits to patients who required them and requested that patients rang the surgery as early in the day as possible. This provided older patients, mothers with young children, carers or patients in vulnerable circumstances an opportunity to see a GP when they may have difficulty attending the practice.

The practice had patient registers for learning disability and palliative care. There were regular internal as well as multidisciplinary meetings to discuss patients' needs. The practice worked collaboratively with other care providers such as local care homes and district nurses.

There was an online repeat prescription service for patients. Patients could also post and fax prescriptions requests to the surgery. This enabled patients who worked full time to access their prescriptions easily. Patients could also drop in repeat prescription forms to the practice to get their medicines. Patients told us the repeat prescription service worked well at the practice. The practice referred certain prescriptions to pharmacies that delivered for patients who found it difficult to collect their prescriptions.

The practice had an active Patient Participation Group (PPG) of nine members consisting of younger, middle aged and older patients, both male and female. They were exploring different ways to expand this group by using notices in the waiting area and notes in prescription bags. We were told that the PPG met with the practice manager and GP three to four times a year and that they felt very involved in supporting the practice. They were currently involved in exploring different ways to improve confidentiality in the waiting area.

Tackling inequity and promoting equality

We saw staff received training in equality and diversity. The practice were aware of patients who may be vulnerable or have limited access to GP practices. The practice confirmed they would offer immediate healthcare to any non-residential member of the traveller community, homeless or vulnerable patients or new residents who were not registered at a practice.

Access to the service

The practice operated an appointment system where all requests to see a GP were first discussed with the GP over the telephone. All patients needing to be seen urgently were offered same-day appointments. Longer appointments were available for patients if required, such as those with long term conditions. Telephone consultations enabled patients who may not need to see a GP the ability to speak with one over the phone. This was a benefit to patients who worked full time or could not attend the practice due to limited mobility. Feedback from the national patient survey suggested patients were seen quickly at the practice when they needed an appointment.

The practice environment had been adapted to accommodate a variety of patient needs. There was wheelchair access with push button automatic door entry, and the waiting room offered seating that was accessible to patients with restricted mobility. The patient toilet was accessible for patients that were wheelchair users and there was facilities for parents to change children's nappies.

The practice had the medical equipment it required to provide the services it offered. Clinical treatment rooms had the equipment required for minor surgery and other procedures which took place.

Listening and learning from concerns & complaints

The practice had a system in place for handling complaints and concerns. The system for raising complaints was advertised on the practice website and in the reception

Good

Are services responsive to people's needs?

(for example, to feedback?)

area. The practice manager was the designated person who was responsible for dealing with complaints from patients. We saw records showing that two complaints had been received this year and that they were acknowledged and responded to. We saw from meeting minutes that complaints were discussed periodically to identify if there were any long term concerns or trends.

Are services well-led?

(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 statement of purpose which had key principles including a delivery of best practice in patient care and patient involvement in the running of the practice. Clinical leadership and the integration of the practice's patient participation group (PPG) reflected this. The practice were aware of the challenges that would require action in the future regarding the patient population and the needs of that population. They told us they projected a significant growth of the patient population due to proposed large housing developments within their catchment area. They had an understanding of the challenges this would pose to the practice in its current building and with current capacity.

Governance Arrangements

The practice held regular clinical and administration staff meetings, being such a small team being led by one GP, issues were discussed ad hoc. There was a clear leadership structure with named members of staff in lead roles. For example, there was a lead nurse for infection control and the GP was the lead for safeguarding. Members of staff we spoke with were all clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed it was performing in line with national standards. We saw that QOF data was regularly discussed at monthly team meetings to maintain or improve outcomes.

The practice had an on going programme of clinical audits which it used to monitor quality and systems to identify where action should be taken. Also the GP undertook continual audits on the effectiveness of named medication being prescribed to patients and deaths to ensure that patient care is managed as well as possible.

Leadership, openness and transparency

The practice had a very clear leadership structure which had named members of staff in lead roles. Staff spoke about effective team working, clear roles and responsibilities but within a supportive non-hierarchical organisation. They all told us that felt valued, well supported and knew who to go to in the practice with any concerns. Staff told us there was an open culture within the practice and they had opportunities to raise issues at team meetings.

The practice manager and their deputy were responsible for human resource policies and procedures. Staff were aware of where to find these policies if required.

Practice seeks and acts on feedback from users, public and staff

The practice used an outside organisation to obtain feedback from their patients. A recent survey showed that patients were satisfied with how the practice was managed and with the care they received. The practice were seeking ways in which to provide more information and services for younger patients and used its PPG to ask patients for their suggestions on how to improve this.

The practice had a Patient Participation Group (PPG) The group consists of seven members and included employed, retired, and young, people. They met with the practice management three to four times a year and were also contacted either by e mail or telephone to comment on the services and to give regular feedback. The PPG had been consulted on ways to improve the confidentiality in the waiting room and their suggestion of a glass panel erected by the telephone and been listened to and acted upon.

Staff told us they felt involved in the running of the practice. GPs and nurses told us they were encouraged to provide clinical leadership and share learning among the staff group at the practice.

Management lead through learning & improvement

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. Staff appraisals were carried out by the GP and/or practice manager for all staff. Staff told us that the practice was very supportive of training.

The practice had systems to learn from incidents which potentially impacted on the safety and effectiveness of patient care and the welfare of staff. Team meetings were used to disseminate learning from significant events and clinical audits. Staff told us changes to protocols and policies were made as a result of learning outcomes from significant events, national guidance and audits.

Are services well-led?

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

The practice had only one GP and he met regularly with GPs from neighbouring practices where they shared new learning with each other and discussed ways in which it could improve outcomes for effective care within their practice.