Winscombe Surgery

Quality Report

Winscombe Surgery
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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 Winscombe and Banwell Family Practice on 22 November 2016. The practice is registered as two locations, Winscombe Surgery and Banwell Surgery; patients could book an appointment at either location. All data relating to the performance of the practice has been aggregated and relates to both locations.

Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised. 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 urgent appointments were available the same day. The practice had reviewed their clinical team to improve accessibility to a clinician. All clinical members of the team carried out some of the home visits and undertook patient medication reviews. Feedback from the patient participation group (PPG) members was positive and they told us on the day of the inspection that there was continuity of care and they were able to get appointments when they needed them.
- The practice worked closely with other organisations and with the local community in planning how

Summary of findings

services were provided to ensure that they meet patients' needs. For example, they provided a weekly onsite clinic at an assisted living site and also arranged for a weekly community minibus service from there to the practice so patients could access other practice based services.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example, they were involved in several pilot schemes to improve patient access to services such as the onsite mental health specialist nurse.
- The practice had strong and visible clinical and managerial leadership and governance arrangements. There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Ensure that regular fire safety drills are undertaken and involve all staff.
- The provider should ensure the electrical installation safety check is kept up to date.

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.
- The practice used every opportunity to learn from internal and external incidents, to support improvement. Learning was based on a thorough analysis and investigation. 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.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff. However, we found that fire drills were not up to date and that the premises electrical installation safety was out of date.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

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. The practice used innovative and proactive methods to improve patient outcomes and working with other local providers to share best practice.
- End of life care was delivered in a person centred and coordinated way.

Summary of findings

Are services caring?

Good

The practice is rated as good for providing caring services.

- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on.
- We observed a strong patient-centred culture with clinicians who demonstrated ownership of their patients and their treatment.
- Data from the national GP patient survey (July 2016) showed patients rated the practice higher than others for several 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.

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 North Somerset Clinical Commissioning Group to secure improvements to services where these were identified. The practice was a member of the One Care Consortium (an integrated approach to the delivery of primary care across GP practices in Bristol, North Somerset and South Gloucestershire) and was actively involved in the pilots for evening and weekend access to routine GP and nurse appointments; the provision of a practice-based specialist mental health nurse to see patients with low mood, anxiety and depression as an expansion of the clinical workforce.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions, including patients with a condition other than cancer and patients living with dementia. We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on.
- 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.

Summary of findings

- There are innovative approaches to providing integrated patient-centred care.
- Patients can access appointments and services in a way and at a time that suits them. 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.

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.
- 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 proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction. Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- There was a strong focus on continuous learning and improvement at all levels. Staff training was a priority and time was built into staff rotas.
- The practice had reviewed their staffing establishment and had employed advanced nurse practitioners to develop the range of treatment available and to meet demand for services.
- GPs that were skilled in specialist areas used their expertise to offer additional services to patients, such as ear suction.

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.

- Staff were able to recognise the signs of abuse in older people and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified, at an early stage, older people who may be approaching the end of life. It involved older people in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services such as the out of hours service.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. The practice hosted sessions from Age UK who signposted patients to relevant support services.
- GPs undertook routine weekly visits to patients in nursing homes and held a weekly clinic at an assisted living accommodation. The practice organised a weekly community minibus service from there to the practice so that patients could access other practice based services.
- The practice provided medical care for interim care beds at a local nursing home for any person admitted to the bed.

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 long-term disease management and patients at risk of hospital admission were identified as a priority. All these patients had a named GP and a structured

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

- The practice had signed up to the unplanned admissions local enhanced service and had identified the 2% of patients at higher risk of admission to hospital. Each patient had a care plan tailored to their individual needs, completed by a GP following a face-to-face meeting with them. The care plan was regularly reviewed. Each patient was assigned an appropriate care coordinator.
- There were emergency protocols for patients with long-term conditions who experienced a sudden deterioration in health such as 'just in case' medicines. Many of these patients were over 75 years old and were followed up on discharge from hospital which ensured that their care plans were updated to reflect any extra needs. Any unplanned admissions were discussed at a monthly meeting with the community team.
- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c was 64 mmol/mol or less in the preceding 12 months was 73% whilst the clinical commissioning group average was 77% and the national average was 78%.
- The practice proactively identified patients at risk of developing long-term conditions and took action to monitor their health and help them improve their lifestyle. For example, the practice had planned a patient education event on diabetes on a Saturday morning in January 2017 run by their specialist diabetic nurse in conjunction with Self-Management UK (formerly the Expert Patient programme), in partnership with the specialist diabetic nurses employed by North Somerset Community Partnership and the dietitian employed by Weston Health Trust.This event is being facilitated by One Care Consortium and the practice is piloting a multi-disciplinary approach to encourage patient self-care.
- Longer appointments and home visits were available when needed.

Families, children and young people

Good

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

- There were systems 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 accident and emergency (A&E) attendances.

Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice provided support for babies and their families following discharge from hospital; new mothers were routinely contacted by their GP after birth and offered a home visit within a week of birth.
- The cervical screening data for the practice (2014/15) indicated that females aged 25-64, who attended for cervical screening within target period was 76% which was comparable with the clinical commissioning group average and higher than the national average.
- 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. There was a weekly "drop in" baby clinic staffed by a health visitor, practice nurse and GP. Immunisations were offered on a drop-in basis in order to maximise convenience and increase uptake.
- The practice were contracted for twice weekly surgeries at a local private school during term time; in addition health educational sessions were held to give the young people health advice.
- The practice had emergency processes for acutely ill children and young people.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, early morning appointments from 7am were available, with GPs, a health care assistant and nurse practitioner; in addition, from December 2016, the practice planned to pilot evening surgeries from 6.30pm to 8pm.
- Pre-bookable appointments were available up to five weeks in advance. Telephone consultations were offered for convenience where clinically appropriate.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Summary of findings

- The practice participated in the North Somerset Clinical Commissioning Group initiative supported by One Care Consortium to offer routine Saturday appointments with GPs, nurses and health care assistants.
- The practice held drop–in seasonal flu clinics on Saturdays which were accessible for working people.
- The practice arranged specific evening clinics for the insertion of intrauterine contraceptive devices and contraceptive implants to meet demand from patients.

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 supported a learning disability care home; one GP had additional training in learning disabilities.
- Vulnerable patients were assisted to access appointments early in the morning to avoid the busiest surgery times.
- The practice had a small traveler community; the leader of which was in contact with the senior partner on a regular basis. This facilitated access to appropriate services.
- 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.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. Patients were seen by their named GP who was accessible by mobile telephone and visited both during working hours and outside of the normal surgery times. One GP worked a session each week at the local hospice.

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).

Summary of findings

- Patients at risk of dementia were identified and offered an assessment. The practice participated in the dementia enhanced service and was pro-active in diagnosing dementia with a rate of 76% which was the second highest in the clinical commissioning group area.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 93
- The practice provided GP medical services to two care homes for people living with dementia. A member of staff had a dedicated session each week to manage prescriptions for this group of patients which promoted continuity.
- The practice carried out advance care planning for patients with dementia.
- Staff had a good understanding of how to support patients with mental health needs and dementia. There was a 'Forget me Not' (Alzheimer Society) session held in the practice to support patients and relatives affected by dementia and memory loss; the specialist dementia nurse from the North Somerset Memory Service attended the practice regularly.
- The practice participated in the pilot scheme to have a practice-based specialist mental health nurse who saw patients with low mood, anxiety and depression.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health. For patients who experienced a deterioration in their mental health alerts were put on the patients' notes to ensure they were seen quickly.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results were published on July 2016. The practice is registered with CQC as two locations, Winscombe Surgery and Banwell Surgery, all data relating to the performance of the practice has been aggregated and relates to both locations.

The results showed the practice was performing above local and national averages. 219 survey forms were distributed and125 were returned. This represented 1.3% of the practice's patient list.

- 88% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group average of 71% and the national average of 73%.
- 93% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the clinical commissioning group average of 76% and the national average of 76%.
- 91% of patients described the overall experience of this GP practice as good compared to the clinical commissioning group average of 87% and the national average of 85%.
- 88% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the clinical commissioning group average of 81% and 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 43 comment cards from the Winscombe Surgery location. All of the comments were overwhelmingly positive about the standard of care received. Comments received praised the quality of the care received, many respondents stating they had experienced an excellent service. Respondents also commented on the personalised attention received from all of the staff team and accessibility of the service. We received a number of comments from respondents who had been supported through bereavement where the comments highlighted the caring, supportive and listening skills of the staff team. We spoke with ten patients who accessed both locations during the inspection. All of them expressed their satisfaction and appreciation of with the care they received and thought staff were approachable, committed and caring.

We noted that the comments on NHS Choices reflected the comment from respondents and patients, and that currently the practice was rated by patients as five stars. The NHS Friends and Family test results indicated that 100% of respondents would recommend the practice.

Winscombe Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser and a second CQC lead inspector.

Background to Winscombe Surgery

The practice is known as the Winscombe and Banwell Family Practice. The Winscombe Surgery location is situated in the village of Winscombe in a purpose-built building in the centre of the village accessed by a private residential lane. There is a parking for patients and staff including a space for blue badge holders. The practice has 9,400 patients registered between the two locations.

Winscombe Surgery

Hillyfields Way

Winscombe BS25 1AF

Banwell Surgery

Westfield Road

Banwell BS29 6AD

There are five GP partners, with two salaried GPs, two advanced nurse practitioners who are also independent prescribers, three part time practice nurses and three part time health care assistants. The clinical team are supported by an experienced practice manager and an administration and reception team. Staff can work across both locations.

The Winscombe site is open between 8am and 6.30pm Monday to Friday. Appointments are available from 8:30am and emergency telephone access is available from 8am. The practice operates a mixed appointments system with some appointments available to pre-book and others available to book on the day. Extended opening hours were offered between 7am – 8 am on Mondays, Tuesdays and Wednesdays and the practice also offers telephone consultations. The practice offers online booking facilities for non-urgent appointments and an online repeat prescription service. This site has six consulting rooms and two treatment rooms, with a patient health information room off the main waiting area where there is a blood pressure monitor for patients to access.

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

The practice's patient population is increasing and has slightly more older patients than the national average with 2.2% being over 90 years old. Approximately 45% of the patients are over the age of 65 years compared to a national average of 27%. Approximately 59% of patients have a long standing health condition compared to a national average of 54% which can result in a higher demand for GP and nurse appointments. These figures indicate there may well be competing demands for GP appointments however; patient satisfaction scores are high with 91% of patients describing their overall experience at the practice as good compared to a national average of 85%.

Detailed findings

The general Index of Multiple Deprivation (IMD) population profile for the geographic area of the practice is in the 9th least deprivation decile. (An area itself is not deprived: it is the circumstances and lifestyles of the people living there that affect its deprivation score. It is important to remember that not everyone living in a deprived area is deprived and that not all deprived people live in deprived areas).

The practice is a teaching practice and two GPs in training were placed with them at the time of our inspection. The practice also hosts placements for medical students. Three of the GPs are GP trainers and a fourth GP is a supervisor and this provides training resilience.

The practice has opted out of providing Out Of Hours services to their own patients. Patients can access NHS 111 or BrisDoc provide the out of hours GP service.However GPs visit terminally ill patients out of hours including weekends and also give these patients the GP's home telephone number.

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Patients at this practice have a higher than average life expectancy for men at 81years and women at 86 years.

The practice also hosted:

Monthly nurse-led urinary incontinence service.

Weekly Positive Step counselling.

Monthly Forget-me-not dementia support.

Weekly midwife sessions.

Fortnightly Age UK support services.

A podiatrist who visited weekly and a specialist NHS podiatrist visiting monthly for patients at higher risk.

There was an in-house weekly physiotherapy service partially funded by the practice.

There was in- house screening for Aortic Aneurism and diabetic retinopathy.

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 22 November 2016. During our visit we:

- Spoke with a range of staff including the nurse team, the GP team and reception staff, and we spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

Detailed findings

- 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, one recorded significant event led to a patient audit and a change in process of monitoring patients to ensure their compliance with best practice. A second event resulted in the practice having insufficient oxygen supply and inefficient suction equipment; this led to them obtaining additional equipment specifically for emergencies.

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 and nurses were trained to child protection or child safeguarding level 3.
- 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
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There was a lead GP and a practice nurse who were the infection control clinical leads, 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 and we saw evidence that action was taken to address any improvements identified as a result.
- 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. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- The advanced nurse practitioners had qualified as independent prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role.
- Patient Group Directions had been adopted by the practice to allow nurses to 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.
- The Winscombe Surgery held a small stock 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 five 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.
- 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 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.

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 fire safety risk assessments for the premises which was reviewed annually; there was evidence that staff had received annual fire training, regular fire drills had not been arranged. We spoke to the practice manager about this and they confirmed that a date had been arranged for this to take place. 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, 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 as well as push panic buttons in consulting rooms.
- All staff received annual basic life support training and there were emergency medicines such as atropine and adrenaline available in the treatment rooms.
- 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 securely stored and staff knew of their location. All the medicines we saw had been regularly checked and were in date. These medicines could also be taken on a home visit if the visiting clinician identified a need. This happened infrequently however we asked the practice what would happen if the medicines had been taken off site. They took immediate action and confirmed that there would be sufficient supplies available on site to deal with any emergency.

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 implemented through the root cause analysis of significant events and complaints.

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 from the Health and Social Care Information Centre (HSCIC) were for 2014/15 (published October 2015) and the practice had achieved 96% of the total number of points available. The overall figure for clinical domain exception reporting was 8%, lower than the clinical commissioning group average of 11% and the national average of 9%. (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 2014/15 showed:

- Performance for diabetes related indicators was slightly worse than the national average. For example, the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 71% compared to the clinical commissioning group average of 82% and the national average was 81%. The practice were aware that since their senior diabetic nurse left results had deteriorated. They had undertaken a full audit to identify issues and had formulated a plan which included increased training, reviewing the recall system and organization of clinics. They had also appointed an additional advanced nurse practitioner to assist in the management of patients with diabetes. They provided up to date data which showed the impact to date this had on patient care, for example the number of patients whose HbA1c (this refers to glycated haemoglobin;(HbA1c), clinicians are able to get an overall picture of what our average blood sugar levels have been over a period of weeks/months. For people with diabetes this is important as the higher the HbA1c, the greater the risk of developing diabetes-related complications.) was <59 in 2014/15 was 48% was 66% for 2015/16.
- Performance for mental health related indicators was better than local and the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 100% compared to the clinical commissioning group average of 93% and the national average of 88%. The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 93% compared to the clinical commissioning group average of 85% and the national average of 84%.

There was evidence of quality improvement programme which included clinical audit.

- We saw there had been a range of clinical audits completed in the last two years. We saw evidence of that following a significant event involving a patient prescribed Disease Modifying Anti-rheumatic Drugs (DMARDs) who was found not to have had any monitoring bloods done for over six months; in July 2016 the practice audited all the patients prescribed these medicines to ensure compliance. The total percentage of patients who were not compliant with monitoring was 7.5%. The results of this audit were presented at the practice clinical meeting on 3rd August 2016 where it was decided to use repeat prescribing as a way of checking patient compliance with monitoring. A re-audit of patients in October 2016 found a significant increase in compliance.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. For example, the auditing of use of ciprofloxacin (a

broad spectrum antibiotic) which showed significant improvement in adherence to prescribing guidance with a significant increase from 32% of prescriptions being deemed appropriate in March 2015 to 83% being deemed appropriate in September 2015.

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, mandatory health and safety updates and continual professional development.
- 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 on-going 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.

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. We were told patient correspondence from other health and social care providers was scanned into patient records once the GPs had seen the results. This ensured the patient records were current and held electronically to be accessible should they be needed, for example, for a summary care record to take to the hospital.
- Community nurses teams could access a restricted area of the patient records remotely for any test results and to add details of their visits.
- Patients' blood and other test results were requested and reported electronically to prevent delays. We found the system to review test results was not failsafe and raised this with the practice. They confirmed a new protocol which had been agreed and adopted by the team which would ensure all test results were reviewed on the day they were sent to the practice, to minimise any risks to patients and so that any necessary actions was taken.

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 on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

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

outcome of the assessment. Examples seen showed how the best interest meeting process was used to ensure that when it was necessary to administer covert medicines this had been discussed and recorded in the patient's notes.

- When undertaking minor surgery or invasive procedures such as the insertion of long acting contraceptive implants, we found the practice recorded the advice given to patients and their consent.

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.

Information from the National Cancer Intelligence Network (NCIN) indicated the practice's uptake for the cervical screening programme was 76%, which was higher than the national average of 74%.

Childhood immunisation rates for the vaccines given were comparable to the clinical commissioning group (CCG) averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 73% to 100% compared to the CCG average from 72% to 99% and five year olds from 63% to 96% compared to the CCG average from 73% to 98%. The practice held drop–in seasonal flu clinics on Saturdays which were accessible for working people. There was a weekly "drop in" baby clinic staffed by a health visitor, practice nurse and GP. Immunisations were offered on a drop-in basis in order to maximise convenience and increase uptake.

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

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.
- Same sex clinicians were offered where appropriate.

All of the 91 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 nine members of the patient participation group (PPG). They also told us they were very 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 (July 2016) showed patients felt they were treated with compassion, dignity and respect. The practice was comparable or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared the CCG average of 87% and to the national average of 85%.
- 95% 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%.
- 96% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% 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 (July 2016) showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the clinical commissioning group (CCG) average of 87% and the national average of 86%.
- 91% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. 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.

The practice had a patient charter available on their website and in the practice which listed the support the practice offered its patients. We found:

- Vulnerable patients were assisted to access appointment early in the morning to avoid the busiest surgery times.
- New mothers were routinely contacted by their GP after birth and offered a postnatal home visit within a week of delivery.
- The practice organised a weekly community minibus service from a local assisted living centre to the practice so that patients could access other practice based services.
- 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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services, such as the community minibus and volunteer transport service with whom the practice worked closely for patients with transport difficulties to and from the surgery. Winscombe and Banwell were part of the Village Agent programme (Village Agents link people in rural areas with advice and support services for independent living.) and the practice referred patients to this service. The practice hosted fortnightly sessions from Age UK who signposted patients to relevant support services and provided specific advice about 'scamming' (fraudulent business or scheme that takes money or other goods from an unsuspecting person) aimed at older people. The practice had a small traveller community, the leader of which was in contact with the senior GP partner on a weekly basis. This facilitated the community to access appropriate services.

The practice participated in the pilot scheme to have a practice-based specialist mental health nurse who saw patients with low mood, anxiety and depression. Patients could self-refer for this service; feedback from patients we spoke with was very positive especially about having a locally based service.

We saw there was a 'Forget me Not' (Alzheimer Society) session held in the practice to support patients and relatives affected by dementia and memory loss; the specialist dementia nurse from the North Somerset Memory Service visited the practice regularly.

The practice proactively identified patients at risk of developing long-term conditions and took action to monitor their health and help them improve their lifestyle. For example, the practice had planned a patient education event on diabetes on a Saturday morning in January 2017 run by their specialist diabetic nurse in conjunction with Self-Management UK (formerly the Expert Patient programme),in partnership with the specialist diabetic nurse employed by North Somerset Community Partnership and the dietitian employed by Weston Health Trust.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 235 patients as carers (2.5% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Elderly carers were offered timely and appropriate support with attendance for appointments and flu vaccinations. All staff had attended carers' awareness training and helped ensure that the various services supporting carers were coordinated and effective.

The practice had an end of life care charter so that care was delivered in a personalised coordinated way and took into account the needs of those whose circumstances may make them vulnerable. Patients were seen by a specific GP who supported them throughout and who were accessible by mobile telephone. We found evidence that the GPs visited both during working hours and outside of the normal surgery times, including at weekends. Patients who had experienced this service told us how much it was appreciated at a difficult and emotional time. One GP worked a session each week at the local hospice and shared any new guidance for treatments.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was followed by a home visit at a flexible time to offer sympathy and support to the family. We received a lot of positive verbal and written

Good

Are services caring?

feedback from patients who the practice had supported at a time of bereavement. Patients told us how they felt cared for and that nothing was too much trouble for the practice to help if possible. We were told that patients were encouraged to make an appointment as required, and that the appointment length was for as long as was needed.

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. One GP partner and the practice manager were involved in the CCG-led project to develop a new healthcare facility and services to serve the population of a new housing project being built locally and collaborating with three other local practices in the project to ensure sufficient resources were available.

- The practice participated in the pilot scheme to have a practice-based specialist mental health nurse who saw patients with low mood, anxiety and depression. We saw that there had been an audit of patients taking dosulepin (a medicine used to treat depression) and the nurse had been able to review these patients with an intention of reducing their dosage and providing different strategies for dealing with their illness. After four months there had been a reduction in the dosage of medicine prescribed for 17 of the 23 patients. Specialist services such as ear suction were offered to patients which meant they could receive treatment locally without referral to secondary care. The GPs who were trained to do this could also undertake this for house bound patients. Data provided by the practice showed there was significant number of patients who had received this treatment and therefore reduced the number of referrals for secondary care,
- The practice arranged specific evening clinics for the insertion of intrauterine contraceptive devices and contraceptive implants to meet demand from patients.
- The practice worked closely with the village volunteer transport and arranged a weekly service from a supported living centre to the practice.
- GPs undertake routine weekly visits to patients in nursing homes and held a weekly clinic at a supported living accommodation.
- The practice proactively identified patients at risk of developing long-term conditions and took action to monitor their health and help them improve their lifestyle and had had planned a patient education event on diabetes in January 2017.
- There was a weekly "drop in" baby clinic staffed by a health visitor, practice nurse and GP. This clinic was run one afternoon per week. Immunisations were offered on a drop-in basis in order to maximise convenience and increase uptake.
- The practice was contracted to provide twice weekly surgeries which were offered at a local private school during term time. In addition, health educational sessions were held to give the young people health advice.
- The practice undertook minor surgery including nail surgery. The impact for patients was that patients could access surgery locally with minimum delay and there were costs benefits through minimal referrals to secondary care (two only since January 2016).
- There were longer appointments available for patients with a learning disability.
- 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.
- Patients were able to receive travel vaccines available through the NHS.
- There were accessible facilities and designated parking bays for blue badge holders.
- The practice funded an in-house physiotherapy service weekly and undertook joint injections. Data provided by the practice indicated this had a significant impact for patients and a reduction in referral to secondary care, for example the referral rate for the practice in 2015/16 was 35.1 per 1000 patients compared to the CCG average of 47.2 per 1000 patients.
- Specific INR) clinics are run onsite by healthcare assistants on several days of the week to maximise ease of access (including one early morning session for working people). This meant patient's anticoagulant medicine dosage could be changed immediately without waiting for a result from the hospital.
- The practice provided from its own resources a cryotherapy service. Patients who were considered by

Good

Are services responsive to people's needs?

(for example, to feedback?)

any of the clinicians at the practice to have suitable lesions for cryotherapy are referred to one GP, the practising clinician, for further consideration and checking prior to booking in to the cryotherapy clinic.

- The practice provided medical care for interim care beds at a local nursing home for any person admitted to the bed.
- The practice had reviewed the recall system and organization of clinics for patients with diabetes and set up specific multidisciplinary team clinics including a late afternoon clinic for working people.

Access to the service

The Winscombe site was open between 8am and 6.30pm Monday to Friday. Appointments were available from 8:30am and emergency telephone access was available from 8am. The practice operated a mixed appointments system with some appointments available to pre-book and others available to book on the day. Extended opening hours were offered between 7am and 8 am on Mondays, Tuesdays and Wednesdays and the practice also offered telephone consultations where clinically appropriate. The practice offered online booking facilities for non-urgent appointments up to five weeks in advance and an online repeat prescription service.

Extended hours appointments are offered at the Winscombe site only.

The practice participated in the North Somerset Clinical Commissioning Group (CCG) initiative, supported by One Care Consortium, to offer Saturday routine appointments with GPs, nurses and health care assistants from a hub site.

- Results from the national GP patient survey (July 2016) showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages. The survey results also demonstrated that the standards listed in the practice's patient charter were what patients experienced. For example, their charter stated 'We aim to answer the telephone within five rings.' The survey results were that 88% of patients said they could get through easily to the practice by phone compared to the CCG average of 71%, and the national average of 73%.
- 84% of patients were satisfied with the practice's opening hours compared to the CCG average of 81% and the national average of 78%.

The patient's charter stated that 'An urgent appointment with a GP or nurse practitioner will be available on the same day.' Patients told us on the day of the inspection that they were able to get appointments when they needed them; reception staff and patients confirmed they had never refused a patient request for medical intervention.

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 carried out by telephone triage when patients first contacted the practice; the duty clinician triaged and allocated visits. The duty clinician had protected time for home visits from 10.30am each day. 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. All GPs, advanced nurse practitioners and practice nurses visit when requested by patients, families, carers or other healthcare professionals. GPs also visit if there medication review is due. The practice had a high visiting rate of 0.3% compared to the national average of 0.1%.

Listening and learning from concerns and complaints

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

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

We looked at a selection of the six complaints received in the last 12 months and found these were dealt with in a timely way to achieve a satisfactory outcome for the complainant. For example, complaints were responded to by the most appropriate person in the practice and wherever possible by face to face or telephone contact. The information from the practice indicated at what stage the complaint was in its resolution.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. We found the learning points from each complaint had been recorded and communicated to the team or appropriate action taken. For example, a concern about a patient with cardiac symptoms being left unattended in the waiting room raised by the ambulance service led to a significant event being raised. The outcome for the practice was that staffing of early morning surgeries changed so that there was no lone working; clinicians had easy access to glyceryl trinitrate (medicine used to treat angina) and aspirin. The practice also introduced a new protocol so that any patient for whom the ambulance had been called, were taken to a room where they could lie down, with either a clinician or (if appropriate) an accompanying adult with them at all times.

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 Winscombe and Banwell Family practice philosophy was:

We aim to offer the highest standard of health care and advice to our patients with the resources available to us. We have a team approach to patient care and endeavour to monitor the service provided to patients to ensure that it meets current standards of excellence.

- The practice had a patient charter which listed the support the practice offered its patients which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

We saw that all staff took an active role in ensuring high quality care on a daily basis and behaved in a kind, considerate and professional way.

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. All of the partners undertook responsibility in different areas of practice such as infection control or mental health and reported back at meetings.
- Practice specific policies were implemented and were available to all staff via their intranet.
- A comprehensive understanding of the performance of the practice was maintained.
- There was a formal schedule of meetings to plan and review the running of the practice, for example, the GPs and practice manager met weekly for business planning, and there were weekly clinical meetings.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. We saw that within the patient charter there were targets set for accessibility to appointments for patients. For example, they stated that '80% of patients are seen within 20 minutes of their appointment time.' We found this was maintained and confirmed by the patients we spoke with and from comments written on the CQC comment cards. The practice kept this under review and introduced change as needed to improve the quality of care to patients, as was demonstrated by their project to improve diabetes care for patients.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, they monitored data on unplanned admissions to hospital as part of their involvement with the local clinical commissioning group (CCG). We were given evidence of their audit of minor operations undertaken from April until December 2015. The audit showed that there were no post-operative complications, and all patients had their consent recorded on their notes for the procedure. Likewise an audit of the insertion of intrauterine contraceptive devices indicted no post insertion infection or complication from the procedure. These audits demonstrated good practice by the clinical staff.
- The practice had reviewed their staffing establishment and had employed a wide range of health care professionals to meet demands for services; this included nurse practitioners. They developed in-house expertise so that patients did not have to travel far for a service. Example were the ear suction service, the joint injection and physiotherapy service and nail surgery. The practice also continued to offer contraceptive services.

Leadership and culture

On the day of inspection the partners and the practice manager 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 practice manager was very approachable, supportive and always took the time to listen to all members of staff. We were given examples by staff where they had received support (for example, at times of bereavement) which went over and above what they expected from their employer. We observed the management culture to be inclusive and consultative, with

Are services well-led?

Good

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

mutual respect for each other. In recognition of their knowledge and experience, the practice manager had been approached to be part of the One Care Consortium "SWOT" team which was being set up to provide immediate assistance to any struggling GP practices.

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.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with community nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings and we saw minutes were comprehensive and were available for practice staff to view.
- 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. We noted team away days were held every spring in order to reflect on the past year's achievements and to proactively plan for the forthcoming year.
- Staff said they felt respected, valued and supported, and 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.
- Although the nursing team had relatively new members, we observed strong leadership within the nursing team with examples of support for clinical work and professional development; monitoring and allocation of workload and delegation of tasks appropriate to level of skill. We saw the team had regular, minuted meetings which promoted information sharing and team involvement.
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Seeking and acting on feedback from patients, the public and staff

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and a virtual PPG of 1,000+ patients who were contacted by email. The PPG met regularly, and carried out tasks which supported the practice, for example, at the walk in flu clinics held in October 2016, where they helped organise the patients. They used the opportunity to ask patients to complete a Friends and Family survey sheet. They had submitted proposals for improvements to the practice to the management team. For example, a change in the security screen at the Banwell site. The PPG was a member of NAPP (National Association for Patient Participation).
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- Staff told us they felt involved and engaged to improve how the practice was run.
- The practice had a suggestion box and ran the Family and Friends test.
- The practice updated patients with a regular newsletter and had a news section on the website.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice

Are services well-led?

Good

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

team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice engaged with a number of forums which link them across the clinical commissioning group (CCG) including:

- the North Somerset Practice Managers' forum which met monthly and provided an opportunity for practice managers to give each other mutual support and assistance
- the Senior GP Partner was a membership representative on the CCG Governing body, they attended the monthly CCG GP Forum as the practice representative.
- the practice was a member of the One Care Consortium where both the senior GP partner and the practice manager had active roles in the Consortium. Engagement with One Care Consortium allowed patients at the practice to benefit directly from pilot schemes such as the mental health nurse in practice scheme.
- The practice had committed to providing practice nurse support for a local Leg Club (Leg Clubs are an evidence based initiative which provide community-based treatment, health promotion, education and on-going care for people of all age groups who are experiencing leg-related problems. Leg Club staff work in a unique partnership with patients (members) and the local community. They provide care in a social and friendly setting that promotes understanding, peer support and informed choice.)
- The practice supported GP training; they had three GP trainers and a fourth GP was a supervisor, they also had 2nd, 3rd, 4th and 5th year medical students.

The practice participated in research through the National Institute for Health Research (NIHR). They had participated in the Barrier Enhancement for Eczema Prevention (The BEEP Study)looking at preventing eczema in new-born babies. The practice participated in several projects each year as they believed this benefitted the practice in several ways; by using the funding it expand clinical services, by making the practice more attractive to trainees and qualified GPs and to promote better patient health by involving them in the latest medical developments.