Drs Bulley and Scott

Quality Report

Hamdon Medical Centre
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Date of inspection visit: 18/11/2014
Date of publication: 23/04/2015

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

Drs Bulley and Scott (also known as Hamdon Medical Centre) is a GP practice providing primary care services for people in Stoke Sub Hamdon near Yeovil, where we carried out an announced inspection on 18 November 2014.

The practice provides primary medical services to people living in the village of Stoke sub Hamdon and the surrounding areas. At the time of our inspection there were approximately 5200 patients.

The practice comprises of a team of two GP partners, who hold managerial and financial responsibility for running the business. In addition there is one salaried GP, three registered nurses, two health care assistants, a practice manager, and administrative and reception staff.

When the practice is closed patients are advised to contact the Out of Hours service, which is operated by a different provider.

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

Our key findings were as follows:

We rated this practice as good

- There were arrangements in place to respond to the protection of children and vulnerable adults and to respond to any significant events affecting patient's well-being.
- The practice worked well with other health care service to enable a multi-disciplinary approach in meeting the health care needs of patients receiving a service from the practice.
- Patients told us they were treated with respect and kindness and staff maintained their confidentiality.
- Most patients were able to have an appointment on the same day unless they wished to see a particular GP. Some patients said if they wanted to see a particular GP for continuity of care and treatment they had to wait. The practice took complaints seriously.
- There was a clear management structure with approachable leadership. Staff were supported and had opportunities for developing their skills. The provider responded to feedback from patients.

Summary of findings

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 to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed.

Recruitment procedures and checks were completed as required to help ensure that staff were suitable and competent.

The practice was clean, tidy and hygienic. Systems were in place to maintain the cleanliness of the practice to a high standard. There were systems in place for the retention and disposal of clinical waste.

Are services effective?

Good

The practice is rated as good for providing effective services. Supporting data obtained both prior to and during the inspection showed the practice had systems in place to make sure the practice was effectively run.

The practice had a clinical audit system in place and audits had been completed. Care and treatment was delivered in line with national best practice guidance. The practice worked closely with other services and strived to achieve the best outcome for patients who used the practice.

Supporting data showed staff employed at the practice had received appropriate support, training and appraisal. GP partner appraisals and revalidation of professional qualifications had been completed.

The practice had extensive health promotion material available within the practice and on the practice website.

Are services caring?

Good

The practice is rated as good for providing caring services. Feedback from patients about their care and treatment was consistently and strongly positive. Of particular note was the proactive approach to the patient-centred culture at the practice. Systems had been developed which had improved patient experience and access to appointments. Staff were motivated and inspired to offer kind and compassionate care and put significant effort in to providing care that took account of each patient's physical support needs and particular individual preferences.

Summary of findings

Patients were involved in planning their care and making decisions about their treatment and were given sufficient time to speak with the GP or nurse. Patients were referred appropriately to other support and treatment services. We found many positive examples to demonstrate how patients' choices and preferences were valued and acted on. Patient confidentiality was respected and maintained.

We saw evidence that staff took messages and hand delivered them to patient's homes when they were unable to contact them by telephone. We also saw that staff delivered prescription medication to patients that were less mobile.

Administration staff identified the elderly frail patients and rang them directly to assist them with the Choose and Book system when a referral to secondary care had been made.

Appointments made for patients who had limited mobility and no transport were made in consultation with the patient and their family members. For example a family member was visiting on a certain day and could bring the patient to the practice, so an appointment was made that day.

Appointment length was need-specific so GPs and nurses arranged longer appointments when they thought this was necessary. Longer appointments were routinely offered to some patients, for example patients with a learning disability.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care.

Patients were able to access appointments when they needed them and the premises were accessible to patients with mobility difficulties. The practice had identified vulnerable groups so that calls from these patients were prioritised for the GP. The practice had learned from complaints received to improve the quality of care.

The practice had good facilities and was equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand. Evidence showed that the practice responded quickly to issues raised and learned from patients' experiences, concerns and complaints to improve the quality of care.

Summary of findings

Are services well-led?

Good

The practice is rated as good for being well led. There was a practice manager and experienced administrative staff all of whom had clearly defined roles. All staff had an annual appraisal and meetings were held to engage staff in the operation of the practice. When staff were not involved in meetings they were given copies of the record of the meetings. There was an active patient participation group that sought feedback from patients in collaboration with the practice. Issues identified through the patient satisfaction survey were actioned.

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

Hamdon Medical Practice is rated as outstanding the care of older people. The practice had a high percentage of its patient population in the 65 and over age group. The older people we spoke with were very appreciative of the GPs and nurses. They felt they were treated in a professional and kindly manner. Nursing staff were trained and experienced in providing care and treatment for medical conditions affecting older patients They were able to refer patients to local services such as dementia screening clinics and falls assessment clinics. The practice was responsive to the needs of older people, and offered home visits and rapid access appointments for those patients who needed more prompt attention.

The practice had notable proactive patient centered culture which was particularly apparent for older patients, for example the administration staff identified the elderly frail patients and rang them directly to assist them with the Choose and Book system when a referral for secondary care had been made.

Care was tailored to individual patient needs and circumstances. Patients were reviewed regularly by the GPs and nurses to promote their health and independence and to help avoid the admission to hospital. There were regular patient care reviews involving patients, and their carers where appropriate.

People with long term conditions

Good

Hamdon Medical Practice is rated as good for the care of people with long-term conditions. There were emergency processes in place and referrals were made for patients whose health deteriorated suddenly. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

Hamdon Medical Practice is rated good for families, children and young people. The practice worked with local health visitors to offer a full health surveillance programme for children under the age of five. Checks were also made to help ensure the maximum uptake of childhood immunisations.

Summary of findings

Midwives held clinics once a week at the practice. The midwives had access to the practice computer system and could speak with a GP if needed. Health visitors also held baby clinics at the practice and had contact with the school nursing team. Systems were in place to alert health visitors when children had not attended routine appointments and screening.

Appropriate systems were in place to help safeguard children or young people who may be vulnerable or at risk of abuse.

Working age people (including those recently retired and students)

Good

Hamdon Medical Practice is rated good for working age people. Patients who were of working age or who had recently retired were pleased with the care and treatment they received.

The practice offered extended opening times two days a week to provide easier access for patients who were at work during the day. They also offered some Saturday morning appointments. Patients were offered a choice when referred to other services.

People whose circumstances may make them vulnerable

Good

Hamdon Medical 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. It had carried out annual health checks for people with a learning disability and offered longer appointments for them if required.

Vaccinations were offered when required and managed safely. Appropriate arrangements were in place to facilitate access to care for patients with mobility limitations.

The practice provided carers with health and wellbeing checks, these detailed health checks were followed by a discussion session on a one to one basis with the carer about their needs and what other services may be available to them.

People experiencing poor mental health (including people with dementia)

Good

Hamdon Medical Practice was rated good for people experiencing poor mental health. The practice was tailored to patient individual needs and circumstances, including their physical health needs. Annual health checks were offered and carried out for patients with serious mental illnesses.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients. Patients were advised about 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 both in normal working hours and out of hours.

Summary of findings

What people who use the service say

We spoke with seven patients. These were patients of all ages including a young person, parents of children registered at the practice, working age and recently retired people and older people. We also spoke with two representatives of the Patient Representation Group (PRG) who was a patient and carer of a patient registered at the practice too. We received nine comments cards completed by patients. Patients rated the practice and its staff highly. They said they were treated with respect and appointments were not rushed. Patients who had been with the practice for many years said staff knew their medical history and they felt safe. Patients told us they were given the right medicines for their conditions, they knew what their medicines were for and it was reviewed regularly. Those with complex or long-term conditions said communication between hospital consultants and the practice was good and GPs were prompt in follow-up appointments.

Patients were happy with the appointment system and said it was easy to make an appointment.

Patients appreciated the service provided and told us they had no complaints and could not imagine needing to complain.

Patients were satisfied with the facilities at the practice. Patients commented on the building being clean and tidy. Patients told us staff used gloves and aprons where needed and washed their hands before treatment was provided.

Patients found it easy to get repeat prescriptions and said they thought the website was good.

Drs Bulley and Scott

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 and a nurse specialist advisor.

Background to Drs Bulley and Scott

Drs Bulley and Scott (also known as Hamdon Medical Centre) is a GP practice providing primary care services for people in Stoke Sub Hamdon near Yeovil, where we carried out an announced inspection on 18 November 2014.

The practice provides primary medical services to people living in the village of Stoke sub Hamdon and the surrounding areas. At the time of our inspection there were approximately 5200 patients.

The practice comprises of a team of two GP partners, who hold managerial and financial responsibility for running the business. In addition there is one salaried GP, three registered nurses, two health care assistants, a practice manager, and administrative and reception staff.

The practice opening times are 8.30am to 6.30pm Monday to Friday with the exception of Thursday when the practice closes at 5pm. Extended opening hours are provided twice a week. Out of hours services are provided by another organisation.

The practice has an established patient representation group (PRG). This is a group that acts as a voice for patients at the practice.

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

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. This provider had not been inspected before and that was why we included them.

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.

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

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. Organisations included the local Healthwatch, NHS England, the local clinical commissioning group and local voluntary organisations.

Detailed findings

We requested information and documentation from the provider which was made available to us either before, during or within 48 hours after the inspection.

We carried out an announced visit on 18 November 2014. During our visit we spoke with a range of staff including both GPs, the practice manager, a practice nurse, the healthcare assistant and two of the receptionists. We reviewed anonymised personal care or treatment records of patients in order to see the processes followed by the staff. We observed how the practice was run and looked at the facilities and the information available to patients. We looked at documentation that related to the management of the practice. We observed staff interactions with other staff and with patients and made observations throughout the internal and external areas of the building.

During the inspection we spoke with seven patients who used the service, carers and family members of patients. We reviewed nine comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

Good

Are services safe?

Our findings

Safe track record

The practice used a range of information to identify risks and improve patient safety. For example, National Institute of Heath and Care Excellence (NICE) guidance and reminders were cascaded by the GPs to relevant staff. These were also discussed at clinical governance meetings to ensure consistent information was given to patients. National patient safety alerts were also cascaded and discussed with all staff.

The management team, GPs and practice nurses discussed significant events at their regular meetings. The meeting minutes we reviewed provided evidence of new guidelines, complaints, and incidents being discussed positively and openly. These significant events were also discussed at meetings between senior managers who ensured there was shared learning from incidents. All the staff we spoke with, including reception staff, were aware of the significant event policy and knew how to escalate any incidents. They were aware of the forms they were required to complete and knew who to report any incidents to at the practice.

Learning and improvement from safety incidents

The practice has a system in place for reporting, recording and monitoring significant events, incidents and accidents. We reviewed records of significant events from July 2013 up to October 2014. The practice manager and both GPs met weekly to discuss all issues that had arisen over the past week. Significant events and incidents were also discussed at the clinical governance meetings held three monthly. The GPs and practice manager considered that as a small team they were able to deal with things very quickly and communication to the whole practice team was always timely and effective. Any verbal information given to staff was followed up by email and staff were given the opportunity to raise questions.

There was evidence that the practice had learned from past significant events, incidents and complaints. These were raised appropriately, for example, with the NHS England local area team as well sharing findings with the relevant staff. Records were completed in a comprehensive and timely manner.

Reliable safety systems and processes including safeguarding

All staff had received relevant training in safeguarding adults and children. One GP was the lead for safeguarding and had been training to level three. A training record was seen which showed this. We asked members of medical, nursing and administrative staff about their most recent training. Staff knew their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact the relevant agencies in and out of hours. Contact details were easily accessible.

A chaperone policy was in place and was visible in the waiting room. Chaperone training had been undertaken by all nursing, healthcare and administration staff. Staff were able to describe what their duties were should they be required to chaperone a patient during consultation, examination or treatment with the nurse or GP.

There were environmental risk assessments that had been completed for the premises. For example annual fire assessments, electrical equipment checks, control of substances hazardous to health (COSHH) assessments and visual checks of the building.

Medicines management

There were clear systems in place for medicine management. If patients required medicines on a repeat prescription these were re-authorised by a GP at least once a year following a medicine review. For patients with long term conditions this was usually at the same time as their annual check-up. All prescriptions were printed and there were checks in place to ensure prescriptions were secure. Reception staff were aware of questions to ask to ensure the security of prescriptions being collected by patients.

We saw there were medicines management policies in place, and the staff we spoke with were familiar with these. We checked the medicines held at the practice. These were all appropriately stored. Medicines to be used in the case of an emergency were available. We saw that these were checked by the practice nurse, were readily available and within their expiry date. There was a system in place to re-order medicines when their expiry date was approaching. Clear records were kept whenever emergency medicines were used.

Controlled drugs were not held at the practice. Some medicines and vaccines were required to be kept in a fridge. The fridge temperature was monitored twice daily and records showed they were stored within the correct temperature limits.

Good

Are services safe?

Evidence was seen of medicine audits being carried out. The practice was responsive when new advice was received and carried out medicine audits appropriately. We saw evidence that changes to medicine prescribing were made when required. When new patients registered with the practice their electronic records flagged that their medicine must be reviewed when their paper records from their previous practice were received. We saw that where a new patient had regular medicines the GP checked this and made an appointment to see the patient to discuss any changes that may be required.

Cleanliness and infection control

Patients said the practice was always very clean. There was an infection control policy and a dedicated infection control lead member of staff who attended up to date training. There was guidance on infectious diseases for staff to access should an infected patient present at the practice. This gave guidance about when staff need to report infections to relevant external agencies.

The treatment and consulting rooms appeared very clean, tidy and uncluttered. We saw that staff all knew where items were kept and worked in a clean environment. The clinical rooms were stocked with personal protective equipment (PPE) which included a range of disposable gloves, clinical cleaning wipes, aprons and coverings, which staff used. This reduced the risk of cross infection between patients. Within communal areas, for example the public toilets, hand washing guidance, soap and paper towels were available.

There was an appropriate system for safely handling, storing and disposing of clinical waste. Clinical waste was stored securely in a dedicated secure area whilst awaiting its weekly collection from a registered waste disposal company. There were cleaning schedules in place and an infection control audit system in operation. Treatment rooms had hard flooring to simplify the clearance of spillages. Staff had received updated training in infection control.

Staff were clear about their responsibilities in relation to infection control. For example, all staff knew who the lead member of staff for infection control was, knew where to find policies and procedures and were aware of good practice guidance. Nursing staff were responsible for managing clinical spillages and had spillage kits available for use. Infection control audits had been undertaken regularly.

Equipment

The practice had systems in place to monitor the safety and effectiveness of equipment. For example, fridge temperatures were recorded to show that correct storage temperatures were maintained. Effective checks were performed on oxygen, gases and the defibrillator. We saw all electrical equipment had undergone portable appliance testing. Water safety, fire safety and other equipment checks had been undertaken with appropriate certification, calibration and validation checks in place.

Staffing and recruitment

The practice had an up to date recruitment policy that covered all aspects of the recruitment of staff. We looked at a sample of personnel files for GPs, nurses and reception staff. Most staff had worked at the practice for many years. We saw that pre-employment checks, such as obtaining a full work history, evidence of identity, references and a criminal record (Disclosure and Barring Service - DBS) check, had been carried out prior to staff starting work. The provider routinely checked the professional registration status of GPs and practice nurses against the General Medical Council (GMC) and Nursing and Midwifery Council (NMC) register each year to make sure they were still deemed fit to practice. Appropriate checks were also carried out when the practice employed locum GPs.

Safe staffing levels had been determined by the provider and rotas showed these were maintained. Procedures were in place to manage planned absences, such as to cover training, annual leave, and unexpected absences such as staff sickness.

Monitoring safety and responding to risk

The Practice had a system in place for reporting, recording and monitoring significant events. There were procedures in place to assess, manage and monitor risks to patient and staff safety. The practice ensured the appropriate checks and risk assessments had been carried out.

We spoke with two members of the patient participation group (PPG). They told us the GPs and management team shared the lessons they had learned around actions that

could be taken to improve the service. They said the management team were responsive to any concerns they had, and they were encouraged to share any ideas or any areas they felt the practice could be developed.

Staff refresher training had been monitored to ensure staff had the right skills to carry out their duties.

There were checks in place to ensure vaccines and other consumables were in date and ready for use. An automatic external defibrillator (AED) was available in the practice. Regular checks on the AED were carried out by staff so they could be satisfied it was available and ready for use in such an emergency. Staff had received training in cardiopulmonary resuscitation (CPR) and use of the AED.

Arrangements to deal with emergencies and major incidents

Appropriate equipment was available to deal with an emergency, for example if a patient should collapse. The staff we spoke with all knew where to locate the equipment and emergency medicines. The emergency equipment was well maintained and effective checks were in place to ensure emergency medication and equipment did not expire. We saw the practice had a small supply of medicines for emergency use. Records showed these were checked regularly to make sure they were safe to use. All staff, including administration staff had received training in emergency procedures.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

All GPs and nurses demonstrated how they accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. We saw minutes of clinical and practice meetings where new guidelines were disseminated and the implications for the practice's performance and patients were discussed. The GPs interviewed were aware of their professional responsibilities to maintain and update their knowledge. Patients were appropriately referred to secondary and community care services. These patients were discussed during clinical meetings. The GPs and nursing staff we spoke with could clearly outline the rationale for their treatment approaches.

The staff we spoke with and evidence we reviewed confirmed that these actions were aimed at ensuring that each patient was given support to achieve the best health outcome for them. We found from our discussions with the GPs and nurses that staff completed, in line with NICE guidelines, thorough assessments of patients' needs and these were reviewed when appropriate. Read coding was extensively used for patients. Read coding records the everyday care of a patient, including family history, relevant tests and investigations, past symptoms and diagnoses. They improve patient care by ensuring clinician's base their judgements on the best possible information available at a given time. The GPs and nurses we spoke with were all familiar with read coding and its benefits when assessing patients' conditions.

Practice nurses helped to manage patients with clinical conditions such as diabetes or asthma. The opportunity, during regular assessments of patients over the age of 55 years, was taken to proactively check for other symptoms, for example patients were asked if they had any memory problems. Any issues were then monitored and advice given when appropriate.

There was no evidence of discrimination when making care and treatment decisions. Interviews with GPs and nursing staff showed that the culture in the practice was that patients were referred on need, and that age, gender, race and disability were not used as an adverse influence for decision-making. The GPs at the practice were male and female.

Management, monitoring and improving outcomes for people

The practice had a system in place for completing clinical audit cycles. The management team told us clinical audits were often linked to medicines management information and safety alerts. We saw an example of a clinical audit cycle relating to the prescribing of specific medicines. Medicine reviews were carried out for patients where it was felt a change in prescribing guidelines would affect their medication. Records were kept of the decision making process, and where changes to medicines were not appropriate the reasons were recorded.

The practice were keen to ensure that staff had the skills to meet patient's needs. For example, nurses had received extensive training including immunisation, diabetes care, cervical screening and travel vaccinations.

GPs at the practice undertook minor surgical procedures and joint injections in line with their registration and NICE guidance. The staff were appropriately trained and kept up to date. There was evidence of regular clinical audit cycles in this area which was used by GPs for improving patient care as well as revalidation of their professional qualifications and personal learning purposes.

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, medical emergencies, infection control and information governance. Staff also attended mandatory updates appropriate to their role, for example, wound care and flu. Both GPs were up to date with their yearly continuing professional development requirements and had either been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. 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). The practice manager kept of record of appraisals and revalidation dates.

All staff underwent an annual appraisal with a GP and the practice manager. During this meeting learning needs were identified and action plans were documented. Our

Good

Are services effective?

(for example, treatment is effective)

interviews with staff confirmed that the practice was proactive in providing training and funding for relevant courses, for example attendance at a study day about diabetes.

All the staff we spoke with told us they felt well supported by the GPs and nursing team as well as by the practice manager and each other. Patients told us they felt staff were appropriately skilled and knowledgeable in whichever role they provided.

Working with colleagues and other services

The practice had effective working arrangements with a range of other services such as the community nursing team, the local authority, the hospital consultants and a range of local and voluntary groups.

The practice was involved in various multidisciplinary weekly meetings involving palliative care nurses, health visitors, social workers and district nurses to discuss vulnerable patients at risk, those with complex health needs, and how to reduce the number of patients needing hospital admission. The lead GP for safeguarding children attended monthly multidisciplinary meetings with the school nurse, health visitors and midwives to discuss patients on the child protection register and other vulnerable children. The discussions were minuted. This enabled the practice to have a multidisciplinary approach which ensured each patient received the appropriate level of care.

The practice worked with other service providers to meet patients' needs and manage complex cases. It received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service both electronically and by post. The practice had a policy outlining the responsibilities of all relevant staff in passing on, reading and acting on any issues arising from communications with other care providers on the day they were received.

Information sharing

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local out of hour's provider to enable patient data to be shared in a secure and timely manner. Electronic systems were also in place for making referrals. Staff reported that this system was easy to use.

Regular meetings were held throughout the practice. Information about risks and significant events were shared openly at meetings and all staff were able to contribute to discussions about how improvements could be made.

There was a practice website with information for patients including signposting, services available and latest news. Information leaflets and posters about local services were available in the waiting area.

Consent to care and treatment

We found that staff were aware of the Mental Capacity Act 2005, the Children Acts 1989 and 2004 and their duties in fulfilling it. All the GPs and nursing staff we spoke to understood the key parts of the legislation and were able to describe how they implemented it in their practice.

Patients felt involved in planning their care and those we spoke with confirmed the GP had explained treatment options so they understood them.

Nursing staff explained how they gave patients verbal information about treatment and choices and they were able to show they had recorded a summary of the issues discussed. Patients were given a printed instruction sheet about medicines they were prescribed. This enabled them to be clear about the dose, particularly when their medicines regime needed frequent adjustment. Nursing staff and GPs were clear about the need to ensure that if the patient lacked mental capacity, decisions were made in the patient's best interest in accordance with the Mental Capacity Act 2005. They were able to give examples and talked knowledgably about the challenges, considerations and process required.

Staff had a variety of ways to record when patients gave consent. There were ways of automatically recording when a patient had given consent for procedures including immunisations, injections, ear syringing and minor surgery. Patients told us that nothing was undertaken without their agreement or consent within the practice. This included the disclosure of test results to a third party.

Patients with a learning disability and those with dementia were supported to make decisions through the use of care plans, which they were involved in agreeing. They were explained the purpose of a care plan, and told who their point of contact was (the accountable GP at the practice).

Patients were able to complete advanced decision forms to indicate their choices should they become too ill to make

Good

Are services effective?

(for example, treatment is effective)

and informed decision at the time. Treatment escalation plans (TEP) were considered as part of care reviews, involving the patient's family when possible, this helped some patients to be able to be cared for at home and avoid the need for hospital admission where possible.

Nursing staff requested verbal consent from parents before giving baby immunisations. Immunisations for babies and children were not given unless a parent was present or the parent had provided written consent for another family member to attend the clinic with the child. The practice nurse said they would still contact the parent to ensure they wanted the immunisation to go ahead, and this was recorded on the child's patient record.

Health promotion and prevention

The practice invited all new patients registering with the practice to have a health check with a practice nurse. Newly diagnosed patients with diabetes or hypertension were also invited for a first health check. These were subsequently followed up on an annual basis. The appointments were booked to suit patient need rather than as set clinics. The nursing team told us this worked well for patients. The nursing team were able to take charge of their lists and appointment times so they could add time to make longer appointments if they knew patients would benefit from extra time. The patient's named GP was informed of all health concerns detected and these were followed-up in a timely manner. The GPs used their contact time with patients to be opportunistic and help them maintain or improve mental, physical health and wellbeing by signposting them to support groups or other services.

Health promotion literature was readily available to patients and was up to date. This included information about services to support them in, for instance, smoking cessation schemes. Patients were encouraged to take an interest in their health and to take action to improve and maintain it.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. There was a clear policy for following up non-attenders by the practice nurse.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Patients were treated with dignity and respect at Hamdon Medical Practice. Patients told us they felt all conversations with GPs and nursing staff were confidential and told us conversations were always conducted behind a closed door.

Reception staff were respectful and patient. There was a genuine and friendly connection between the reception staff and patients of all ages. Patient experience feedback showed a high degree of satisfaction with the service provided and the attitude towards them by the staff. Patients told us that all their families, children and grandchildren, used the same practice.

We saw evidence that staff went over and above their duties to ensure patients were safe and well cared for. For example we saw evidence that one member of staff regularly took messages and hand delivered them to patient's homes when they were unable to contact them by telephone. We also saw that staff delivered prescription medication to patients home addresses if they were less mobile.

Doors were kept closed during consultations. There were curtains in consultation rooms which provided a screen between the treatment couch and door to maintain privacy and dignity. To ensure against interruption, and promote patient confidence during treatment or examination, the treatment room door could be locked from the inside should the patient wish. Within consultation and treatment rooms, windows were obscured with blinds or curtains to ensure patient privacy.

The feedback we received from patients and carers showed that the staff and GPs knew the majority of their patients. Patients felt able to go to the practice without fear of stigmatisation or prejudice. The nursing team and the GPs were able to make longer appointments for those patients they knew may need longer because, for example, they had complex needs, were anxious or likely to become agitated if they felt they were being rushed.

The practice registered patients who had no fixed address and were homeless, examples we were given demonstrated that the GPs were prepared to visit patients regardless of where they were residing.

Patients were given the time they needed to ensure they understood the care and treatment they required. Nine patients we spoke with confirmed that they never felt rushed.

During our inspection the GPs and nursing staff spoke to patients politely. All the patients, carers and family members we spoke with confirmed this was the case on all occasions.

Care planning and involvement in decisions about care and treatment

The practice proactively worked in close partnership with other health and social care professionals. Patients were encouraged to take responsibility for their conditions and to be involved in decisions about medication and other forms of treatment.

Patients said there was ample opportunity to discuss any health concerns and were given time to consider their options. All the staff we spoke to were effective in communication and all knew how to access and use Language Line if required.

We saw that patients' information was treated with the utmost confidentiality and that information was shared appropriately when necessary using the correct data sharing methods. We looked at the consent policy and talked to GPs, nursing and administration staff about consent. We saw the policy provided clear guidance about when, how and why patient consent should be requested. The guidance gave detailed reference to children under the age of 16, patients with limited capacity and chaperoning requirements.

Patient/carer support to cope emotionally with care and treatment

We looked at 11 CQC comments cards that had been completed and spoke to nine patients. All comments were positive. Comments stated that they were pleased with the service, were treated with respect and said that the GPs went above and beyond what was required to make sure the care offered was appropriate. Patients said they always had enough time to discuss their problems and could make longer appointments if they needed them.

Good

Are services caring?

There was information on what to do in times of bereavement and patients we spoke with told us they were supported through all emotional circumstances. 97% of patients who responded to the most recent GP survey said that the GPs treated them with care and concern.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to patients' needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered.

The practice was pro-active in contacting patients who failed to attend vaccination and screening programmes and worked to support patients who were unable to attend the practice. For example, patients who were housebound were identified and visited at home by the practice nurses to receive their influenza vaccinations. All the practice staff pro-actively followed up information received about vulnerable patients. We were shown examples where clinical and reception staff had used their initiative when they had escalated a concern or passed on information which had led to a positive outcome for the patient.

Appointments were offered in the evenings and weekends as a result of patient request to accommodate those working age people. A patient told us they really valued this service.

Tackling inequity and promoting equality

The practice had recognised the needs of different population groups in the planning of its services. Staff said no patient would be turned away. Temporary residents were welcomed.

The number of patients with a first language other than English was very low and staff said they knew these patients well and were able to communicate well with them. The practice staff knew how to access language translation services if information was not understood by the patient, to enable them to make an informed decision or to give consent to treatment.

The practice had ramped access from the car park to the front door. Inside two GP consultation rooms and the treatment rooms were on the ground floor, providing level access for patients with limited mobility or using a wheelchair.

The premises were modern and purpose built. The seats in the waiting area were of different heights and had arms providing variation for diversity in physical health. The practice premises belonged to the GPs themselves and they were responsible for variations to the building. Audio loop was available for patients who were hard of hearing and staff were knowledgeable about the different needs of the patients who attended. There was disabled toilet access and baby changing facilities were available.

Access to the service

Patients told us if they needed to see a GP there were urgent and emergency appointments available on the same day. Patients were able to book appointments by telephone or the practice online appointment service. The practice opening hours were clearly displayed in the practice and on their website and patient information leaflet. If patients required GP assistance out of practice hours then details of who to contact were clearly displayed in the practice, on their website and in the practice information leaflet.

Most patients, especially younger people, were not worried which GP or nurse they saw, but those with complicated and/or long-term conditions usually tried to see their preferred GP. These patients were appreciative of the reception staff and told us they really helped patients who were regular and known to them.

Patients told us they were happy with the appointment system. They made and contacted the practice easily for an appointment, were given an appointment when needed and oft en saw their GP of choice. Patients said they sometimes there appointments were late but were informed if there was a delay by reception staff.

Listening and learning from concerns and complaints

We saw clear evidence that this was a practice with a leadership and learning culture. There was a clear understanding which included learning from significant events and partnerships with other agencies. There was a system in place for handling complaints and concerns. The complaints policy was in line with recognised guidance and contractual obligations for GPs in England and the designated person responsible for handling complaints in the practice was the practice manager. If a complaint was about this person then it was dealt with by the lead GP and we saw evidence of this.

Good

Are services responsive to people's needs?

(for example, to feedback?)

We reviewed some complaints that the practice had received which had been dealt with in line with the practice policy and had been brought to a conclusion which was satisfactory to the patient.

We saw minutes from staff meetings which showed that all complaints were discussed and reflected upon. It was evident that if changes could be made to improve outcomes for the patients then this was done. We saw that compliments were also received regularly. We looked at thank you cards and letters of appreciation praising the staff for the care and treatment received.

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. It actively promoted a learning culture.

Staff spoke positively about communication, team work and their employment at the practice. They told us they were actively supported in their employment and described the practice as having an open, supportive culture and being a good place to work. There was a stable staff group and were positive about the open culture within the practice.

Staff said they communicated informally through day to day events and more formally though meetings and formal staff appraisal. They felt this worked well and that individual voices were heard and listened to.

Governance arrangements

The practice had a clear governance structure designed to provide assurance to patients and the local clinical commissioning group (CCG) that the service was operating safely and effectively.

We saw systems in place for monitoring all aspects of the service such as complaints, incidents, safeguarding, risk management, clinical audit and infection control. All the staff we spoke with were aware of each other's responsibilities. The practice had a number of policies and procedures in place to govern activity and these were available to staff electronically. All the policies we looked at had been reviewed and were up to date. The systems and feedback from staff showed us that strong governance structures were in place.

Leadership, openness and transparency

Staff communicated a very clear leadership structure which had named members of staff in lead roles. For example there was a lead nurse for infection control and a lead GP for safeguarding. Staff spoke about effective team working, clear roles and responsibilities but within a supportive organisation. They all told us that felt valued, well supported and knew who to go to in the practice with any concerns. Staff described an open culture within the practice and opportunities to raise issues at team meetings.

The practice manager was 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 its patients, the public and staff

There was a distinct air of openness within the practice, between all staff members and between patients and staff. Patients spoken with reported that they felt comfortable providing concerns, compliments or complaints to all members of staff. Information received was acted upon and we saw evidence that changes were made to working practice where ever possible.

The practice had a patient participation group (PPG). The PPG members who we spoke with said the practice manager and GP representative were keen to encourage patient feedback and involvement. The PPG said they had already been involved in sending out the next patient survey.

The practice used an independent company to carry out an annual survey of its patients. In 2013 the results showed that the practice was close to or above the national benchmark in all of 28 key indicators. These included all aspects of the practice, from staffing to the environment and care given. For example 97% of patients of 247 surveyed said they thought the GPs were caring and put them at ease. 95% of patients asked said they were happy with their treatment by the receptionists.

Management lead through learning and improvement

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We looked at two staff files and saw that regular appraisals took place which included a personal development plan. Staff told us that the practice was very supportive of training and attendance at learning events.

The practice had completed reviews of significant events and other incidents and shared with staff at meetings to ensure the practice improved outcomes for patients.