

L85060 – Dr Vriend & Partners

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at L85060 – Dr Vriend and Partners on 24 February 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence-based guidance. Staff had 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.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.
- In the toilets patients could place a red dot on a urine sample bottle with their name to signify they wished to speak confidentially to staff about concerns for their safety.

We saw three areas of outstanding practice:

The patient information centre contained a well-resourced lending library with books on general

Summary of findings

health matters, equipment for health checks and various health information leaflets. We saw that the library was well used throughout the inspection and improved patients' awareness of services, such as bereavement and counselling.

The practice made arrangements for patients and their families who were affected by domestic abuse or violence. They displayed contact details for support groups in every room. In the toilets patients could place a

red dot on a urine sample bottle with their name to signify they wished to speak to staff about concerns for their safety. We saw that there had been an increase in patients using this service.

Staff had lead roles that improved outcomes for patients such as a care co-ordinator and a carer's champion. Cruse Bereavement Care have access to rooms for booked sessions.

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?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- We saw a programme of clinical audits that included improvements for patient care, with schedules identified for second cycle audits.
- 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 multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey (January 2016) showed patients rated the practice slightly 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.

Good



Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient confidentiality.
- A lead patient assistant had undertaken training and acted as a carer's champion.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. For example, the practice is working with the CCG to look at data sharing arrangements that will enable all practices in the area to access health data more easily.
- We saw innovative approaches to providing integrated person-centred care.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- The practice had good facilities and was well-equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- 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 this.
- 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.

Summary of findings

- 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 knowing about 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 was active.

There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- Older patients with complex care needs or those at risk of hospital admissions had personalised care plans which were shared with local organisations to facilitate continuity of care.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Good



People with long term conditions

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

- Practice nurses had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. This included the management of chronic obstructive pulmonary disease and heart disease.
- Longer appointments and home visits were available when needed.
- 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 set up a support group for patients with diabetes.
- The practice participated in the House of Care, an initiative to more closely involve patients in making decisions about how to manage their diabetes.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.

Good



Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. The practice assessed the capability of young patients using Gillick competency and Fraser guidelines. The competency and guidelines are a means to determine whether a child is mature enough to make decisions for themselves.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years (01/04/2014 to 31/03/2015) was 80%, compared to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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.
- 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.
- Patients could book evening appointments on three nights per week.
- Electronic prescribing was available, which enabled patients to order their prescription on line and to collect it from a pharmacy of their choice, which could be closer to their place of work if required.

Good



People whose circumstances may make them vulnerable

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 those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.

Good



Summary of findings

- 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.
- The practice had a domestic violence champion.
- The practice was fully accessible to patients with limited mobility or who used wheelchairs.

People experiencing poor mental health (including people with dementia)

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

- 86% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the clinical commissioning group average and better than the national average.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose level of alcohol consumption has been recorded over the course of a year was 96%, compared to the national average of 90%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice led dementia workshops which raised awareness of support available.
- The practice placed an alert on patient's notes to ensure that wherever possible, they were seen by the same staff.

Good



Summary of findings

What people who use the service say

The latest national GP patient survey results were published on 7 January 2016. The results showed the practice was performing in line with local and national averages. For the survey 234 survey forms were distributed and 116 were returned. This represented approximately 2.74% of the practice's patient list.

- 79% of patients found it easy to get through to the practice by telephone compared to the clinical commissioning group (CCG) average of 78% and national average of 73%.
- 73% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 89% and national average of 76%.
- 96% of patients described the overall experience of their GP practice as good compared to the CCG average of 89% and the national average of 85%.
- 91% of patients said they would recommend their GP practice to someone who has just moved to the local area, compared to the CCG average of 83% and national average of 79%.

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by

patients prior to our visit. We reviewed thirty-three comment cards which were all very positive about the standard of care received. Patients described staff as being caring and respectful, and taking the time to listen to their concerns. Patients told us they were given advice about their care and treatment which they understood and which met their needs.

We spoke with nine patients during the inspection who told us they were happy with the care they received and thought staff were approachable, committed and caring.

We spoke to four members of the patient participation group who also gave us positive comments about the practice staff, the quality of the service, and their effective working relationship.

We looked at the NHS Friends and Family Test from August 2015 to January 2016 where patients are asked if they would recommend the practice. Data from August to October 2015 showed that 100% of respondents would recommend the practice to family and friends.

L85060 – Dr Vriend & Partners

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 inspector.

Background to L85060 – Dr Vriend & Partners

L85060 – Dr Vriend and Partners is based in the Vine Surgery, in the village of Street, Somerset, and shares the health park building with another GP practice. Vine Health is located next door, and provides a range of services including dentistry, podiatry and counselling. The purpose-built practice is arranged on two floors, and is situated in a shopping area with access to the high street. Patients have ground floor access only. It is one of 75 GP practices in the Somerset clinical commissioning group (CCG) area. The practice population is 98% white, with the largest minority ethnic population being Asian or Asian British.

Dr Vriend and Partners has approximately 4,230 patients registered. The practice has a lower than CCG and national average patient population aged from birth to five years of age. The patient population aged from 60 to 69 years of age is higher than the national average. The practice has been based at Vine Surgery since 1993 with both GP practices owning the premises. The practice has a Personal Medical Services (PMS) contract with NHS England (a locally agreed contract negotiated between NHS England and the practice).

The practice team includes three partners (two GPs and one nurse practitioner), the GPs providing a total of 19

sessions per week. In addition four practice nurses, one health care assistant and one phlebotomist are employed. The clinicians are supported by a practice manager, an information technology lead and data team, and a team of medical secretaries and patient assistants. The staff and governance procedures are shared between the two practices.

The practice is open from 8.00am for telephone contact to 6.30pm from Monday to Friday; with extended opening hours until 7.30pm from Tuesday to Thursday. Appointments are from 9.00am to 11.45am and from 2.00pm to 5.30pm (Monday to Friday) with pre-bookable extended hour's appointments from 6.30pm to 7.30pm from Tuesday to Thursday.

The practice is a Level One research practice, meaning that it is required to undertake at least two clinical studies per year.

The practice has opted out of providing Out Of Hours services to their own patients. Patients can access NHS 111 and an Out Of Hours GP service is available to patients.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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.

Detailed findings

How we carried out this inspection

We reviewed a range of information we hold about the practice in advance of the inspection and asked other organisations to share what they knew. We carried out an announced visit on 24 February 2016. During our visit we:

- Spoke with a range of staff. For example three GPs, two nurses and three administrative staff;
- Spoke with four patients who used the service;
- Observed how patients were being cared for and talked with carers and family members;
- Reviewed the personal care or treatment records of patients.
- Reviewed Care Quality Commission comment cards where patients and members of the public shared their views and experiences of the service.
- Spoke with the Health Connectors service and the pharmacy adjacent to the practice.

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

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

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

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

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

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 practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, discussions took place immediately following a significant event at the daily clinical team meetings, with each event discussed individually. Information was cascaded to staff through circulated minutes.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. We saw evidence of this when the practice misinterpreted a thyroid result. Staff spoke to us about how they managed the incident, which was noted at the time of the error. We saw there was good liaison between GPs and the family which included the GP writing a protocol and treatment plan for thyroid monitoring.

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 and this reflected relevant legislation and local requirements and 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. A GP partner 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 relevant to

their role. GPs were trained to safeguarding children level three and we saw evidence that two nurses were trained to level two. All staff had received the appropriate safeguarding adults training.

- We saw the practice had made arrangements for patients and their families who were affected by domestic abuse or violence. The practice had a domestic violence and abuse champion who had undertaken further training. They displayed contact details for support groups in every room. In the toilets patients could place a red dot on a urine sample bottle with their name to signify they wished to speak to staff about concerns for their safety.
- A notice in the waiting room and in all the consulting rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A nurse practitioner was the infection control lead who liaised with the local infection prevention teams to keep up-to-date with current 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 drugs and vaccines in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an independent prescriber 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. The practice had a

Are services safe?

system for production of Patient Specific Directions to enable health care assistants to administer vaccines after specific training when a doctor or nurse was on the premises.

- 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.

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 practice manager's room which identified local health and safety representatives. The practice had an up to date fire risk assessment and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training. The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use. However we saw the practice did not carry atropine, a medicine used for emergencies when administering coils. We spoke to the practice and they provided evidence on the day that our concern had been rectified.

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.

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 peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98.5% of the total number of points available, with 4.8% exception reporting. (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 2015 showed:

- Performance for diabetes related indicators was better than the national average. For example, the percentage of patients with diabetes, on the register, whose last measured total cholesterol was that of a healthy adult was 85%, compared to the national average of 81%.
- The percentage of patients with high blood pressure having regular blood pressure tests was better than the national average. For example, the percentage of patients with high blood pressure in whom the last blood pressure reading was a satisfactory level was 90%, compared to the national average of 84%.
- Performance for mental health related indicators was better than the national average. For example, the percentage of patients whose alcohol consumption has been recorded in the preceding 12 months was 96%, compared to the national average of 90%.

Clinical audits demonstrated quality improvement.

- There had been eight clinical audits completed in the last two years, six of these were completed audits where the improvements made were implemented and monitored. The practice participated in local audits, national benchmarking, accreditation, peer review and research. The practice is a level one research practice, meaning that it is required to undertake at least two clinical studies per year.
- Findings were used by the practice to improve services. For example, an audit on risk assessment of patients with known high blood pressure highlighted that the practice could improve recording of when medicines to lower cholesterol were offered. Action taken as a result included writing to the eight patients eligible for these medicines to invite them to discuss potential treatment.

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. They 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. One practice nurse was undertaking advanced training in diabetes management. We saw the practice had ensured the practice nurse was given opportunities to work with specialist nurses outside of the practice to gain expertise.
- Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes. For example, by accessing on-line resources and discussion at practice nurse meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support

Are services effective?

(for example, treatment is effective)

during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- Practice nurses had a monthly team meeting to review patients.

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. Information such as NHS patient information leaflets was also available in the patient information centre.
- The practice shared relevant information with other services in a timely way. For example, when referring patients to other services.

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

Consent to care and treatment

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

- Staff had undertaken training and 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 GPs assessed the patient's capacity and recorded the outcome of the assessment.

- The process for seeking consent was monitored through records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- These included patients in the last twelve months of their lives, carers, those at risk of developing a long-term condition, those requiring advice on their diet, smoking and alcohol cessation and those aged over 75 years. Patients were then signposted to the relevant service.
- The practice had a health connector who offered non-medical support with health and well-being issues for adult patients. We saw evidence that this support included support to self-manage a long term health condition or changing health behaviours.
- Smoking cessation advice was available from a local support group.
- One health care assistant had a particular interest in weight management and provided appointments for patients. We saw evidence that support given to patients by the practice to help them manage their weight had led to successful weight reduction.
- The practice's uptake for the cervical screening programme was 80%, which was above the clinical commissioning group (CCG) average of 76% and the national average of 76.7%. 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 a system of alerts for those patients with an identified learning disability. The practice also encouraged patients to attend national screening programmes for bowel and breast cancer screening.
- Childhood immunisation rates for the vaccines given were above clinical commissioning group (CCG) averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 93% to 100% compared to the CCG average of 82% to 95%. Childhood immunisation rates for the vaccines given to five year olds ranged from 93% to 100% compared to 92% to 97% for the CCG.
- Patients had access to appropriate health assessments and checks. These included health checks for new

Are services effective?

(for example, treatment is effective)

patients and NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

- The practice provided a patient information centre. The room contained equipment for patients to monitor their blood pressure, height and weight. As well as accessing health websites, a lending library contained books on general health and various health information leaflets.
- The practice supported the patient participation group (PPG) to hold an annual PPG week with displays in the practice and guest health care professionals. For example, health connectors and health trainers.

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 patient 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 and could offer them a private room to discuss their needs.
- We noted that the practice had installed an electronic booking-in system to speed up the process and help maintain patient privacy.
- We saw that patients adhered to a sign requesting patient privacy and confidentiality at reception.

All of the 33 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 four members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey (January 2016) showed patients felt they were treated with compassion, dignity and respect. The practice was comparable with the clinical commissioning group (CCG) and above national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 93% of patients said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 93% of patients said the GP gave them enough time (CCG average 89%, national average 87%).

- 96% of patients said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%).
- 92% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 89%, national average 85%).
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 94%, national average 91%).
- 93% of patients said they found the receptionists at the practice helpful (CCG average 89%, national average 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 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. For example, the house of care initiative involves patients with diabetes becoming more involved in making decisions about how to manage their diabetes. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey (January 2016) showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were slightly above local and national averages. For example:

- 93% of patients said the last GP they saw was good at explaining tests and treatments compared to the clinical commissioning group (CCG) average of 90% and national average of 86%.
- 89% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 86%, national average 82%).
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 88%, national average 85%).

Staff told us 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.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

- Notices in the patient waiting room, on the television screen and in the patient information centre told patients how to access a number of support groups and organisations. The patient information centre contained a lending library with books on general health matters and various health information leaflets. The patient participation group (PPG) had told us patients had fed back the usefulness of the information displayed on the television screen and the patient information centre.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 2% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them. For example, a registration pack for carers outlined the range of different support groups. A lead patient assistant acted as a carer's champion.

A registration pack for carers indicated the different support groups available for them. Once carers were identified, we saw patient records were flagged and that the practice arranged more flexibility around appointment times.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs or by giving them advice on how to find a support service. A bereavement counsellor uses a room at the practice on an appointments basis, and the practice works with a counsellor's association to provide additional counselling support. A newly-qualified counsellor was with the practice for one year and there was also a trainee counsellor who was supervised by a member of the patient participation group (PPG) with counselling experience.

A pre-booked talking therapy service is available daily for patients.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. For example, the practice set up a diabetes support group for patients with diabetes.

- Home visits were available for patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccines available on the NHS. Those vaccines only available privately were referred to other clinics.
- There were disabled facilities, a hearing loop and translation services available.
- The practice hosts a range of patient services. For example, bereavement counselling and a pre-booked talking therapy service were available at the practice.
- The practice's house of care initiative involves patients with diabetes becoming more involved in making decisions about how to manage their diabetes.
- Patients with a long term condition were offered an annual birthday review.
- All patients who lived in a care home had a named GP and received an annual review.
- Facilities included a patient information centre, where patients could perform simple health checks (such as blood pressure, height and weight) and access publications and computer touch screens for health related resources.
- The practice had a member of staff who was the care co-ordinator. They telephoned all patients on discharge from hospital to offer support, and to enquire whether a GP visit or other assistance was required.
- We saw evidence that the practice was working to the Gold Standards Framework for those patients with end of life care needs.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday, with extended opening times until 7.30pm on Tuesday, Wednesday and Thursday. Appointments were from 9am to 11.45am every morning,

and 2pm to 5.30pm daily. Extended surgery hours were offered from 6.30pm to 7.30pm on Tuesday, Wednesday and Thursday. In addition to pre-bookable appointments which could be booked up to six weeks in advance, urgent appointments were also available through a triage system.

Results from the national GP patient survey (January 2016) showed that patient satisfaction with how they could access care and treatment was above, below and comparable to local and national averages.

- 76% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 78% and national average of 78%.
- 63% of patients said they could get through easily to the practice by phone (CCG average 78% and national average 73%).
- 52% of patients said they usually get to see or speak to the GP they prefer (CCG average 65% and national average 36%).

People told us on the day of the inspection that they were able to get appointments when they needed them. We saw that the practice did not use locum GPs. However, they did have a locum practice nurse in place and had recently recruited two nurses who were due to start in the next few weeks.

Patients with a learning disability were monitored through a learning disability register and offered an annual health check with a practice nurse who had specialist experience with this group of patients. The practice system alerted staff to patients with a learning disability who would benefit from flexibility around length and times of appointments.

Listening and learning from concerns and complaints

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

- The complaint policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The registered manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, through feedback forms available at reception and in the waiting area, and comment cards on the practice

Are services responsive to people's needs? (for example, to feedback?)

website. A Friends and Family Test (FFT) suggestion box and a patient suggestion box were available within the patient waiting area which invited patients to provide feedback on the service provided, including complaints.

We looked at 14 written and verbal complaints received by the practice in the last 12 months. These were all discussed and reviewed, and learning points noted. We saw that these were handled and dealt with in a timely way. Complaints were a standing agenda item at monthly

meetings. We saw evidence lessons were learnt from patient complaints and action taken to improve the quality of care. For example, a patient complained about the withdrawal and replacement of their hay fever medication. The change was made in line with the clinical commissioning group (CCG) prescribing formulary. As a result the practice nurses ensure an explanation is offered to patients when medicine changes occur.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. The practice mission was to provide the highest quality, innovative, patient-centred care in a safe and supportive environment.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and was regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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 knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- 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 manager was described as engaged, professional, dynamic and extremely competent in their role.

- Staff told us the practice held regular team meetings and whole team away days once every two years.
- 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 in doing so and felt supported if they did. We noted that an away morning for the practice partners took place every quarter.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- Staff told us GPs sat in the administration area at the end of morning surgery where they undertook administrative tasks and made themselves available.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys compliments and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, an information film describing the activities of the practice can be viewed on the practice plasma screen. The film also encourages patients to walk to the practice or use public transport, where possible, to

Are services well-led?

Good 

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

reduce the pressure on car parking spaces. A patient claimed that they were unsure who practice staff were. Following discussions with staff, all now wear lanyards and badges.

- The practice had gathered feedback from staff through an annual staff survey, and through monthly 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. For example, staff suggested new patients with complex mental health needs should be seen by the same nurse and GP to ensure the patients received a continuity of care whenever they attended the practice. As a response patients in this population group had an alert on their medical records.
- We saw effective leadership within the practice. The nurse practitioner was also a partner in the practice.

Continuous improvement

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

The practice is a Level One research practice, meaning that it is required to undertake at least two clinical studies per year. For example, one research study looked at kidney disease, mortality rates and new treatment options.

Another study looked at chest and bowel symptoms, and cancer diagnoses.

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice is one of six members of a Federation formed to provide a shared vision of providing the best patient services across the area. The practice is one of six members of a Federation formed to provide a shared vision of providing the best patient services across the area. The federation members share an e-learning system across all practices and have worked together to produce clinical templates for chronic disease management. The practice was also involved in the Your Health and Wellbeing Mendip provider group, with the practice manager also providing the project manager role for this group.