Drs Wood and Hearne

Quality Report

Fownhope Medical Centre, Lower Island Orchard,
Common Hill Lane,
Fownhope, Hereford, HR1 4PZ
Tel: 01432 860235
Website: www.fownhopesurgery.nhs.uk

Date of inspection visit: 7 October 2014
Date of publication: 08/01/2015

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

We carried out a comprehensive inspection of Drs Wood and Hearne on 7 October 2014. The inspection team was led by a CQC inspector and included a GP specialist advisor, a practice manager and an Expert by Experience. We found Drs Wood and Hearne provided a good service to patients in all of the five key areas we looked at. This applied to patients across all age ranges and to patients with varied needs due to their health or social circumstances.

Our key findings were as follows:

- The practice had comprehensive systems for monitoring and maintaining the safety of the practice and the care and treatment they provide to their patients.
- The practice was proactive in helping people with long term conditions to manage their health and had arrangements in place to make sure their health was monitored regularly.
- The practice was clean and hygienic and had robust arrangements for reducing the risks from healthcare associated infections.
- Patients felt that they were treated with dignity and respect. They felt that their GP listened to them and treated them as individuals.
- The practice had a well-established and well trained team and who had expertise and experience in a wide range of health conditions.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and report incidents and near misses. The practice provided opportunities for the staff team to learn from significant events and was committed to providing a safe service. Information about safety was recorded, monitored, appropriately reviewed and addressed. The practice assessed risks to patients and managed these well. There were enough staff to keep people safe.

Are services effective?

Good

The practice is rated as good for effective. Data showed patient outcomes were at or above average for the locality. Patients' care and treatment took account of guidelines issued by the National Institute for Care and Health Excellence (NICE). Patients' needs were assessed and care was planned and delivered in line with current legislation. The practice was proactive in the care and treatment provided for patients with long term conditions and regularly audited areas of clinical practice. There was evidence that the practice worked in partnership with other health professionals. Staff received training appropriate to their roles and the practice supported and encouraged their continued learning and development.

Are services caring?

Good

The practice is rated as good for caring. Patients told us they were treated with compassion, dignity and respect and they were involved in care and treatment decisions. Accessible information was provided to help patients understand the care available to them. We saw that staff treated patients with kindness and respect and were aware of the importance of confidentiality. The practice provided advice, support and information to patients, particularly those with long term conditions, and to families following bereavement.

Are services responsive to people's needs?

Good

The practice is rated as good for responsive. The practice was aware of the needs of their local population and engaged with the NHS Local Area Team (LAT) and Clinical Commissioning Group (CCG) to secure service improvements where these are identified. Patients reported good access to the practice and said that urgent appointments were available the same day. The practice had good facilities and was well equipped to treat patients and meet their

Summary of findings

needs. There was a clear complaints system with evidence demonstrating that the practice responded quickly to issues raised. The practice had a positive approach to using complaints and concerns to improve the quality of the service.

Are services well-led?

Good

The practice is rated as good for well-led. The practice had an open and supportive leadership and a clear vision to continue to improve the service they provided. There was a clear leadership structure and staff felt supported by management. The practice had well organised management systems and met regularly with staff to review all aspects of the delivery of care and the management of the practice. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients and this was acted upon. The practice had a patient participation group (PPG). This ensured patients' views were included in the design and delivery of the service. There was evidence that the practice had a culture of learning, development and improvement.

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

This practice is rated as good for the care of older people. Patients over the age of 75 had a named GP. Vulnerable patients were included on the practice's 'avoiding unplanned admissions' list to alert the team to people who may be more vulnerable. The GPs carried out visits to people's homes if they were unable to travel to the practice for appointments. The practice worked closely with two local care homes to provide a responsive service to the people who lived there. This included undertaking weekly rounds with the staff to ensure they provided a responsive service to patients living there.

People with long term conditions

Good

This practice is rated as good for the care of people with long term conditions, for example asthma and diabetes. The practice had effective arrangements for making sure that people with long term conditions were invited to the practice for annual and half yearly reviews of their health. Members of the GP and nursing team at the practice ran these clinics.

People whose health prevented them from being able to attend the surgery received the same service in conjunction with the district nursing team who arranged visits to them at home (including patients in the two care homes the practice supports). Patients told us they were seen regularly to help them manage their health.

The practice held clinics together with the local specialist diabetes service and hosted a physiotherapist for three days a week to provide ease of access to physiotherapy treatment.

Families, children and young people

Good

This practice is rated as good for the care of families, children and young people. The practice held fortnightly childhood vaccination clinics for babies and children and other appointments when needed. Child 'flu vaccinations were also provided. A midwife came to the practice once a week to see expectant mothers. Staff told us that ante natal and post natal appointments for mothers were usually done by all GPs. The practice provided a family planning service.

Working age people (including those recently retired and students)

Good

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

Summary of findings

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. The practice offers appointments early and late in the day to accommodate those who work.

People whose circumstances may make them vulnerable

Good

This practice is rated as good for the care of people living in vulnerable circumstances. One of the GPs was the lead for learning disability (LD) care at the practice and the practice had an LD register. All patients with learning disabilities were invited to attend for an annual health check. Staff told us that the practice had patients who were travellers currently registered at the practice. We learned that when travellers and homeless people came to the practice the team provided appropriate care and treatment and supported them with establishing a correspondence address if possible.

People experiencing poor mental health (including people with dementia)

Good

This practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice had a register of people at the practice with mental health support and care needs and invited them for annual health checks. Staff described close working relationships with the local mental health team which worked with the practice to identify patients' needs and to provide patients with counselling, support and information.

Summary of findings

What people who use the service say

We gathered the views of patients from the practice by looking at seven CQC comment cards patients had filled in and by speaking in person with ten patients, one of whom was involved with the PPG. Many patients who gave us their views had been patients at the practice for many years and their comments reflected this long term experience. Data available from the NHS England GP patient survey carried out earlier in 2014 showed that the practice scored highly nationally for satisfaction. It was evident the practice fulfilled a significant medical and social role in the local area, liaising with schools, community groups and other care providers.

Patients were positive about their experience of being patients at Drs Wood and Hearne. They told us that they were treated with respect and the GPs, nurses and other staff were kind, sensitive and helpful. Several patients expressed appreciation for the service they had received, some in particularly difficult circumstances.

Two patients wrote specific comments about the appointment system. They confirmed they were always able to get same day appointments when needed.

Drs Wood and Hearne

Detailed findings

Our inspection team

Our inspection team was led by:

Keith Briant.

Background to Drs Wood and Hearne

Drs Wood and Hearne provides primary care services for approximately 4,900 patients in Fownhope and the surrounding area under a GMS (General Medical services) contract with NHS England. It is located in a rural area with a large elderly population.

The practice has four GP partners (two male and two female), a practice manager, two practice nurses, a healthcare assistant, five receptionists and other staff who provide administrative support. The practice is a dispensing practice and eight staff work in the dispensary.

Patients are provided with information about the local out of hours services based in Ross-On-Wye which they can access by using the NHS 111 phone number.

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. 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 data, this relates to the most recent information available to the CQC at that time.

How we carried out this inspection

Before this inspection, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. These organisations included Herefordshire Clinical Commissioning Group (CCG), NHS England local area team and Herefordshire Healthwatch. We carried out an announced visit on 7 October 2014. During the inspection we spoke with a range of staff (GPs, nurses, practice manager, reception and administrative staff). We spoke with 10 patients who used the service, one of whom was a member of the Patient Participation Group (PPG).

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

Detailed findings

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

Are services safe?

Our findings

Safe Track Record

The practice had clear incident reporting procedures in place with clearly defined lines of responsibility. We were shown incident reporting forms which showed all incidents were recorded and investigated. Findings were analysed and discussed with the staff concerned and then at clinical and staff meetings as appropriate. Discussions were recorded in the staff meeting minutes. This ensured that there was on-going learning about how the service could improve. We were shown records for the last two years that demonstrated information gained from clinical audits and health and safety audits was assessed with patient safety in mind.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events. The practice held a regular meeting for clinical staff at which all complaints and incidents were discussed. Key learning points from the analysis of incidents was identified and shared with staff. We saw the practice made changes as a result of these discussions, for example, following the prescribing of an incorrect medication. Staff were aware of their responsibilities with patient safety and were confident they would be fairly treated if they were to report anything. We were shown minutes of meetings and staff confirmed such discussions took place. We saw evidence that all adverse events were fully recorded before being investigated by the GP.

The local CCG monitored the practice's performance in relation to the standard and timeliness of significant adverse event reporting and had no concerns about the practice.

Reliable safety systems and processes including safeguarding

The practice had clear safeguarding policies and procedures in place to protect vulnerable patients. They provided guidance and safeguarding training to all staff during their induction and reviewed this annually. We saw evidence in the training records that such training took place and the dates refresher training was due to take place. We saw a selection of training certificates which confirmed staff were trained in safeguarding children and vulnerable adults to a level appropriate to their role. Staff we spoke with knew how to recognise different types of abuse and the action they should take if they suspected abuse.

The practice had appointed a GP to act as safeguarding lead. Staff were aware who the safeguarding lead was and were familiar with the procedure for referring safeguarding concerns to the local authority. We saw this information was clearly displayed and appropriate action had been taken when needed. We saw minutes that demonstrated there were regular safeguarding meetings which involved staff from other agencies when appropriate.

We saw there was a chaperoning policy in place for patients who required a sensitive examination by a doctor. There were posters displayed which informed patients of their right to be accompanied by a chaperone. Staff we spoke with demonstrated knowledge of their chaperoning responsibilities and were able to describe to us what they would do if they had any concerns regarding an examination.

Appropriate policies were in place for infection control, medicines management, equipment, premises and staffing, this included staff recruitment. Risk based analysis had been used and risks had been regularly reviewed during staff meetings. Staff we spoke with had a good knowledge of what they should do if an event occurred, for example, if there had been a spillage of bodily fluid.

Monitoring Safety & Responding to Risk

Staffing levels were monitored weekly to ensure levels of staff present met patient need and minimised risk. We saw evidence of how appointment trends were monitored and staffing levels adjusted to meet changes in demand.

We saw how the practice had monitored their workforce and reviewed their workforce requirements to ensure sufficient staff were available to meet the needs of the population they served. Management confirmed they had sufficient staff on duty throughout the week.

Medicines Management

The practice had up to date medicines management policies for use within both the dispensary and the practice. Staff we spoke with were familiar with them. Within the dispensary, medicines were kept securely. We looked at how controlled drugs were managed. Controlled drugs are medicines that require extra checks and special storage arrangements because of their potential for

misuse. The records showed that the controlled drugs were stored, recorded and checked safely. Medicines were stored at the correct temperature in the fridge which was monitored daily. We saw evidence that medicines were regularly checked to ensure they were within date.

The practice also had emergency medicines for use within the practice which were securely stored and monitored in the same way.

There were standard operating procedures (SOP) for using certain drugs and equipment. We looked at a selection of these and saw each one was in date and clearly marked to ensure that staff knew it was the current version. Clear records were kept whenever any medicines were used. We were shown examples. The records were checked by pharmacy staff who reordered supplies as required. There were medicines management meetings which discussed and actioned any medicine related issues.

Cleanliness & Infection Control

We saw the practice's buildings were clean and organised. Patients we spoke with said they were satisfied with standards of hygiene. There were systems in place to reduce the risk and spread of infection. We observed and staff told us personal protective equipment was readily available and was in date. Patients confirmed staff wore personal protective equipment when needed. Hand sanitation gel was available for staff and patients throughout the practice. We saw staff used this. We saw hand washing posters above each wash hand basin throughout the practice including the patients' toilet. We were shown infection control and decontamination policies. They included: the safe use and disposal of sharps; use of personal protective equipment (PPE); spills of blood and bodily fluid amongst others. We were shown evidence that the policies were regularly reviewed and updated when changes were necessary. We were shown the results of the most recent internal infection control audit which had been carried out in September 2013. This did not identify any areas of concern.

We spoke with the practice nurse. They told us they had received infection control training. We saw evidence of this in their staff file. They were also aware of the Department of Health guidance on the prevention and control of infections and knew how to apply it. Staff told us they were aware of the relevant policies and where to find them if they needed to refer to them. Staff had access to guidance for the protection of patients against the risks of infections.

There were arrangements in place for the safe disposal of clinical waste and sharps, such as needles and blades. We saw evidence that their disposal was arranged through a suitable company. The practice employed their own cleaners and used contract staff for general cleaning of the practice. We were shown the cleaning schedules and checklists for this and saw there was a regular audit of cleaning undertaken. They had carried out a risk assessment for legionella testing and had decided the risk was minimal. We were shown the risk assessment.

Staffing & Recruitment

We were shown how the practice ensured there were sufficient numbers of suitably qualified, skilled and experienced staff on duty each day. There was a staff rota throughout the week and always a member of clinical staff on duty. All administrative staff were part time, so staff cover was also available if a staff member was unexpectedly absent.

We saw how the practice had monitored their workforce and reviewed their workforce requirements to ensure sufficient staff were available to meet the needs of the population they served. Management confirmed they had sufficient staff on duty throughout the week.

We looked to see what guidance was in place for staff about expected and unexpected changing circumstances in respect of staffing. We saw a selection of policies and procedures in place, for example, staff sickness, and planned absences. We saw how the practice would ensure staff absence was managed in a fair and consistent way to ensure the impact on the practice was minimised.

We saw how if a shortfall of doctors ever occurred, for example, as a result of sickness, locum doctors could be used. We were shown the business continuity plan which had been adopted by the practice which advised what to do should there be 'Incapacity of GPs and practice staff'. This would help to ensure sufficient availability of doctors to continue the primary care service provision to patients.

The practice had a comprehensive and up-to-date recruitment policy in place. The policy detailed all the pre-employment checks to be undertaken on a successful applicant before that person could start work in the service. This included identification, references and a criminal

Are services safe?

record check with the Disclosure and Barring Service (DBS). We looked at a sample of recruitment files for doctors, administrative staff and nurses. They demonstrated that the recruitment procedure had been followed.

Dealing with Emergencies

There was an automated external defibrillator (used to attempt to restart a person's heart in an emergency) and oxygen available within Drs Wood and Hearne for use in a medical emergency. All staff had been trained to use the equipment. We saw records which demonstrated the equipment was checked daily to ensure it was in working condition. The staff rota showed the practice ensured there was always a suitably trained member staff available to deal with any medical emergencies. Staff we spoke with, including reception staff knew what to do if an emergency occurred.

Equipment

There were policies in place for the safe use and maintenance of equipment and we were also shown the practice's maintenance schedule. This was fully up to date and the required checks on equipment had been carried out.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care & treatment in line with standards

Patients' needs were assessed and care and treatment was planned and delivered in line with their individual wishes. All patients we spoke with were very happy with the care they received and any follow-up needed once they obtained an appointment.

Clinical staff, in conjunction with the practice manager and other administrative staff, managed the care and treatment of patients with long term conditions, such as diabetes, asthma and hypertension (high blood pressure). We found there were appropriate systems in place to ensure patients with long term conditions were seen on a regular basis.

Patients who required palliative care (care for the terminally ill and their families) were regularly reviewed. Their details were passed to the out of hours practice each weekend to ensure care would continue when the practice was closed.

Staff showed us how they used the National Institute for Health and Care Excellence (NICE) templates for processes involving diagnosis and treatments of illnesses. NICE guidance supported the surgery to ensure the care they provided was based on latest evidence and was of the best possible quality. Patients received up to date tests and treatments for their disorders. We saw records of meetings that demonstrated revised guidelines were identified and staff trained appropriately.

Management, monitoring and improving outcomes for people

The practice had a system in place for completing clinical audit cycles. Examples of clinical audits included Chronic Obstructive Pulmonary Disease (COPD), minor surgery and use of oral medicines in diabetes. We found the monitoring the practice had carried out included chronic conditions and how the practice was organised. We saw evidence staffing levels had occasionally been changed as a result of the latter. Some of this monitoring was carried out as part of the Quality and Outcomes Framework (QOF). This is an annual incentive programme designed to reward doctors for implementing good practice. The practice demonstrated they were meeting the expected targets.

The practice was able to identify and take appropriate action on areas of concern. For example, to reduce the prescribing of sleeping tablets. The practice was able to demonstrate that the number of patients on such medication was reduced from 8% of the patient list to 1% over a 6 monthly period in 2013.

We also saw evidence the practice manager attended peer group meetings with other practice managers to identify and discuss best practice.

Effective Staffing, equipment and facilities

The practice manager discussed the planned introduction of a comprehensive training plan for all staff employed by the practice. We were shown records which demonstrated how continuing professional development training for clinical staff was organised by the GP in conjunction with the practice manager and delivered by external experts. Topics were requested by staff or linked to learning from previous incidents in the service.

All GPs were up to date with their yearly continuing professional development requirements and had all either been revalidated or had a date for revalidation. (Every GP is appraised annually and every five years undertakes a fuller assessment called revalidation. Only when revalidation has been confirmed by NHS England can the GP continue to practice and remain on the performers list with the General Medical Council).

Staff records showed clinical staff had the appropriate qualifications to care for patients to an appropriate standard set by their governing bodies.

Staff had annual appraisals. We saw examples of appraisals in staff files and staff confirmed they found the appraisal system was positive. Training needs were identified and then incorporated into this process. Staff were encouraged and supported to gain additional professional qualifications when appropriate. The practice made effective use of professional clinical audit tools to monitor and assess the performance of its doctors.

Additionally, staff told us they were encouraged to raise concerns at any time and management told us they had an 'open door' policy for management. Staff said the doctor and practice manager were always very approachable.

Working with other services

We saw records that confirmed the practice worked closely with the community midwife service, health visitors, community mental health professionals and community

Are services effective?

(for example, treatment is effective)

drug teams. Clinics were held for blood testing and physiotherapy to which patients were referred. There were regular multi-disciplinary team meetings to discuss and resolve any concerns.

Within the waiting room there was large range of information about local services, both in leaflet form and on a large visual display screen. Information was available in other languages on request.

Details of patients with complex health needs or those who received end of life care were passed to the local out of hours service when the surgery closed to ensure continuation of their care.

Information from other health care practices was clearly recorded and monitored to ensure patient appointments, hospital discharge notifications, clinical specimens and test results had not been missed. Staff we spoke with were fully trained in these procedures.

Consent to care and treatment

There were mechanisms to seek, record and review consent decisions. We saw there were consent forms for patients to sign agreeing to minor surgery procedures. We saw that the need for the surgery and the risks involved had been clearly explained to patients.

The practice was devising consent forms for children who had received immunisations. The practice nurse was aware of the need for parental consent and what action to follow if a parent was unavailable. There was information available for parents informing them of potential side effects of the immunisations. The GPs and nurses that we spoke with demonstrated a clear understanding of the importance of determining if a child was Gillick competent especially when providing contraceptive advice and treatment. A Gillick competent child is a child under 16 who has the legal capacity to consent to care and treatment. They are capable of understanding implications of the proposed treatment, including the risks and alternative options. The practice had access to interpreting services to ensure patients understood procedures if their first language was not English.

Staff we spoke with had an understanding of the Mental Capacity Act 2005 and demonstrated knowledge regarding best interest decisions for patients who lacked capacity. Mental capacity is the ability to make an informed decision based on understanding a given situation, the options available and the consequences of the decision. People may lose the capacity to make some decisions through illness or disability.

Health Promotion & Prevention

It was practice policy to offer a health check with the healthcare assistant to all new patients who registered with the practice. The GP was informed of all health concerns detected and these were followed up in a timely way. GPs to use their contact with patients to help maintain or improve mental, physical health and wellbeing. For example, they offered smoking cessation advice to smokers.

The practice had methods that identified patients who needed additional support, and it was pro-active in offering additional help. For example, the practice kept a register of all patients with a learning disability and they were offered an annual physical health check. Similar mechanisms of identifying 'at risk' groups were used for patients who were receiving end of life care. These groups were offered further support in line with their needs.

Are services caring?

Our findings

Respect, Dignity, Compassion & Empathy

Staff and patients told us patients' needs were assessed and care and treatment was planned and delivered in line with their individual wishes. All patients we spoke with were very happy with the care they received and any follow-up needed once they obtained an appointment. All patients felt they were consistently treated with dignity and respect by all members of staff. During our inspection we observed, within the reception area, how staff interacted with patients, both in person and over the telephone. Staff were helpful and empathetic, warm and understanding towards patients. Staff we spoke with told us patient care was at the centre of everything they did and their behaviours displayed this at all times.

We saw that patients' privacy and dignity was respected by staff during examinations. We saw curtains could be drawn around treatment couches in consultation rooms. This would ensure patients' privacy and dignity in the event of anyone else entering the room during treatment.

Care planning and involvement in decisions about care and treatment

We looked at patient choice and involvement. Staff explained how patients were informed before their treatment started and how they determined what support was required for patients' individual needs. Clinical staff told us they discussed any proposed changes to a patient's treatment or medication with them. They described treating patients with consideration and respect and said they kept patients fully informed during their consultations and subsequent investigations. Patients we spoke with confirmed this. Patients had the information and support available to them to enable them to make an informed decision about their care and treatment needs.

Patients told us that their GP listened to them and gave us examples of advice, care and treatment they had received. A number of people confirmed their GP or nurse gave them information, fully discussed their health needs and explained the 'pros and cons' were of the options available to them. Some patients indicated that they had long term health conditions and said that they were seen regularly.

GPs recognised the importance of patients understanding their care and treatment needs and gave examples of situations where they had done their best to give patients clear information.

Patient/carer support to cope emotionally with care and treatment

Some of the information we received was from patients who were also carers. In these cases patients described the support and compassion they and their relative had received from the team at the practice. Other patients also described feeling well supported emotionally by the practice.

When patients died the practice contacted families to check their well-being and offer the opportunity to speak with a member of the team. Information was provided about organisations specialising in providing bereavement support.

Staff told us that they had a carers' lead as recommended by Herefordshire Carer Support (HCS), an organisation that provides support and guidance to carers in Herefordshire. This was one of the administrative staff. We saw information displayed about HCS. The practice was nominated as GP practice of the Year for Herefordshire Carers for 2013 and was highly commended in 2014.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood the different needs of the local population and took appropriate steps to tailor its service to meet these needs. Patients aged over 75 had been written to with details of their named GP.

Patients we spoke with who had been previously referred to hospital consultants told us referrals had been dealt with quickly and efficiently. Staff showed us how they followed up referrals with the relevant provider if a delay occurred. They showed us how they audited these referrals to ensure patients were given the best possible care. Referrals were made using the NHS 'Choose and Book' system. This ensured patients received a choice of where they wished to be referred to.

The practice planned its services carefully to meet the demand of the local population. We saw minutes of meetings that demonstrated regular meetings were held to discuss capacity and demand. As a result of this, changes were made to staffing and clinic times when required. Services were also reviewed in the wider context of the local health economy. Review meetings were held with the CCG and the GP attended these.

The practice provides general practice cover to people living in two local care homes. We spoke with management of these care homes about the service people received from Drs Wood and Hearne. Both were positive about the service. They told us that a GP did a routine weekly visit to the home as well as visits on other days as needed. They told us that the GPs were polite, respectful and kind to their patients and listened to them. Care home management confirmed the GPs worked with them to review each person's medicines.

The practice had an established Patient Participation Group (PPG) in place. This ensured patients' views were included in the design and delivery of the service. We saw how the PPG played an active role and was a key part of the provider's organisation. Regular meetings were held. We saw how the PPG is developing an educational DVD to train patients in how to obtain on-line access to the practice facilities.

We saw how the PPG had been involved with discussions about improving the appointment system to offer an increased range of same day urgent appointments. They have also been involved with developing a mobile phone text message service to inform patients of blood tests results. The PPG has also developed an educational DVD to train patients on how to obtain on-line access to the practice facilities.

The practice took part in a national exemplar practice for carers with the Royal College of General Practitioners (RCGP) during 2013. They were awarded a cash sum for activities to support carers.

Tackling inequity and promoting equality

Most patients who used Drs Wood and Hearne spoke English as their primary language. However, staff explained the telephone interpreting service they used for patients who are unable to converse with ease in English. The system was easy to use and accessible and the reception staff who showed it to us was knowledgeable about how to use it. We noted that information leaflets in the practice were only available in English. However, GPs also had the facility to print up to date NHS patient information leaflets during consultations with patients and it was possible to select other languages for this.

We looked at the measures in place to accommodate patients' equality, diversity and information needs. A wide range of health information was available. Few patients spoke other languages, but translation services were available when the need arose. The practice had a register of people at the practice with mental health support and care needs. Each person on the register was invited for an annual review. Staff explained that they had good working relationships with the local mental health team. These measures showed patients' equality and diversity needs could be supported to enable them to make an informed decision about their care and treatment.

Access to the service

The practice was located in a modern building designed to ensure that appropriate care and treatment was provided to patients with a disability. We saw that the entrance to the practice was designed so that patients with mobility difficulties could access the practice easily. There were accessible parking places and step free access to the doors. The consultation rooms were situated on both floors. Patients were allocated to ground floor consultation rooms if they were unable to negotiate stairs. The waiting area, corridors and consultation rooms were spacious allowing easy access.

Are services responsive to people's needs?

(for example, to feedback?)

The practice opened from 8am to 6.30pm every weekday, except Wednesdays when it opened at 7am. Outside of these times and during the weekend, an out of hours service was provided by another provider located in Ross-On-Wye. Patients were advised by recorded message to contact the NHS 111 service. This ensured patients had access to medical advice outside of the practice's opening hours.

Appointments could be booked for the same day, for within 48 hours and up to two months ahead. For patients who had an urgent medical condition that could not wait until the next routine appointment, the practice operated a triage system. Patient details were taken and the duty doctor would telephone the patient back the same morning or afternoon that they contacted the practice. The patient would then be given a same day appointment if necessary. Home visits were available for patients who were unable to go to the practice. Patients could make appointments and order repeat prescriptions through an on-line service.

The information from CQC comment cards and patients we spoke indicated that the service was generally accessible and that patients were able to get an appointment on the same day they phoned if this was needed.

Listening and learning from concerns & complaints

The practice had 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 there was a designated responsible person who handled all complaints in the practice.

We were shown how patients' concerns were listened to and acted upon, for example, a number of patients expressed how they were unable to collect medicines from the pharmacy. As a result, the practice introduced a delivery service.

There was information about how to complain displayed in the waiting area and within the patient information pack. All of the patients we spoke with said they had never had to raise a formal complaint. The complaints procedure identified how complaints would be dealt with. It also identified the timescales for responding to and dealing with complaints. The practice also had a complaints summary which summarised the complaints for each year. Details of the complaints procedure were displayed in the waiting room and within the patient information pack. Patients we spoke with knew how to make a complaint, but had not needed to do so. We looked to see whether the practice adhered to its complaints policy and we reviewed two patient complaints in detail. We found that the complaints had been dealt with appropriately and within the timescales set out in the practice's complaints policy.

It was also clear that verbal complaints were dealt with in the same way as written complaints. If a patient telephoned the practice to complain, the practice manager would immediately take the call if available.

Are services well-led?

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

Our findings

Vision and Strategy

The practice vision was 'to offer the highest quality family medical service possible, easily accessible to patients who feel well supported by practice staff.' Staff we spoke with mentioned this and the values were clearly visible during our observations throughout our visit.

It was evident that the team at the practice shared a desire to provide patients with a safe and caring service where people were treated with dignity and respect. The GP partners held regular partners' meetings to discuss important issues such as forward planning, practice objectives and staff morale.

We heard that the staff team arranged social activities and that these were also used to celebrate and reward staff achievements.

Governance Arrangements

The GP partners all had lead roles and specific areas of interest and expertise. During the inspection we found that all members of the team we spoke with understood their roles and responsibilities. There was an atmosphere of teamwork, support and open communication. The practice held regular clinical forums and discussions about any significant event analysis (SEAs). All of the clinical staff attended these meetings and where relevant other staff also took part in the discussions about SEAs. This helped to make sure that learning was shared with appropriate members of the team.

The practice used information from a range of sources including their Quality and Outcomes Framework (QOF) results and the Clinical Commissioning Group to help them assess and monitor their performance. We saw examples of completed clinical audit cycles, for example, minor surgery, that demonstrated that the practice was reviewing and evaluating the care and treatment patients received.

Leadership, openness and transparency

The practice had a team of partners, some of whom had worked together over a number of years to provide stable leadership. They were supported by a practice manager who was described by clinical and other staff as playing a positive and key role in the management of the practice. Staff told us they felt well supported and that all of the partners were approachable. Staff also confirmed that the practice manager had an 'open door' policy. One of the staff we spoke with told us that Drs Wood and Hearne was a caring and well led place to work where morale was high.

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

The practice had an established Patient Participation Group (PPG) in place. This ensured patients' views were included in the design and delivery of the service. The PPG action plan for 2014 gave examples of activities the PPG was involved with. This included promoting and increasing the use of the NHS Choose and Book system. Regular PPG meetings were held.

All staff were fully involved in the running of the practice. We saw there were documented regular staff meetings. This included meetings for clinical staff and meetings that included all staff. This ensured staff were given opportunities to discuss practice issues with each other. There was a clear culture of openness and 'no blame' in place. This meant staff could raise concerns without fear of reprisals and the practice's whistleblowing procedure supported this. Staff told us they were actively encouraged to make suggestions and identify ways for the practice's service to improve.

The practice asked patients who used the service for their views on their care and treatment and they were acted on. This included the use of surveys to gather views of patients who used the service. We saw there were systems in place for the practice to analyse the results of the survey for information so that any issues identified were addressed and discussed with all staff members. We saw records of discussions within the minutes of staff meetings. All the patients we spoke with on the day of our inspection told us they received a high quality service from the practice. It was clear patients experienced the quality of service that met their needs.

In October 2013, 177 patients completed a short questionnaire, issued by the practice. Of those patients who responded, 98% were able to get an appointment to see or speak to someone very easily or fairly easily. 90% said they found staff at the practice very helpful. The remaining 10% said they found staff fairly helpful. This sample represented 3.5% of the patient list.

The practice worked to engage with the local community in a variety of ways. For example, when new GP partners

Are services well-led?

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

joined the practice when in July 2014, a cheese and wine evening was organised to introduce the new partners and wider practice team to the patients. This was also used as a learning event to introduce an improved appointment system for patients which had been previously discussed with the PPG.

Management lead through learning & improvement

We saw evidence that the practice was focussed on quality, improvement and learning. There was a well-established staff development programme for all staff within the practice, whatever their role.

The whole practice team had sessions each year for 'protected learning'. This was used for training and to give staff the opportunity to send time together.

The results of significant event analyses and clinical audit cycles were used to monitor performance and contribute to staff learning.