North Petherton Surgery

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at North Petherton Surgery on 13 October 2015. 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 that 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.
- The practice engaged and supported the local community. For example, the practice had raised a considerable sum of money for the local hospice which supported patients with end of life care. The practice had also provided services within other organisations that supported patients. For example, GP appointments at the local contraceptive and sexual health service; complex care to patients in care homes across the local GP federation and specialist procedure for newborn babies.
- We saw that the practice had a significant positive impact on the patient population. For example, feedback from patients about the service provided was continually positive. The practice had well above average national patient survey results; patient feedback through 35 comment cards and

Summary of findings

patients we spoke to on the day were very positive about the care and treatment they received. The NHS Friends and Family Test showed that 100% of patients would recommend the practice.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are 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.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patient's needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Summary of findings

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- 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 evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to 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.
- 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
- 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

Good

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. For example, Patients over the age of 75 have a named GP and patients at risk of hospital admission had a care plan and were discussed at monthly meetings.
- The practice had a GP lead on complex care.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Nurses had received additional training to provide additional services, for example, initiation of insulin for diabetic patients.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP; a personalised care plan and a structured annual review to check that 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.

Families, children and young people

Good

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.
- 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.

Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended hours and GPs taking patients bloods so they did not need to make additional appointments.
- 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.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people and 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 patients.
- The practice had told vulnerable patients and carers 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.

People experiencing poor mental health (including people with dementia)

Good

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

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Summary of findings

The practice regularly worked with multi-disciplinary teams in the case management of patients 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 had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- One GP worked as the local complex care GP and had additional training in managing patients living with dementia.

Summary of findings

What people who use the service say

The national GP patient survey results (published on July 2015) showed the practice was performing in line with local and national averages. For the survey 253 survey forms were distributed and 120 were returned.

- 98% of patients found it easy to get through to this surgery by phone compared to a Clinical Commissioning Group (CCG) average of 78.6% and a national average of 73.2%.
- 97.9% of patients found the receptionists at this surgery helpful (CCG average 89%, national average 86.8%).
- 93.9% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 88.8%, national average 85.2%).
- 99.2% of patients said the last appointment they got was convenient (CCG average 93.7%, national average 91.8%).
- 95.7% of patients described their experience of making an appointment as good (CCG average 79.2%, national average 73.3%).
- 86.5% of patients usually waited 15 minutes or less after their appointment time to be seen (CCG average 70.1%, national average 64.8%).

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 35 comment cards which were all positive about the standard of care received. Patients said that staff were always welcoming and caring; the care and treatment received was consistent and exceptionally good; appointments were always available when needed and staff listened to patients as individuals.

We spoke with five patients during the inspection. All five patients said that they were happy with the care they received and thought that staff were approachable, committed and caring.

North Petherton Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector. The team included a GP and a practice manager as specialist advisers.

Background to North Petherton Surgery

The practice is located in North Petherton, a small town located close to the M5 motorway, three miles north east of Bridgwater and eight miles south west of Taunton, on the edge of the Somerset Levels in the Sedgemoor district of the county of Somerset. The practice provides primary medical services for the surrounding rural villages and hamlets with some additional patients from a nearby town.

The practice is located in a purpose built building which was built in 1984 in the grounds of the home of a previous GP. The buidling has been extended twice in recent years and further extensions are planned to accommodate the growing local population. Currently the practice contains three consulting rooms; three nurse treatment rooms; a consulting room for trainee doctors and a large, newly refurbished dispensary.

The practice has a population of approximately 5700 patients. The practice dispenses medicines to approximately 33% of the practice population. The practice has a higher than England average of patients aged between 60 to 69 and 75 to 85 years. The practice is situated in an area with lower deprivation with a deprivation score of 13.7 compared to the Clinical Commissioning Group (CCG) average of 16.8 and the national average of 23.6.

The practice team includes three GP partners, all male, and two salaried GPs, both female. One salaried GP is currently on maternity leave. In addition three females practice nurses and a health care assistant are employed (providing a whole time equivalent of two); a practice manager and administrative staff which include dispensary staff; receptionists and secretaries.

The practice is a training practice for medical students and F2 doctors (F2 doctors are doctors undertaking the second year of training since graduating from medical school). At the time of our inspection a F2 doctor was being supported by the practice.

The GPs had special interests and additional skills in areas including diabetes; children's medicine; older people's medicine; dementia; contraception and sexual health. One GP is the nominated Somerset GP for the violent patient scheme providing one session a week for this group of patients. One GP provides a tongue-tie procedure for new born babies in the local area.

The practice had a General Medical Services contract (GMS) with NHS England to deliver general medical services. The practice provided enhanced services which included extended hours for appointments; facilitating timely diagnosis and support for patients with dementia; childhood immunisations; minor surgery and services for violent patients.

The practice is open between 8am to 8pm Mondays; 8am to 6.30pm Tuesday to Friday and alternate Saturdays from 9am to 10.30am. The practice provided 24 GP sessions per week between 8:15am to 11.30am and 3.30pm to 6pm with extended appointments until 8pm on Mondays. Three GP partners provided minor surgery clinics. Appointments are bookable three months in advance and are for 15 minutes each.

Detailed findings

The national GP patient survey (July 2015) reported that patients were more than satisfied with the opening times and making appointments. The results were above local and national averages.

The practice is tele-health accredited and has been awarded the disability two ticks award. The disability two ticks award is given to employers who have made commitments to employ, keep and develop the abilities of disabled staff.

The practice has opted out of providing Out Of Hours services to their own patients. Patients can access NHS 111 and Somerset Urgent Care Doctors provide an Out Of Hours GP service.

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.

How we carried out this inspection

We carried out an announced visit to the practice on 13 October 2015. In advance of the inspection we reviewed the information we held about the provider and asked other organisations to share what they knew.

During the inspection we spoke with thirteen staff, five patients and members of the district nursing team who attended to speak to us. We looked at documentation and observed how patients were being cared for.

We reviewed comments cards, sent to the practice in advance of our visit for patients to complete. These were where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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.

Good

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.
- A monthly meeting between management, GPs and nurses was held to discuss incidents. We saw that the minutes were available on the practice noticeboard for all staff.

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, following a prescribing incident for a patient on blood thinning medicine a process was put in place so that patients with a high blood clotting time automatically received a significant event analysis. This ensured that patients received appropriate treatment. Changes to treatment and learning was then shared with staff.

We saw that when a vaccine had been given in error the practice shared the analysis with the Clinical Commissioning Group and changed the vaccine manufacturer as the packaging was similar to another product.

When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.

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 that 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. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding children level three.
- A notice in the waiting room advised patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring 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. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken by the practice. We looked at audits for the past four years and we saw evidence that action was taken to address any improvements required. The cleaning company also undertook regular audits and fed these back to the practice.
- We reviewed personnel files and found that 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.

Medicines management

There were systems in place for the safety of dispensary staff and medicines. The practice had appropriate written procedures in place for the production of prescriptions and dispensing of medicines that were regularly reviewed and accurately reflected current practice. The practice was signed up to the Dispensing Services Quality Scheme (DSQS) to help ensure processes were suitable and the quality of the service was maintained. Dispensing staff had all completed appropriate training and had their competency reviewed annually.

Good

Are services safe?

We saw the practice undertook regular audits within the dispensary. For example the practice had reviewed instructions given to patients on medicines. To optimise the effectiveness of the medicines clear labelling was used which told patients what the medicines were for and how they should take them. Leaflets were given to patients to explain their diagnosis and medicines they needed to take.

We saw the dispensary had well-ordered storage of medicines for dispensing and completed prescriptions for collection. Staff were alerted to any changes in brand of medicines. Controlled medicines that required additional secure storage were kept secure and standard operating procedures were in place that set out how they were managed. For example, the dispensary manager audited controlled medicines monthly. All staff had received training on how to manage the arrival of new stock in the dispensary.

We observed dispensary staff talking to patients. We saw that dispensary staff reminded patients when blood tests for medicines were required and they booked appointments for patients to provide a continuity of care.

Regular medicines audits were carried out with the support of the local Clinical Commissioning Group (CCG) pharmacy team to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. A CCG prescribing advisor visited the practice fortnightly. The practice held regular dispensing meetings for all staff with involvement in the dispensary. The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Prescription pads were securely stored and there were systems in place to monitor their use.

The nurse used Patient Group Directions (PGDs) to administer vaccinations and other medicines that had been produced in line with legal requirements and national guidance. We saw sets of PGDs that had been updated in 2014. We saw evidence that the nurse had received appropriate training and been assessed as competent to administer the medicines referred to under a PGD. The practice had a system for production of Patient Specific Directions to enable health care assistants to administer vaccinations. One nurse had undertaken further training to prescribe medicines for patients who they had personally assessed for care and worked within local independent prescribing guidelines.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and a checking system for appliances. We saw that a regular fire drill had not been carried out. We spoke to the practice and they provided evidence that a drill had taken place the next day and that a quarterly system was now in place to carry out practice 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 also 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.
- 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 and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book 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.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services safe?

- The practice told us about the impact of the Somerset Floods in 2014 and how they had provided GP cover for an emergency centre to see affected people from the local communities.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line 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 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 97.1% of the total number of points available, with 7.9% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was 88.4% which was 9.3 percentage points above the Clinical Commissioning Group (CCG) average and 0.8 percentage points below the national average.
- Performance for mental health related indicators was 100% which was 28.9 percentage points above the CCG average and 7.2 percentage points above the national average.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 78.3% which was 24.7 percentage points above the CCG average and 5.7 percentage points below the national average.

Clinical audits demonstrated quality improvement:

- We looked at four comprehensive clinical audits completed in the last four years. We saw that best practice guidelines and research papers had been included within the audits and learning outcomes recorded. We were told a recent audit on cancer diagnosis had been presented at a GP educational event. However we did not see repeat audits being undertaken to monitor the implementation of improvements.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. For example, one GP undertook a yearly audit of contraceptive implants; nurses undertook yearly cervical smear audits to review their technique and competence and the Clinical Commissioning Group prescribing advisor undertook audits around medicines management.We did not see a documented yearly audit being undertaken for minor surgery which is provided by three GP partners. However each GP was able to provide verbal evidence around most recent best practice guidance; infection rates and shared learning from procedures.

The practice nurses and GPs met bimonthly for half a day to discuss clinical issues including the management, monitoring and improving outcomes for patients. Information about patients' outcomes was used to make improvements.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had a comprehensive induction programme for newly appointed members of staff that 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, administering vaccinations and taking samples for the cervical screening programme.
- 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 these learning needs and to cover the scope of their work. This included ongoing support

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

- Staff received training that included: safeguarding, fire procedures, basic life support and confidentiality and information governance awareness. Staff had access to and made use of e-learning training modules; in-house training; educational sessions by pharmaceutical companies and medical journals which the practice provided. Protected learning time was available for staff. Trainee doctors received daily tutorials.

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 were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

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

Consent to care and treatment

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

- < >taff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. The practice had provided informal training on best interest assessments.

When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. We saw that the practice was very good at recording a patient's mental capacity in their records.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Smoking cessation and dietary advice was available from local support groups. GPs were able to refer patients who needed support in changing to a healthier lifestyle. GPs used the exercise on prescription scheme where patients were referred for an exercise programme.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 81.2% which was comparable to the Clinical Commissioning Group (CCG) and the national average. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates were above the Clinical Commissioning Group (CCG) and national averages. For example, childhood immunisation rates for the vaccinationss given to under two year olds ranged from

Good

Are services effective?

(for example, treatment is effective)

87.9% to 100% and five year olds from 95.8% to 100%. Flu vaccination rates for the over 65s were 72.97%, and at risk groups 49.26%. These were also comparable to CCG and national averages.

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

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people dignity and respect. We saw members of staff helping patients with poor mobility walk to treatment rooms.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 35 patient CQC 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 also spoke with two members of the patient participation group. They also told us they were more than 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 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for satisfaction scores on consultations with doctors and nurses. For example:

- 98.2% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 91.6% and national average of 88.6%.
- 96.7% of patients said the GP gave them enough time (CCG average 89.8%; national average 86.6%).
- 98.8% of patients said they had confidence and trust in the last GP they saw (CCG average 97%; national average 95.2%)
- 94.5% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 88.9%; national average 85.1%).
- 98.7% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 94%; national average 90.4%).
- 97.9% of patients said they found the receptionists at the practice helpful (CCG average 89%; national average 86.8%)

Care planning and involvement in decisions about care and treatment

Patients told us that they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 93.8% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 90.1% and national average of 86%.
- 93.6% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 86.1%; national average 81.4%)

We saw that care plans included patient preferences and were subject to routine reviews with the patient.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

Good

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them. GPs and the patient participation group (PPG) attended the local carers support group meetings.

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 and/or by giving them advice on how to find a support service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, GPs were also proactive within the local area taking on additional roles with the Local Medical Committee (LMC); the Clinical Commissioning Group and the local GP federation.

- The practice offered a 'Commuter's Clinic' on a Monday evening and Saturday morning for working patients who could not attend during normal opening hours.
- Routine appointments for GPs and nurses were for 15 minutes and there were longer appointments available for people with a learning disability.
- Home visits were available for patients who had difficulty attending the practice.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop, access to a deafness advocate and translation services available.
- GPs carried out tests so that patients did not have to return to the practice on another day for example, blood tests.
- The practice initiated health walks for patients which were patient led.
- The practice raised money for local charities and support groups where the practice patients would benefit. We saw evidence the practice had raised a considerable amount of money for the local hospice in the last ten years.
- Services included minor surgery and sexual health were made available.
- The practice provided clinic space for a nail technician following patient feedback.
- Practice staff met weekly to discuss patients with complex care needs.
- The practice had a comprehensive patient handbook which provided information on the practice, services provided and useful contact numbers.

Access to the service

The practice was open between 8am and 6.30pm Tuesday to Friday with extended hours until 8pm on a Monday. On alternate Saturdays the practice was open between 9am and 10.30am. Appointments were from 8.15am to 11.30am every morning and 3.30pm to 6pm daily. Extended hours surgeries were offered at the following times until 8pm on Mondays and alternate Saturday mornings. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 91.1% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 77.2% and national average of 74.9%.
- 98% of patients said they could get through easily to the surgery by phone (CCG average 78.6% and national average 73.3%).
- 95.7% of patients described their experience of making an appointment as good (CCG average 79.2% and national average 73.3%.
- 86.5% of patients said they usually waited 15 minutes or less after their appointment time (CCG average 70.1% and national average 64.8%).

Listening and learning from concerns and complaints

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

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, information was available in new patient packs; complaint forms were available in reception and the practice website provided information on making a complaint.

We looked at six complaints received in the last 12 months and found these were all acted on appropriately; dealt with in a timely manner and there was openness and transparency in dealing with the complaint. Lessons were

Good

Are services responsive to people's needs?

(for example, to feedback?)

learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, the practice undertook an annual audit of complaints which were discussed at practice meetings and the practice wrote to patients one month after the complaint had been closed asking for a follow up around the way the practice managed the patient's complaint.

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 had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice had formed a limited company with other local practices to compete for health service contracts and work collaboratively.

Governance arrangements

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

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

Leadership, openness and transparency

The partners in the practice showed 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 that they were approachable and always take 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.

The practice manager was very informed around clinical services and treatments carried out at the practice. We saw that the practice manager was organised and had developed structured planning processes to evaluate the strengths, weaknesses, opportunities and threats within the practice to assist the GP partners when meeting the business objectives.

When there were unexpected or unintended safety incidents:

- The practice gives affected people reasonable support, truthful information and a verbal and written apology
- They 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.

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. We also noted that team away days were held regularly.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. 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.
- We saw that trainee doctors were well supported to ensure that they practised safely.

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 patients' feedback and engaged patients in the delivery of the service.

Are services well-led?

Good

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys; held fundraising events and submitted proposals for improvements to the practice management team. The PPG told us that the practice consistently addressed any issues raised by the PPG.
- The practice had also gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, one GP was part of the Clinical Commissioning Group development committee for the new Bridgwater community hospital and one practice nurse was involved with a local lung function screening project.

The GPs provided additional services within the local area. For example, a tongue-tie procedure for new born babies; a GP service at the local racecourse and appointments under the violent patient scheme. In addition GP partners provided appointments at the local contraceptive and sexual health service; joint working with the drug and alcohol service and complex care to patients in care homes across the local GP federation.