

Tisbury Surgery

Quality Report

The Surgery
Park Road
Tisbury
Salisbury
SP3 6LF

Tel: 01747 870204

Website: www.tisburysurgery.nhs.uk

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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?		Outstanding	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Tisbury Surgery on 2 March 2016. Overall the practice is rated as good.

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- Feedback from patients about their care was consistently and strongly positive.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, installing a handrail in the corridor.
- 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.
- The practice had a clear vision which had quality and safety as its top priority.
- The provider was aware of and complied with the requirements of the Duty of Candour.

- The national GP patient survey showed 100% of patients found it easy to get through to this surgery by phone, compared to a national average of 73%.
- The practice had a longstanding and active patient participation group (PPG) which met at least three times a year and meetings were attended by at least of the GP partners. Members of the PPG had their contact details listed on the practice website so that patients could contact them directly if they wished.

We saw some areas of outstanding practice.

- They were proactive in communicating with patients. For example, following a recent drug safety alert the practice wrote a personal letter to all patients affected, signed by the GP, giving them further advice about the medicine and inviting them to contact the GP if they wanted to discuss it further.
- The practice management was sensitive to the needs of the service and those working in it and had clear and robust systems in place. For example the practice had a system for reviewing their policies and procedures which included recording the changes made and the reasons for them.

Summary of findings

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- The practice used every opportunity to learn from internal and external incidents, to support improvement. Learning was based on thorough analysis and investigation of incidents.
- When there were safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- 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 patients' needs.

Are services caring?

The practice is rated as outstanding for providing caring services.

Outstanding



- Data from the National GP Patient Survey showed patients rated the practice higher than others for almost all aspects of

Summary of findings

care. For example, 97% of patients said the last GP they saw was good at involving them in decisions about their care, compared to the clinical commissioning group average of 85% and national average of 81%.

- Feedback from patients about their care and treatment was consistently and strongly positive.
- We observed a strong patient-centred culture.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. For example, reception staff helped patients make outpatients appointments if they had difficulty doing this themselves.
- We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on. For example, following feedback from patients they recently installed automatic front doors to aid disabled access to the building.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, the practice had developed an initiative with other local practices to improve the care offered to older people. The initiative involved the GPs contacting patients on discharge from hospital to review their conditions and working with the local care coordinator to address any needs.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, providing a handrail in the corridor between the reception area and consulting rooms.
- Patients could access appointments and services in a way and at a time that suited them. For example appointments could be made by phone or on line and we heard evidence that same day appointments were always available when required.
- The practice offered regular carers clinics where patients could have a health check and discuss other issues with a member of the local carers support group.

Summary of findings

- The practice has a carers lead who can signpost carers to other services and has visited other local groups such as the carers café and 'singing for the brain' group to explain the help that is available to carers.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The practice had a long-standing and very active patient participation group which influenced practice development.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



The practice offered proactive, personalised care to meet the needs of the older patients in its population.

- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice sent a birthday card and health questionnaire to patients on their 75th birthday and if appropriate they were contacted by a nurse or elderly care coordinator when the questionnaire was returned.
- The local palliative care nurse, district nurses, occupational therapist and care co-ordinator attended monthly practice meetings.
- The GPs routinely gave their personal phone number to patients on palliative care so if they need help out of hours they did not need to see the out of hours GP who may not know them.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 99% of patients on the diabetes register had a foot examination and risk classification within the preceding 12 months (04/2014 to 03/2015) compared to the national average of 88%.
- The practice employed a specialist asthma nurse to offer asthma clinics for patients with this condition.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

Families, children and young people

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

Good



- 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 patients who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 73% of patient with asthma on the register had an asthma review in the last 12 months (04/2014 to 03/2015), compared to the national average of 75%.
- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 79% of women aged 25-64 on the register had a cervical screening test in the preceding five years (04/2014 to 03/2015), compared to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

Good



population groups.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered appointments on alternate Tuesday and Wednesday evening until 7.45pm and on one Saturday per month from 9am to 11am for working patients who could not attend during normal opening hours.

People whose circumstances may make them vulnerable

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

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless patients, travellers 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 informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of patients experiencing poor mental health (including patients living with dementia). There were aspects of the practice which were outstanding and related to all population groups.

- 82% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months (04/2014 to 03/2015), which is comparable to the national average of 84%.
- 90% of patients with a psychosis had a comprehensive, agreed care plan documented in the preceding 12 months (04/2014 to 03/2015), which is comparable to the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice carried out advance care planning for patients diagnosed 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.

Good



Summary of findings

What people who use the service say

The national GP patient survey published results on 2 July 2015 which showed the practice was performing better than national averages. 245 survey forms were distributed and 131 were returned. This was a 53.5% response rate and represented 3.6% of the practice's patient list.

- 100% of patients found it easy to get through to this surgery by phone, compared to a national average of 73%.
- 98% of patients were able to get an appointment to see or speak to someone the last time they tried phone, compared to a national average of 76%.
- 96% of patients described the overall experience of their GP surgery as fairly good or very good, compared to a national average of 85%.

- 95% of patients said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area, compared to a national average of 79%.

As part of our inspection we also asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received 47 comment cards which were all highly positive about the standard of care received. Patients said the practice was very kind and caring and they were treated with dignity and respect. Several said the service was excellent or fantastic. They said access was easy and that end of life care was very good.

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

Tisbury Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice nurse specialist adviser and a CQC Inspection Manager.

Background to Tisbury Surgery

Tisbury Surgery is located in a purpose built building near the centre of the village of Tisbury in Wiltshire. All the consulting rooms are on the ground floor.

The practice delivers its services under a General Medical Services contract (A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract) to approximately 3,700 patients at the following address: Tisbury Surgery, Park Road, Tisbury, Salisbury, SP3 6LF.

The practice is a registered yellow fever vaccine centre.

There are two GP partners and one part time salaried GP. Two are male and one is female. There are two practice nurses, one health care assistant, two cleaners and a team of six receptionists and administrators who support the practice manager. The practice employed a specialist asthma nurse on a sessional basis to offer specialist asthma clinics.

The practice is a training practice and at the time of our inspection they had one GP registrar working with them.

The practice has a higher than average number of patient over 45 and 27% of patients are over 65. The general Index

of Multiple Deprivation (IMD) population profile for the geographic area of the practice is in the second least deprivation decile. (An area itself is not deprived: it is the circumstances and lifestyles of the people living there that affect its deprivation score. It is important to remember that not everyone living in a deprived area is deprived and that not all deprived people live in deprived areas). Average male and female life expectancy for the area is 81 and 84 years, which is broadly in line with the national average of 79 and 83 years respectively.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments with GPs are from 8.30am to 6.30pm. Extended surgery hours are offered from 6.30pm to 7.45pm one evening a week on alternate Tuesdays and Wednesdays, and 9am to 11am one Saturday per month.

The practice has opted out of providing out of hours services to their patients. The out of hours service is provided by MEDVIVO. Out of hours the telephone system automatically diverts callers to the out of hours service.

This practice had not been previously inspected.

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 2 March 2016. During our visit we:

- Spoke with a range of staff including both GP partners, both nurses, the health care assistant, the practice manager and three members of the reception administration team.
- Spoke with ten patients including six members of the patient participation group.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, when the practice learnt that a letter about a patient had been electronically added to the file of a different patient with a similar name, they identified a number of learning points and agreed an action plan to prevent similar mistakes happening in future. Where practice staff were unable to attend meetings such as the annual significant events review meeting, the minutes were sent to them by email and they were required to confirm to the practice manager that they had read them.

We saw the practice went further than required to keep patients informed. For example, a recent safety alert gave the practice updated advice regarding a medicine used to control the amount of urine produced by the kidneys. Although the safety alert did not suggest it, the practice wrote a personal letter to all patients on this medicine, signed by the GP, giving them further advice about the medicine and inviting them to contact the GP if they wanted to discuss it further.

When there were safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

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 level three.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and nurses and health care assistant had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of patients barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice had a policy that reception staff only acted as chaperones if no one else was available. They had a risk assessment which said these staff did not require a DBS check as they were seldom asked to perform chaperone duties. The practice kept a record of how often reception staff carried out chaperone duties and they told us they had not been asked to do this in the last year.
- 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 and we saw evidence that action was taken to address any improvements identified as a result.
- We looked at the arrangements for managing medicines, including emergency medicines and vaccines, in the practice to ensure they kept patients safe. The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.

Are services safe?

- Prescription pads were securely stored. However, there was no adequate system for monitoring their use. When we discussed this with the practice we were told a new system would be introduced immediately and were sent evidence of this the next day.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to specific groups of patients who may not be individually identified before presentation for treatment.)
- The practice did not have a portable vaccine carrier to keep vaccines at the correct temperature when taken out for home visits.
- The practice kept a local anaesthetic spray in a locked cupboard. The spray was highly inflammable and the cupboard did not have an appropriate hazard sign.
- Clinical waste waiting to be collected was stored in a locked wooden cabinet secured to the wall outside the building. The cabinet was not secure from vermin and would be difficult to clean.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a

health and safety policy available which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there was emergency equipment available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was 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.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The practice had a system that required staff to confirm they had read new guidance, updates and alerts.

Management, monitoring and improving outcomes for patients

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available, with 7.6% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators were similar to the clinical commissioning group (CCG) and national average. For example, 98% of patients with diabetes, on the register, had influenza immunisation in the preceding 1 August to 31 March (2014/15), compared to the national average of 94%.
- 89% of patients with hypertension had regular blood pressure tests in the preceding 12 months (04/2014 to 03/2015), compared to the national average of 84%.

- Performance for mental health related indicators was similar to the national average. For example, 90% of patients with a psychosis had their alcohol consumption recorded in the preceding 12 months (04/2014 to 03/2015), which was similar to the national average of 89.5%.

QOF data showed that the practice had a higher than average exception reporting for contraception of 25% compared to a national average of 4%. We were told there were less than five patients in this group which meant decisions relating to one patient had a large impact on the percentage scores.

QOF data also showed the practice exception rates in other areas were significantly lower than the CCG or national average. For example, mental health exception rates were 2% compared to a CCG average of 15% and a national average of 11%.

Clinical audits demonstrated quality improvement.

- There had been 19 clinical audits completed in the last 12 months, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included purchasing new cautery equipment used in minor surgery.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It 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. Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered

Are services effective?

(for example, treatment is effective)

vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- There was a practice guide for locum GPs and an induction pack for GP registrars on placement at the practice.

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 computer 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 patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were 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.

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

Supporting patients to live healthier lives

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 and alcohol cessation. Patients were then signposted to the relevant service.
- The practice offered a stop smoking advice service.
- The practice's uptake for the cervical screening programme was 79%, which was comparable to the national average of 82%. Recently, following a drop in the uptake of the cervical screening programme the practice instigated a project to improve the uptake. This involved writing to those who had not attended, with a letter signed by their named GP. A second audit demonstrated 18% more women attended for a smear when they received this letter. The practice was currently reviewing what further action they might take to improve uptake. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to the national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 87% to 93% and rates for five year olds were 90% for all the standard vaccinations. The practice contacted the parents of children who had not attended for the routine childhood immunisations to remind them.

Are services effective?

(for example, treatment is effective)

Flu vaccination rates for the over 65s were 79%, and at risk groups 51%. These were also comparable to national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

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



Are services caring?

Our findings

Kindness, dignity, respect and compassion

People are truly respected and valued as individuals and are empowered as partners in their care. There was a strong, visible, person-centred culture. Staff were highly motivated and inspired to offer care that is kind and promotes people's dignity. Relationships between people who use the service, those close to them and staff are strong, caring and supportive. These relationships were highly valued by all staff and promoted by leaders.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Reception staff would arrange hospital appointments for patients who felt unable to do this. We saw an example of this when the reception staff helped a patient who had no access to a phone by phoning to arrange an out-patients appointment for them.

We heard evidence of numerous occasions when staff offered extra care and support to patients. For example, the GPs would visit patients if they were admitted to the local general hospital. One patient told us they were recently admitted to hospital in an emergency. Whilst in hospital they were visited by their GP. When discharged, the GP visited them at home the next day and again the day after to give them their test results. We were told that reception staff made some elderly patients a cup of tea when they came to the surgery where they felt they could be dehydrated.

The Health Visitors we spoke to and others told us the GP's routinely gave their personal phone number to patients on palliative care so if they need help out of hours they could see a GP who they knew.

Feedback from people who use the service, those who are close to them and stakeholders was strongly positive about the way staff treat people. People think that staff go the extra mile and the care they receive exceeds their expectations.

All of the 47 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, kind, caring and treated them with dignity and respect. A number gave examples of the practice responding promptly to issues raised.

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

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example,

- 95% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and national average of 89%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 90% and national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.
- 93% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 98% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and national average of 87%.

Care planning and involvement in decisions about care and treatment



Are services caring?

People who use services are active partners in their care. Staff are fully committed to working in partnership with people. Staff always empower people who use the service to have a voice. They show determination and creativity to overcome obstacles to delivering care. People's individual preferences and needs are always reflected in how care is delivered.

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback 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 significantly above local and national averages. For example:

- 96% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 97% of patients said the last GP they saw was good at involving them in decisions about their care, compared to the CCG average of 85% and national average of 81%.

- 92% of patients said the last nurse they saw was good at involving them in decisions about their care, compared to the CCG average of 86% and national average of 85%.

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

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.

The practice had been awarded a Gold Plus award for caring for carers by a local charity working in partnership with the local authority.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 46 patients as carers which is 1.2% of the practice list. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. 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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patient's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team, the clinical commissioning group (CCG) and eight other local practices forming a locality group, to secure improvements to services where these were identified. For example, the practice had developed an initiative with other local practices to improve the care offered to older people. One aspect of the initiative involved GPs contacting patients on discharge from hospital to review their conditions and working with the local care coordinator to address any needs.

Services are tailored to meet the needs of individual people and are delivered in a way to ensure flexibility, choice and continuity of care.

The practice had strong links to the local community. For example, the GP's and nurse visited the local primary school and discussed healthy living issues with pupils. Staff were aware of the range of village groups such as the memory café and 'singing for the brain' group. The practice encouraged holistic integrated person centred pathways of care by signposting patients to the local groups where appropriate.

- The practice offered appointments on alternate Tuesday and Wednesday evening until 7.45pm and on one Saturday per month from 9am to 11am for working patients who could not attend during normal opening hours.
- People can access appointments and services in a way and at a time that suits them. Reception staff told us they were able to give patients a same day appointment for routine non-urgent appointments if that was what the patient wanted. This included appointments for children and those with serious medical conditions.
- There were longer appointments available for patients with a learning disability.
- The practice had developed a range of on-line services to meet the needs of its patient and 25% of their patients had signed up to use these services.
- Home visits were available for older patients and patients who would benefit from these.

- Patients were able to receive travel vaccines available on the NHS as well as those only available privately. The practice was a registered yellow fever centre.
- A palliative care nurse from the local hospice attended monthly meetings.
- The practice sent a birthday card and health questionnaire to patients on their 75th birthday and, if appropriate, they were contacted by a nurse when the questionnaire was returned.
- They ran a leg ulcer clinic.
- There were disabled facilities and translation services available.
- GPs would administer flu vaccines to patients if it avoided them needing a second appointment.
- The practice offered regular carers clinics where patients could have a health check and discuss other issues with a member of the local carers support group.
- The practice has a carers lead who can signpost carers to other services and has visited other local groups such as the carers café and 'singing for the brain' group to explain the help that is available to carers.
- The practice had received a Gold Plus award from a local charity working in partnership the local authority for their work supporting carers.
- The practice published a regular newsletter giving advice and signposting to other services that was distributed in both paper and electronic form.

The practice proactively asked patients for feedback about their experience.

- They conducted a postal survey sending a questionnaire to 150 patients. The results were analysed and put into a report to help them review their practice,
- The practice nurses devised a questionnaire to help them look at their own performance, with questions like, 'Did the nurse explain things well?' which was given to patients after an appointment with a nurse.

We saw evidence of two incidences when the practice responded well in an emergency. In one incident the practice successfully resuscitated a patient in the car park and provided the care and treatment required until the ambulance arrived 30 minutes later. In another the practice successfully treated a patient who had gone into anaphylaxis shock after being stung by a bee. We noted that the practice had reviewed its emergency procedures after these incidents.

Are services responsive to people's needs?

(for example, to feedback?)

We saw and heard numerous examples of how the practice responded positively to feedback. For example, plumbing hot water to the sink in the patients toilet and installing a self check-in screen in the reception area, were completed as a result of feedback received from the patient participation group. They recently installed a new tarmac path to the front door which was requested by a wheel chair user.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 6.30pm daily. Extended surgery hours were offered from 6.30pm to 7.45pm one evening a week on alternate Tuesdays and Wednesdays, and 9am to 11am one Saturday per month. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

People could access appointments and services in a way and at a time that suits them. Reception staff were able to give patients an appointment on the day if that was what the patient wanted. Patients told us on the day of the inspection that they were able to get appointments when they needed them.

- The practice offered on line access for booking appointments, prescription requests and electronic access to patient's clinical records.
- Patients could email the surgery via their website and we heard examples of patients using this facility.
- The practice used SMS text messages to contact patients and are planning to extend the use of this in the future.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was a lot higher than local and national averages.

- 95% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 100% of patients said they could get through easily to the surgery by phone compared to the CCG average of 78% and national average of 73%.
- 95% of patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 64% and national average of 60%.

Listening and learning from concerns and complaints

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

- Its 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.
- Information on how to complain was available on the practice website. Information was not displayed in the waiting room but a leaflet was available from reception.
- The practice kept good records of their process when investigating complaints. Their policy was to record and investigate verbal as well as written complaints.
- There was an active review of all complaints, how they are managed and responded to, and improvements are made as a result.

We looked at two complaints received in the last 12 months and found these were dealt with in a timely way, with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. We saw one formal complaint regarding poor care and treatment of a patient had been referred to the Ombudsman. We looked at letters from the practice to the complainant and found they were respectful and included an apology for the perceived lack of care. We saw the Ombudsman conclusions was that the care and treatment provided had been excellent.

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 robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice was aware of new houses being built in the village and told us they were preparing for a number of new patients which may change their age demographic.

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.
- The practice had a system for reviewing their policies and procedures which included recording the changes made and the reasons for them.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were safety incidents:

- The practice gave affected patients 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 the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- 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.

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

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

- The practice had a strong and supportive patient participation group (PPG) which had been going for four years. The membership included a patient living in a local sheltered housing scheme who brought issues on behalf of other tenants. Members of the PPG had their contact details listed on the practice website so that patients could contact them directly if they wished.
- The PPG usually met three times a year and meetings were attended by the practice manager and at least one partner.
- The PPG worked with the practice to develop the service and we heard of numerous examples where the practice

Are services well-led?

Good 

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

had listened and acted on their feedback. Recent examples included a handrail in the corridor leading to the consulting rooms and a tarmac path to the front door which was requested by a wheelchair user.

- The practice reviewed feedback from postal surveys and we saw a report they had written following the last survey done in July 2015.
- They proactively reviewed complaints received from patients. They held an annual review of complaints.
- 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. For example, the practice was planning on expanding into two under used rooms currently rented out to other

health care services. As part of their planning there were seeking suggestions from staff and the PPG as to what additional services or facilities they would most like to see.

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. They worked closely with eight other local practices with the clinical commissioning group to develop services, such as a service to provide proactive care to older people.

Both partners worked for one session a week at the local hospital (17 miles away) in the haematology and rheumatology departments respectively. They felt this helped them keep up to date with medical issues.