Bramblehaies Partnership

Quality Report

Bramblehaies Surgery
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Cullompton
Devon
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Date of inspection visit: 8 August 2017
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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 Bramblehaies Partnership

on Tuesday 8 August 2017. 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 a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- There was evidence of effective working with health care professionals and care homes in the area. The practice provided a dedicated direct telephone number so health care professionals could speak with the practice promptly.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Staff told us that new parents were sent a birth congratulations card. New patients were sent a welcome letter and fridge magnet which contained the practice contact details.
- The practice offers extended hours on Tuesday, Wednesday and Thursday until 7:30pm and until 7pm on Monday and Friday.
- The practice carried out advance care planning for patients living with dementia. In-house dementia training sessions had been delivered by a local charity in May and the practice had been recognised with the Culm Valley Action Dementia Alliance
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.

Summary of findings

- 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 the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

We saw one area of outstanding practice:

- A health facilitator is employed by the practice for four hours per week to offer social prescribing, support and motivation to selected patients within the practice. The aim was to develop self-care regarding diet, exercise, smoking cessation and social activity to reduce social isolation. Patients could access a community LIFE Hub (LIFE stood for Listening, Involving, Friendship and Education). The hub provided patients with activities including groups for; seated exercise, parenting, creative writing, knitting, walking, pilates, information and advice and depression and anxiety. Data from 2016/17 showed that of 15 randomly selected patients six had reduced their number of appointments with the GP following interaction with the health facilitator.

The area where the provider should make improvement are:

- Ensure the consent form used for minor surgery meets relevant national guidelines.

Professor Steve Field

CBE FRCP FFPH FRCGPChief 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.

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a 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 to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- A health facilitator had been employed for four hours per week to offer social prescribing and support and motivate selected patients within the practice. The aim was to encourage self-care regarding diet, exercise, smoking cessation and social activity to reduce social isolation. Patients had access to a Community LIFE Hub (LIFE stood for Listening, Involving, Friendship and Education). The hub provided patients with activities including

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groups for; seated exercise, parenting, creative writing, knitting, walking, pilates, information and advice and depression and anxiety. Data showed an initial 54% reduction in GP appointments following this input from a health facilitator.
- End of life care was coordinated with other services involved.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Survey information we reviewed showed that 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 accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- New parents were sent a birth congratulations card. New patients were sent a welcome letter and fridge magnet which contained the practice contact details.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available. Records showed 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

Summary of findings

to it. The GPs working at the practice had signed a Code of Conduct to demonstrate a commitment to work to standards agreed. These included agreements of expected workflow, behaviours and availability.

- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. We saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

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.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- 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 identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.
- Carers of older people received information at registration or at the point of recognition to help support their caring role.
- The practice had effective working relationships with care homes in the area and provided a dedicated direct line telephone number so staff could speak with the practice promptly.
- The practice employed a health facilitator who was able to offer support and signpost patients to support groups.

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 long-term disease management and patients at risk of hospital admission were identified as a priority. Annual reviews were offered to all patients with a long-term condition and high risk medicines. A review of this had identified further medicines to be included in these reviews.
- The diabetic nurse was able to offer diabetic patients insulin initiation and insulin titration. This avoided patients being

referred and travelling to the hospital, resulting in a reduction in secondary care referrals and providing care closer to home. The practice ran a joint clinic with the community diabetic specialist nurse (CDSN) and the practice diabetic nurse four times a year for the purposes of jointly consulting patients with complex needs. The GPs and nurses held a virtual clinic with the consultant and CDSN, twice a year at the practice. This opportunity enabled staff to discuss clinical pathways, and provide clinical support for patients with complex health needs.

- Newly diagnosed diabetic patients were offered an appointment with the practice health facilitator for health promotion advice and support.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had a Community Life Hub resource which was available to all patients
- An onsite INR monitoring service for patients on blood thinning medicines was offered (near patient testing) to enable patients to have immediate results and a prescription.
- Cardio call equipment was purchased and was helping to reduce the level of secondary care appointments required for heart monitoring.
- 24 hour blood pressure machines had been purchased by the friends of the practice group to facilitate GPs diagnosing high blood pressure.
- The GPs attended monthly complex care team meetings led by the community matron. These meetings with health and social care professionals and voluntary agencies were held to focus on vulnerable patients, those with complex needs, and some newly discharged patients, for provision of support, intervention, rehabilitation and greater anticipatory care.
- The practice had a machine which enabled blood samples to be taken throughout the day, helping speed up test results for patients.
- Palliative care team meetings occurred every two months with relevant professionals including GPs and Hospice care staff.

Summary of findings

Families, children and young people

Good

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

- There were systems to identify and follow up children living in disadvantaged circumstances, who were at risk, 'looked after' families, and those who had had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations. A dedicated member of staff was responsible for organising invitations and follow up immunisations. Information on vaccinations and immunisations was available in alternative formats via the practice website.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies. For example, an automated door had been purchased by a patient supported access to all, particularly helpful for those in wheel chairs and parents with buggies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.
- CAMHS staff (Child and Adolescent Mental Health Service) utilised a room familiar to patients at the practice when required.

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 these populations 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 hour surgeries were offered on three evenings a week. Early morning appointments were offered for blood tests and specific medicals.
- 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.

Summary of findings

- Patients could access online services, including appointments, repeat prescriptions and personal record.

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, travellers and those with a learning disability. The practice worked effectively with the community learning disability nurse to support patients with learning disabilities.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had experienced an increased number of non-English speaking patients registering (currently 140). Therefore, the website and interpreter services had been reviewed to ensure they were suitable for translation into multiple languages.
- An 'easy read' leaflet was offered to new patients if this met their communication needs.
- The patient-check in machine allowed patients whose first language was not English to check in for their appointment.
- Advance care planning and TEPs (treatment escalation plans) were in place for patients at the end of life, along with a 'just in case' procedure to ensure these patients received relevant medicines promptly.

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).

Summary of findings

- The practice carried out advance care planning for patients living with dementia. In-house dementia training sessions had been delivered by a local charity in May and the practice had been recognised as part of the Culm Valley Action Dementia Alliance
- < >
  The practice team knowledge on patients often resulted in triggering contact with the GP or nurse
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice formally met with multi-disciplinary teams every two months for the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was performing above local and national averages. 217 survey forms were distributed and 120 were returned. This represented 1.8% of the practice's patient list.

- 92% of patients described the overall experience of this GP practice as good compared with the CCG average of 91% and the national average of 85%.
- 90% of patients described their experience of making an appointment as good compared with the CCG average of 82% and the national average of 73%.
- 90% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 77%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 21 comment cards which were all positive about the standard of care received. Comments included feedback about staff being wonderful, caring, efficient, kind and respectful. Comment cards also indicated that patients were happy about the care and treatment they received and said any further tests and investigations were made promptly.

We spoke with eight patients during the inspection. All patients said they were satisfied with the care they received. Patients said the practice had a good reputation in the community and ran as a caring, efficient practice with any referral being made promptly. Patients told us the practice was always clean and tidy and that all staff were kind, caring, excellent and professional.

We looked at the 12 friends and family test results collected over the last 10 months. Ten of these were extremely likely to recommend the practice to friends and family, one was likely and one unlikely.

Outstanding practice

We saw one area of outstanding practice:

- A health facilitator is employed by the practice for four hours per week to offer social prescribing, support and motivation to selected patients within the practice. The aim was to develop self-care regarding diet, exercise, smoking cessation and social activity to reduce social isolation. Patients could access a community LIFE Hub (LIFE stood for Listening, Involving, Friendship and Education). The hub provided patients with activities including groups for; seated exercise, parenting, creative writing, knitting, walking, pilates, information and advice and depression and anxiety. Data from 2016/17 showed that of 15 randomly selected patients six had reduced their number of appointments with the GP following interaction with the health facilitator.

Bramblehaies Partnership

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector and a GP specialist adviser.

Background to Bramblehaies Partnership

Bramblehaies Partnership is a GP practice which provides a Personal Medical Service contract for approximately 6758 patients.

The practice is situated in the rural town of Cullompton, Devon which is increasing in population with the development of many new homes.

The practice is open Monday, Wednesday and Friday between 8.30am and 7pm and from 8.30am until 7.30pm on Tuesdays and Thursdays. Calls before 8.30 are answered by the out of hours provider. Any urgent issues are transferred to the GPs. Patients can make pre bookable appointments for six weeks in advance. Outside of these hours patients are directed to the local NHS out of hours provider (NHS 111). This information is displayed outside of the practice and on the practice website.

The practice population is in the eighth decile for deprivation. In a score of one to ten the lower the decile the more deprived an area is. There is a practice age distribution of male and female patients equivalent to national average figures. Average life expectancy for the area is similar to national figures with males living to an average age of 80 years and females living to an average of 84 years. There was a higher than average number of patients with a long-standing health condition. For example, 62% average compared with the 53% England Average.

There are four partners (three male and one female) and one salaried GP (female). Together the GPs provide a whole time equivalent of 3.4 hours. The GPs are supported by a nurse practitioner, four practice nurses, and two health care assistants. There is a team of 10 reception and administration staffm who are managed by the practice manager. The practice employes a team of two cleaning staff.

The practice is a teaching practice for medical students in years two to five of their medical training.

The practice is registered to provide regulated activities which include:

Treatment of disease, disorder or injury, surgical procedures, maternity and midwifery services and Diagnostic and screening procedures and operate from the main site of:

Bramblehaies Surgery

College Road

Cullompton

Devon

EX15 1TZ

The practice was last inspected by CQC in August 2015 when it was rated as Good.

Detailed findings

Why we carried out this inspection

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

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 Tuesday 8 August 2017.

During our visit we:

- Spoke with a range of staff including two GPs, a practice nurse, nurse practitioner, Health care assistant, practice manager and four administration staff. We spoke with seven patients and member of the patient participation group and received communication form a member of the friends of Bramblehaies group.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a 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.
- Visited all practice locations
- Looked at information the practice used to deliver care and treatment plans.
- Spoke with staff from a local care home.

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

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

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

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people living 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.

Good

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a part one recording form available in the office. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This form was then handed to the practice manager and GP who then assessed whether any immediate action needed to be taken. Once this action had been taken the issue was discussed at a staff meeting where agreed action points and learning was agreed. This could include changes in policies and staff training.
- When things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a power cut of nine hours prompted the significant event process and emergency continuity plan to be implemented. Immediate action took place including cancelling immunisation appointments and printing off appointment schedules and patient contact details using a neighbouring practice computer system. The review of the event identified positive outcomes including effective team work, use of business continuity plan, contact with patients and subsequent contact and action taken following contact with vaccine providers. Agreed learning and action included identification that not all records could be accessed at the neighbouring practice because of IT security. The IT server provider had been contacted to address this. Additional learning included identification of potential to use a computer tablet to access the clinical record system. The action had included setting up Wi-Fi systems. A trial of this service was currently in progress. Records demonstrated that this significant event had been scheduled to be reviewed at the next clinical meeting to ensure action was still being taken.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff and contained local safeguarding team contacts and further guidance if staff had concerns about a patient's welfare. This document had been kept under review. The GPs liaised with safeguarding teams, social workers and health visitors where appropriate.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Nurses were trained to level two.
- 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 had received a Disclosure and Barring Service (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. The practice employed their own cleaning staff.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken

to address any improvements identified as a result. For example, the last audit in July 2017 had identified an action to research whether disposable sheets were required for the baby changing mats.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. The nurse practitioner qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.
- The practice held a small stock of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures to manage them safely. There were also arrangements for the destruction of controlled drugs.

We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, health information, immunisation of hepatitis B, indemnity insurance, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. Risk assessments were in place for administration staff and reception staff who were deemed low risk of requiring a DBS check.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available on line within the policies folder and in paper format. A general environmental risk assessment had been performed in May 2017.
- The practice had an up to date fire risk assessment and carried out regular fire drills. The last fire drill had been carried out in March 2017. Emergency lighting checks were performed monthly. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical equipment had been tested in October 2015 and was scheduled for re-inspection in October 2017. Clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order. This had last been performed in December 2016.
- A full routine wiring check had been conducted in July 2016 and not highlighted any major issues.
- The practice had a variety of other risk assessments 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). This had been done in March 2017.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. Succession planning and recruitment of staff was in process to fill a practice nurse vacancy and GP who was due to retire in 2018.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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.

Good

Are services safe?

- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and external organisations. This had been tested recently when there had been a nine hour power failure. The review of the significant event had revealed that the business continuity plan had worked well but identified that IT security had prevented practice staff accessing patient records from a neighbouring practice as per the agreed plan. A member of staff who worked at both practices was able to access some information.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. These guidelines had been embedded within templates on the patient record computer system to ensure patients were receiving current best practice care.

- The practice had systems 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.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results for 2015/16 showed the practice had achieved 99% of the total number of points available compared with the clinical commissioning group (CCG) average of 96% and national average of 95%.

Overall exception reporting figures were in line with local and national averages. For example 6% for the practice, CCG and nationally. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was similar to the CCG and national targets. For example, the percentage of patients with diabetes in whom a blood sugar level within normal ranges had been recorded in the preceding 12 months was 83% compared with CCG average of 81% and national average of 78%.
- Performance for mental health related indicators was similar to local and national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 93% compared to the CCG average of 87% and national average of 89%.

The diabetic nurse was able to offer diabetic patients insulin initiation and insulin titration. This avoided patient's being referred, and travelling, to the hospital, resulting a reduction in secondary care referrals and providing care closer to home. The practice ran a joint clinic with the community diabetic specialist nurse (CDSN) and the practice diabetic nurse four times a year for the purposes of jointly consulting patients with complex needs. The GPs, nurses held a virtual clinic with the consultant and CDSN, twice a year at the practice. This opportunity enabled staff to discuss clinical pathways, and provide clinical support for patients with complex health needs.

The practice offered patients who had been newly diagnosed with diabetes sessions with the health facilitator who would offer advice and motivate patients regarding weight management, diet and exercise. Diabetes review letters were sent on coloured paper to 'catch the eye' of diabetic patients who do not respond to initial invitations.

There was evidence of quality improvement including clinical audit:

- There had been clinical audits performed in line with prescribing guidance from the CCG. These had been based on cost which had resulted in changes in medicines.
- We looked at six annually performed audits to monitor the services being provided. These included audits of cancer diagnosis, prescriptions, referral rates and cervical smear outcomes.

Findings of audits were used by the practice to improve services. For example, recent action taken as a result included. For example, two audits of nurse capacity had been completed (one in November 2016 and the second one in May 2017). Two nurses were leaving the practice so the aim of the audit was to ascertain what replacement hours to advertise for and to assess whether an increase in health care assistant (HCA) hours would complement the nursing team. The outcome of the audit showed that there was a requirement to replace the nursing hours and apply a different spread of these hours over the week. The audit

Good

Are services effective?

(for example, treatment is effective)

also showed that practice nurses had been used for routine HCA duties. The outcome included a redefinition of roles and duties within the practice nursing and reception teams and an increase in HCA hours.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff and locum staff. This 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 added they were encouraged to attend training relevant to their role. Staff had been encouraged to develop their role. For example, administration staff had been supported to become health care assistants.
- 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 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, personal requests and reviews of practice development needs. The training was monitored by the practice manager using a matrix and overview of all training. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. A system was in place to ensure all staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

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. A system was in place to ensure test results and hospital discharge summaries were monitored on a daily basis.
- 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 professionals 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. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

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.
- Consent for invasive treatments was embedded into templates within the patient record.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Good

Are services effective?

(for example, treatment is effective)

The practice offered minor surgery for removal of low risk skin lesions and joint injections. A written consent form was used for this purpose and scanned into the patient electronic record. This consent form did not contain all information recommended by the Royal College of Surgeons including risk of complications and side effects. Patients were given verbal information regarding post-operative care.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- A health facilitator had been employed for four hours per week to support and motivate selected patients within the practice and offer social prescribing. The aim was to develop self-care regarding diet, exercise, smoking cessation and social activity to reduce social isolation. Patients had access to a Community LIFE Hub (LIFE stood for Listening, Involving, Friendship and Education). The hub provided patients with activities including groups for; seated exercise, parenting, creative writing, knitting, walking, Pilates, information and advice and depression and anxiety. Data from 2016/17 showed an initial 56% reduction in demand of GP appointments. For example, a study of 15 randomly selected patients showed a decrease in GP appointments following interaction from the health facilitator. One patient had only seen the GP four times in comparison to seeing the GP 16 times before referral to the health facilitator. Their social interaction had increased through referral to a knitting club.

The practice's uptake for the cervical screening programme was 84%, which was comparable with the CCG average of 82% and the national average of 81%. There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems 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.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG/national averages. For example, rates for the vaccines given to under two year olds ranged from 94% to 97% which was higher than the CCG target. For five year olds immunisation rates ranged from 89% to 96% compared to the CCG average of 92% and 96% and national average of 88% and 94%.

Patients had access to appropriate health assessments and checks. For example, 79% of females at the practice between the ages of 50 and 70 had been screened for breast cancer in last 36 months compared with a CCG average of 78% and national average of 73%.

Health checks for patients with learning disabilities were provided by a dedicated nurse. Letters were available in easy read format and accessible information, noting the patient's personal communication preferences.

Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 21 patient Care Quality Commission comment cards we received were positive about the service experienced and staff group. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with seven patients and one member of the patient participation group (PPG). We also received an email from a member of the Friends of Bramblehaies group. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff were very kind, did not rush and gave respectful, compassionate care.

We saw many letters and cards of thanks sent to practice over the last year staff expressing appreciation of the service received.

Results from the national GP patient survey published in July 2017 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 21 of the 23 indicators in the GP Patient Survey were at or above the national average and 19 of the 23 were at or above the local CCG average:

- 92% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 91% and the national average of 86%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%
- 94% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 86%.
- 98% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 94% and the national average of 91%.
- 97% of patients said the nurse gave them enough time compared with the CCG average of 95% and the national average of 92%.
- 99% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 99% and the national average of 97%.
- 98% 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 with the CCG average of 90% and the national average of 87%.

The views of external stakeholders were positive and in line with our findings.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They 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 from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Children and young people were treated in an age-appropriate way and recognised as individuals. We spoke with three parents who said staff responded promptly to urgent appointments and spoke to the children in a gentle and caring way. Two children seen at the inspection had made their appointment on the same morning.

Results from the national GP patient survey published in July 2017 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:

Good

Are services caring?

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 90% and the national average of 86%.
- 86% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 93% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 92% and the national average of 90%.
- 94% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%)

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that interpretation 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.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital. Staff went through this procedure with patients to ensure an appointment convenient to the patient was given.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. Practice staff also used the new patient registration form to identify carers and used the TV information screens in the waiting areas to provide carers with information. The practice had identified 67 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support.

A member of staff appointed as a health facilitator acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective.

Staff told us that new parents were sent a congratulations card. New patients were sent a welcome letter and fridge magnet which contained the practice contact details. If patients had experienced 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 understood its population profile and had used this understanding to meet the needs of its population:

- The practice offers extended hours on Tuesday, Wednesday and Thursday until 7:30pm and until 7pm on Monday and Friday for working patients who could not attend during normal opening hours.
- Patients had access to 15 minute appointments as a routine and there were longer appointments available for patients who required them.
- A nurse practitioner had been employed at the practice to support the GPs with the management of minor illness.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent reminders of appointments to patients by text message.
- Patients were able to receive travel vaccines available on the NHS and were a recognised yellow fever centre.
- Systems were in place to respond to test results promptly and ensure two week referral letters were dealt with and sent on the same day.
- There were accessible facilities, which included a hearing loop, and interpretation services available. The practice explained that there were 140 patients whose first language was not English. These patients were encouraged to make advance appointments so that interpreters could be arranged. Patients whose first language was not English were identified using the patient computer record to prompt an interpreter to be arranged.
- Prescription requests could be make on line, in person, via the pharmacy and over the telephone.

Access to the service

The practice was open Tuesday, Wednesday and Thursday between 8.30am and 7.30pm and from 8.30am until 7pm on Mondays and Fridays. Calls before 8.30 are answered by the out of hours provider. Any urgent issues are transferred to the GPs. Outside of these hours patients are directed to the local NHS out of hours provider (NHS 111). This information is displayed outside of the practice and on the practice website. Patients could make pre bookable appointments for six weeks in advance. Urgent appointments were also available for patients that needed them. We spoke with three patients who said they had been able to make an appointment with the duty team on the morning they requested,

Results from the national GP patient survey published in July 2017 showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages. For example:

- 83% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 79% and the national average of 78%.
- 93% of patients said they could get through easily to the practice by phone compared to the national average of 71%.
- 94% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 90% and the national average of 84%.
- 94% of patients said their last appointment was convenient compared with the CCG average of 88% and the national average of 81%.
- 90% of patients described their experience of making an appointment as good compared with the CCG average of 82% and the national average of 73%.
- 50% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 65% and the national average of 58%. The practice was aware of this and had since, employed a nurse practitioner and made all appointments 15 minutes to try and improve this feedback.

The practice leadership team were aware of this feedback and had responded to this by introducing routine 15 minute appointments and providing a nurse practitioner

Good

Are services responsive to people's needs?

(for example, to feedback?)

service. None of the patients we spoke with on the day said there had been an issue with long waiting times. One patient said this was expected but they were happy as they never felt rushed when seeing the GPs.

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system 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.
- We saw that information was available to help patients understand the complaints system. For example, information was provided on posters and the practice website.

We looked at five complaints received in the last 12 months and found that these had been satisfactorily handled, dealt with in a timely way with openness and transparency. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a complaint about a patients perceived delay in referral led to an apology to the patient. A change of process had been made to ensure all referrals were reviewed four times per year, were appropriate and made in a timely way.

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 formal vision and values which included a vision to provide good quality care whilst empowering patients and an aim to become a training practice later in the year. The practice values included promotion of equality, choice, quality, respect and inclusion. Staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- Since the last inspection the GPs working at the practice had signed a Code of Conduct to demonstrate a commitment to work to standards agreed internally. These included agreements of expected workflow, behaviours and availability.

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 and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example, lead nurse, safeguarding lead, prescribing lead and complaints lead.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly. For example, reviews of documents and policies took place by using a schedule; those we looked at were reviewed as planned.
- A comprehensive understanding of the performance of the practice was maintained. Practice, administration and clinical meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.
- A programme of continuous staff appraisal to ensure any staff needs were identified and responded to.
- A programme of multidisciplinary staff meetings to ensure patients received the care they required.

Leadership and culture

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

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. From the sample of documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure and staff felt supported by management.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with community nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- 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 and supported in doing so. Team away days were held every year and included education sessions and team

Are services well-led?

Good

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

building events. The team told us there was high morale at the practice and it was a good place to work. Many staff had been working at the practice for many years and said staff turnover was very low.

- Minutes of all meetings were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. Staff added there was a mutual sense of respect. 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 and staff. It proactively sought feedback from:

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and told us they were able to influence how the practice was run. The PPG representative told us the practice manager always attended the meetings and was responsive to feedback. The practice PPG also represented the practice on a local PPG forum.
- the 'Friends of Bramblehaies' (FoB) group members. The FoB group had initially started just before 2003 when the role had been to suggest improvements to the GPs and practice manager. In 2012 the group became a fundraising group and had raised over £16,000 for patient and practice use. The FoB worked with the PPG to improve services. For example, suggesting equipment which could be purchased to help support patients. This equipment had included an automatic opening door and clinical equipment to provide more accessible and convenient services for patients.
- the NHS Friends and Family test, complaints and compliments received
- staff through informal feedback, staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a 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, employing a health facilitator to improve the health of the local community, reduce social isolation and reduce demand on services.