

Dr A S Cook & Partners

Quality Report

Binscombe Medical Centre
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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

Outstanding 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive to people's needs?

Good 

Are services well-led?

Outstanding 

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 Dr A.S. Cook & Partners on 5 January 2016. Overall the practice is rated as outstanding.

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

- 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.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Feedback from patients about their care was consistently and strongly positive.
- Information about services and how to complain was available and easy to understand.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw several areas of outstanding practice:

- The practice had a clear vision to deliver high quality care and promote good outcomes for patients. This was documented as a covenant, based on a commitment to the whole of a patient's life. We saw evidence of this in how the practice responded to individual needs, such as how older people were cared for.

Summary of findings

- The practice had developed a proactive anticipatory care plan for patients which provided a framework for the patient, their family, carers and health care professionals to work together to plan care. The care plan was used in care homes and the practice was able to provide evidence of a significant reduction in hospital admissions from care homes. The care plan had been adopted by the CCG for use by other practices.
- GPs provided out of hours support for end of life care seven days a week, reducing unnecessary hospital admissions and helping patients achieve a dignified death in the place of their choosing. The practice also provided 24 hour on call cover seven days a week to a children's hospice.
- The practice was proactive in providing equipment for patients for improved diagnosis and self care. For example, they provided cardiac memos and had 22 blood pressure monitors for patients to borrow to aid diagnosis and support self care. This enabled patients to get faster access to the treatment they needed.
- The practice had set up a patient library with books covering a wide range of topics including mental health issues which patients were encouraged to borrow. Patients had feedback that this facility was very helpful and gave them access to information they wouldn't otherwise have had.

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.

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

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- 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.

Good



Are services caring?

The practice is rated as outstanding for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for almost all aspects of care. In particular patients said the GP was good at listening to them and gave them enough time.
- Feedback from patients about their care and treatment was consistently and strongly positive.

Outstanding



Summary of findings

- We observed a strong patient-centred culture. The practice vision was based on practising truly patient centred care and this was evident in all the staff we spoke with, the records we reviewed and patient feedback.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. For example, GPs provided out of hours support for end of life care seven days a week from 8am – 10pm reducing unnecessary hospital admissions and helping patients achieve a dignified death in the place of their choosing.
- We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on.
- Topical health information was discussed on the practice blog and one of the GPs used social media to promote health related information.
- The practice website had a dedicated area for the different population groups the practice served and the services it offered.
- Views of external stakeholders were very positive and aligned with our findings. For example the five local care homes and the children's hospice that the practice supported all highly praised the practice and told us they were very caring.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice was working as a pilot for the Proactive Care Service, a multi disciplinary team which coordinated a programme of care for individual patients to support their health and care needs.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice was proactive in providing equipment for patients for improved diagnosis and self care. For example, the practice had noticed that there was a delay for patients when referred to cardiology appointments. The practice responded to this by providing cardiac memos (an event recording device) for

Good



Summary of findings

patients to use. A practice audit showed that this helped diagnose a heart condition and also reduced referrals. They also provided blood pressure monitors for patients to self monitor and aid self-care.

- The practice provided 24 hour on call cover seven days a week to a children's hospice
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- The practice vision was based on practising truly patient centred care and this was evident in all staff we spoke with, records we reviewed and the patients we spoke to.
- 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 patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.
- The practice had highly developed IT systems and the lead GP worked with the Clinical Commissioning Group to share these developments, which improved practice efficiency and encouraged best practice through easy access to local and national guidelines.

Outstanding



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 outstanding for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice identified those patients most at risk of hospital admissions. A Health Care Assistant (HCA) contacted patients after a discharge to offer assistance and support and updated care plans.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice carried out weekly visits at five care homes for older people and feedback from the homes was very positive.
- The practice had developed a proactive anticipatory care plan for patients which provided a framework for the patient, their family, carers and health care professionals to work together to plan care. The care plan allowed care to be delivered in line with the patient's wishes. The practice was able to provide evidence of a significant reduction in hospital admissions from care homes (from an average of 8 admissions per month to 5 admissions per month, a reduction of 37% for 2015 compared with the same time period in 2014).
- The GPs provided end of life support from 8am – 10pm seven days a week.

Outstanding



People with long term conditions

The practice is rated as outstanding for delivery of caring and well led services. The rating applies to all patient groups.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Diabetic patients were given an individualised care plan at their review.
- 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.

Outstanding



Summary of findings

- Patients were offered the loan of blood pressure monitors to enable improved diagnosis and self care.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 92% of eligible female patients had a cervical screening test compared to 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. The practice nurse had attended a training day with the school nurses and the school nurse attended practice meetings quarterly.
- The practice provided 24 hour medical cover for a children's hospice. We spoke with the hospice who told us that they thought the quality of care and responsiveness offered by the practice was very high.

Outstanding



Working age people (including those recently retired and students)

The practice is rated as outstanding for delivery of caring and well led services. The rating applies to all patient 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 and had a 30% uptake on repeat prescription requests compared to a national average of 4%.
- The practice offered a full range of health promotion and screening that reflects the needs for this age group.
- Topical health information was discussed on the practice blog and one of the GPs used social media to promote health related information.

Outstanding



Summary of findings

- The practice website had a dedicated area for working people which referred to practice information as well as external resources that patients might find useful. For example, a local advice agency.

People whose circumstances may make them vulnerable

The practice is rated as outstanding for delivery of caring and well led services. The rating applies to all patient groups.

- The practice held a register of patients living in vulnerable circumstances including homeless patients, travellers and those with a learning disability. These patients were flagged on the computer system so that they had priority for appointments.
- 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. There were strong connections with local support services and the practice gave an example of how they delivered high quality care for a particularly vulnerable patient.
- The practice provided support to a nursing home for adults with physical disabilities and feedback from the home was very positive.
- 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.
- A taxi fund was available for patients to attend the surgery urgently when other means of transport were unavailable.

Outstanding



People experiencing poor mental health (including people with dementia)

The practice is rated as outstanding for delivery of caring and well led services. The rating applies to all patient groups.

- 91% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was better than the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Outstanding



Summary of findings

- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- One of the GPs had a special interest in dementia and had spoken at a local community event as well as contributing to national conferences and publications.
- The practice had set up a patient library with books covering a wide range of topics including mental health issues which patients were encouraged to borrow. Patients had stated that this had helped them to understand their condition better and deal with issues they were facing.

Summary of findings

What people who use the service say

What people who use the practice say

The national GP patient survey results published on 2 July 2015 showed the practice was performing better than or in line with local and national averages. 255 survey forms were distributed and 116 were returned which was a response rate of 45.5% and represented 1% of the practice population.

- 78% of patients found it easy to get through to this surgery by phone compared to a Clinical Commissioning Group (CCG) average of 78% and a national average of 73%.
 - 95% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 91%, national average 85%).
 - 88% of patients described their experience of making an appointment as good (CCG average 78%, national average 73%).
 - 94% of patients described the overall experience of their GP surgery as good (CCG average 89% and national average 85%).
- 86% of patients said they would recommend their GP surgery to someone who has just moved to the local area (CCG average 84% and national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 14 comment cards which were all positive about the standard of care received. Patients stated that they received excellent service from all staff, had sensitive treatment and were treated with kindness. Comments included very positive feedback on the care provided by the GPs and nurses and that the practice was accommodating in seeing patients quickly when there was an urgent need.

We spoke with four patients during the inspection and two members of the Patient Participation Group prior to the inspection. All six patients said they were happy with the care they received and thought staff were approachable, committed and caring.

Outstanding practice

- The practice had a clear vision to deliver high quality care and promote good outcomes for patients. This was documented as a covenant, based on a commitment to the whole of a patient's life. We saw evidence of this in how the practice responded to individual needs, such as how older people were cared for.
- The practice had developed a proactive anticipatory care plan for patients which provided a framework for the patient, their family, carers and health care professionals to work together to plan care. The care plan was used in care homes and the practice was able to provide evidence of a significant reduction in hospital admissions from care homes. The care plan had been adopted by the CCG for use by other practices.
- GPs provided out of hours support for end of life care seven days a week, reducing unnecessary hospital admissions and helping patients achieve a dignified death in the place of their choosing. The practice also provided 24 hour on call cover seven days a week to a children's hospice.
- The practice was proactive in providing equipment for patients for improved diagnosis and self care. For example, they provided cardiac memos and had 22 blood pressure monitors for patients to borrow to aid diagnosis and support self care. This enabled patients to get faster access to the treatment they needed.
- The practice had set up a patient library with books covering a wide range of topics including mental

Summary of findings

health issues which patients were encouraged to borrow. Patients had feedback that this facility was very helpful and gave them access to information they wouldn't otherwise have had.

Dr A S Cook & Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector, and a practice manager specialist adviser.

Background to Dr A S Cook & Partners

Dr AS Cook & Partners, also known as Binscombe Medical Centre, is located in a residential area in the north part of Godalming, just on the edge of Farncombe. The practice is located in purpose built premises with a community pharmacy sharing the premises.

The practice operates from:

106 Binscombe, Godalming, GU7 3PR

There are approximately 10,300 patients registered at the practice. Statistics show very little income deprivation among the registered population. The registered population is slightly lower than average for 15-35 year olds, and slightly higher than average for those aged over 35.

Care and treatment is delivered by seven GP partners and two salaried GPs. There are four male GPs and five female GPs working at the practice, two GPs work full time and seven work part time. The nursing team consists of four practice nurses and three healthcare assistants. 15 administrative staff work at the practice and are led by a Practice Manager.

The practice is a training practice and regularly has GP trainees working in the practice. There are three GP trainers one of whom is programme director for the local training scheme.

The practice is open from 8am to 6.30pm Monday to Friday. Patients can book appointments in person, via the phone and online.

Patients requiring a GP outside of normal working hours are advised to contact the NHS GP out of hours service on telephone number 111.

The practice has a General Medical Services (GMS) contract. GMS contracts are nationally agreed between the General Medical Council and NHS England.

Dr AS Cook & Partners was previously inspected in July 2014. There were no concerns found at the previous inspection.

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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 5 January 2016. During our visit we:

- Spoke with a range of staff (GPs, practice nurses, HCAs, GP trainee, Practice Manager, receptionists)
- Spoke with six patients who used the service including two members of the PPG.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed anonymised 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.

Prior to the inspection we spoke with five local care homes and the local children's hospice about the service received from the practice. They all highly praised the practice and told us they were very responsive to patients needs and treated the patients with dignity and respect.

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

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

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

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the 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, the practice dealt successfully with two medical emergencies on the same day. Staff we spoke with told us that the practice had discussed these events and used them to ensure learning. This had resulted in subsequent basic life support training being adapted to include a review of the practice's own equipment and the practice had discussed scenarios so staff had increased familiarity in preparation for any future events.

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

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. All 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 had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. 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. Infection control audits were undertaken twice a year and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises. Patients on high risk medication were monitored to ensure that appropriate tests were carried out.
- We reviewed seven personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

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

Are services safe?

health and safety policy available with a poster in the reception office 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 a panic alarm at the front reception desk and in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

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. The practice had experienced business continuity problems due to power cuts in the area and had subsequently purchased a generator.

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 demonstrated a proactive approach in reviewing clinical practice. For example, the practice had identified that they were ordering too many urine sample tests for patients. After a review of how the clinical practice was working, new guidelines and a more robust system for treating urinary tract infections was introduced.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 95.7% of the total number of points available, with 9% 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 was similar to the Clinical Commissioning Group (CCG) and national average.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the national average at 82% for the practice and 84% nationally.

- Performance for mental health related indicators was better than the national average. For example 91% of patients had a comprehensive care plan compared to a national average of 89%.

Clinical audits demonstrated quality improvement.

- There had been 17 clinical audits completed in the last two years, four 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, the practice had completed an audit of the medicines used for patients with asthma. This had resulted in GPs completing further education with a specialist respiratory nurse and changes to patient medicines leading to 15% of patients moving to a lower steroid dose.

Information about patients' outcomes was used to make improvements. For example, the practice had used clinical indicators for diabetic care to increase the number of patients receiving foot checks and ensuring that blood pressure was at the required range. We noted an increase in foot checks completed from 66% to 88% and blood pressure being at the required range up from 59% to 70% over a 12 month period.

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. 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 staff reviewing patients with long-term conditions.
- Staff administering vaccinations had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

Are services effective?

(for example, treatment is effective)

- 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.
- The practice was a training practice and at the time of the inspection there was one trainee GP. We spoke to the trainee who told us they had very well structured training and they felt well supported by 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 intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice had developed a proactive anticipatory care plan for patients which provided a framework for the patient, their family, carers and health care professionals to work together to plan care. The care plan allowed care to be delivered in line with the patient's wishes. The care plan had been adopted by the CCG for use by other practices.
- 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 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 records audits.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Smoking cessation advice was available from practice nurses and the pharmacy located in the practice premises.

The practice's uptake for the cervical screening programme was 92%, which was higher than the national average of 82%. There was a policy to follow up with patients who did not attend for their cervical screening test, firstly by letter and subsequently by contact from the GP.

Childhood immunisation rates for the vaccinations given were better than the CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 83 % to 95% and five year olds from 83% to 97%.

Are services effective? (for example, treatment is effective)

Flu vaccination rates for the over 65s were 74%, and at risk groups 43%. These were comparable to CCG and 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

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain 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.

All of the 14 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

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

- 97% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 92% and national average of 89%.
- 98% of patients said the GP gave them enough time (CCG average 90% and national average 87%).
- 99% of patients said they had confidence and trust in the last GP they saw (CCG average 98% and national average 95%)
- 92% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 89% and national average 85%).

- 96% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 93% and national average 90%).
- 90% of patients said they found the receptionists at the practice helpful (CCG average 88% and national average 87%)

These results were supported by the Friends and Family data which showed that 73 out of 77 patients who responded would definitely recommend the practice to family and friends and quoted many examples of caring service from GPs and nurses.

The practice vision was based on practising truly patient centred care and this was evident in all staff we spoke with and records we reviewed. One of the GPs had spoken at a local dementia event for patients on "How to get the most out of your GP" and there was a well developed usual doctor system in place to ensure continuity of care for patients.

Prior to the inspection we spoke to five care homes and one children's hospice which access GP services from the practice. They spoke very positively about the service provided and stated how the GPs have built positive relationships with residents and staff, and were genuinely very helpful. In particular we heard how the GPs provided caring advice and support for end of life care.

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 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 better than local and national averages. For example:

- 97% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 90% and national average of 86%.



Are services caring?

- 91% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 87% and national average 82%)
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 87% and national average 85%)

We saw evidence that the practice ensured patients were involved in their care and treatment. For example, patients were given a copy of their diabetic care plan after their review. The care plan also explained to patients what their ideal levels should be, and past readings, so that patients could track their own care and treatment.

The practice had introduced indicative prescribing. This meant the practice had changed the way that instructions for taking medicines were recorded for patients. Medicines prescribed included why patients were taking the required medicines and not just the dosage required, for example 'take one tablet in the morning for blood pressure'. Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. We noted that the practice website offers an extensive range of advice and information in relation to care and treatment and support groups available.

The practice had created a library of books on a range of topics which could be borrowed by patients to help with supporting their care and treatment. We noted that the library had an extensive range of books for mental health issues and we saw that patients frequently borrowed these.

We saw evidence that the practice knew and supported its patients well. For example, we saw that the practice had helped direct a patient to a particular support group to help with the feeling of isolation.

Significant events and complaints we reviewed showed that the practice had a culture of ensuring that they understood how patients felt about the issue and how it had affected the patient. We saw that where the practice had replied to patients it was with an offer of genuine personal support and if necessary a full investigation of what happened and an apology to the patients affected. We saw that the practice addressed any concerns raised and ensured learning in a consistent manner.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 2.3% of the practice list as carers. 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 or sent them a letter offering support. The practice knew their patients well and ensured that continued support was offered including contacting the family member three months after a bereavement to see if further support was required. We saw that the practice had created an audit of where and how patients died. This allowed them to ensure that they were supporting patients to remain in their preferred choice of setting for care during their last stages of life.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice was one of five GP practices involved in the pilot programme for the Proactive Care Service, a multi disciplinary team which coordinated a programme of care for individual patients to support their health and care needs.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had difficulty attending the practice.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice was proactive in providing equipment for patients for improved diagnosis and self care. For example, they provided cardiac memos for patients to use in response to a long wait for cardiology appointments. A practice audit shows that this helped diagnose a heart condition and also reduced referrals.
- The practice website was designed with a dedicated page for specific patient groups and a regular practice blog posting over 100 posts of interest to patients. One of the GPs used social media to promote health related information.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 12.10pm every morning and from 2.30pm to 6pm daily. On Mondays there was an early morning surgery which started at 8am. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them. The

practice provided out of hours support for end of life patients from 8am to 10pm seven days a week and 24 hour on call cover seven days a week to the local children's hospice.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was better than or comparable to local and national averages.

- 85% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 72% and national average of 75%.
- 78% of patients said they could get through easily to the surgery by phone (CCG average 78% and national average 73%).
- 79% of patients said they usually get to see or speak to the GP they prefer (CCG average 61% and national average 60%).

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

Listening and learning from concerns and complaints

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

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, for example the practice had recently updated their website to include the option to complete a form on line for complaints, and there was a complaints form available from reception.

We looked at 17 complaints received in the last 12 months and found that these were dealt with thoroughly and there was openness and transparency with dealing with the complaint. The practice analysed themes from complaints and identified learning points, and action was taken as a result to improve the quality of care. For example, a

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

complaint about the new appointment system resulted in a thorough analysis of the issue from the patients perspective and changes made to how telephone conversations with patients were managed.

Are services well-led?

Outstanding



(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. This was contained in a document titled Our Values – a Covenant not a Contract which was displayed to patients and staff.

- The covenant was based on a commitment to the whole of a patient's life. We saw evidence of this in how the practice responded to individual needs, such as how older people were cared for.
- The practice had a learning culture and shared innovative ideas with other local practices. We saw evidence of this in the way anticipatory care plans were developed and how IT developments were shared.
- The practice vision was based on practising truly patient centred care, where, what is important to the patient is fundamental to any decision making. These values were displayed by all staff. The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. We saw evidence of this through the practice reviewing innovative ideas to help improve patient care. For example, the practice had used IT systems to implement protocols to improve how the practice dealt with urinary tract infections.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice 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 unexpected or unintended 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. We noted team away days were held every year.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- We noted a low rate of staff turnover and a high level of job satisfaction amongst the staff we spoke to.

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

Are services well-led?

Outstanding



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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG was a virtual group which carried out surveys. In addition the practice worked with Binscombe Medical Trust, a group formed to support the practice and improve service to patients. The trust managed funds donated to the practice and discussed ways to improve services with the practice management team. For example, new waiting room furniture was purchased and improvements were made to the appointment system.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us

they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, the nursing team had recently attended an away-day to discuss skill mix and future nursing requirements. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice had highly developed IT systems and the lead GP worked with the Clinical Commissioning Group to share these developments, which improved practice efficiency and encouraged best practice through easy access to local and national guidelines.