Elm Tree Surgery

Quality Report

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

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Outstanding
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 Elm Tree Surgery on 25 May 2016. Overall the practice is rated as good. This inspection was a follow-up of our previous comprehensive inspection which took place in Ocotber 2015 when we rated the practice as inadequate overall. In particular the practice was rated as inadequate for providing safe and well-led services and was placed into special measures for a period of six months.

After the inspection in October 2015 the practice wrote to us with an action plan outlining how they would make the necessary improvements to comply with the regulations.

The inspection carried out on 25 May 2016 reflected that the practice had made significant improvements to enable the practice to come out of special measures and achieve a rating of good overall. They had responded to the concerns raised and had complied with the requirement notices that we issued and the enforcement action taken.

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

- There was an open and transparent approach to safety and an improving system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- 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.

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 and complied with the requirements of the duty of candour.

We saw several areas of outstanding practice:

Patients were able to access appointments and services in a way that suited them. The practice offered prompt access to appointments with the GP of patient choice. Feedback on access to services was consistently better that the locality and national averages and a range of services were offered that recognised the needs of the practice population.

The practice offered an extended minor injuries service to enable patients to access this locally and avoid a trip to the hospital Accident and Emergency (A&E). The last data available showed the practice had 180 patients attend A&E in one year compared to the local average of 235 and national average of 388.

The practice had researched childhood immunisation regimes in other countries. This resulted in aligning immunisations with overseas practise and resulted in a high rate of take up of childhood immunisations among the families of patients from other countries.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- There was an improved system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients 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 systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average 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 other health care professionals to understand and meet the range and complexity of patients' needs.

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.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Summary of findings

Are services responsive to people's needs?

Outstanding 

The practice is rated as outstanding for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example working with the community navigator to provide 12 week support programmes for the elderly and providing NHS physiotherapy and counselling services at the practice. Flu clinics were held at village halls to support the needs of the rural community.
- There are innovative approaches to providing integrated patient-centred care. The practice developed a Pilates class to improve the mobility of older patients. The practice held a diabetes educational event for the community, and led a support group.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- Patients can access appointments and services in a way and at a time that suits them. Routine appointments were available within two working days, urgent appointments were offered on the same day and extended hours surgeries ran on three evenings every week.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good 

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- 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 had developed a system of regular governance meetings.
- There was a governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Summary of findings

- 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 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.

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

When we inspected in October 2015 all population groups were rated as inadequate due to the concerns found in safe and well led. The overall rating from this inspection was inadequate and the practice was placed into special measures for six months. The inspection carried out on 25 May 2016 reflected that the practice had made significant improvements in all population groups including this one. The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Pilates classes had been developed to assist older people maintain mobility.
- The practice worked with a community navigator to assist older patient's access health and social care to meet their needs.

People with long term conditions

Good

When we inspected in October 2015 all population groups were rated as inadequate due to the concerns found in safe and well led. The overall rating from this inspection was inadequate and the practice was placed into special measures for six months. The inspection carried out on 25 May 2016 reflected that the practice had made significant improvements in all population groups including this one. The practice is rated as good for the care of people with long-term conditions.

- The practice GPs and nurses conducted regular reviews of patients with long term conditions.
- Patients at risk of hospital admission were identified as a priority.
- Data for long term conditions indicated good outcomes, for example:

Summary of findings

- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (2014/15) was 95% which was higher than the CCG and national average of 88%.
- The percentage of patients with high blood pressure in whom the last blood pressure reading was in the target range (2014/15) was 90% which was higher than the local average (85%) and the national average (84%).
- 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.

Families, children and young people

Good

When we inspected in October 2015 all population groups were rated as inadequate due to the concerns found in safe and well led. The overall rating from this inspection was inadequate and the practice was placed into special measures for six months. The inspection carried out on 25 May 2016 reflected that the practice had made significant improvements in all population groups including this one.The practice is rated as good for the care of families, children and young people.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- The practice had identified that there was a higher demand for counselling and advice arising from the younger population and the higher birth rate. Counselling services were available at the practice three times a week.
- Immunisation rates were high for all standard childhood immunisations. The practice covered families from a local defence academy which included many different nationalities, the practice nursing team researched and aligned immunisations with overseas practices to ensure a high rate of take up of childhood immunisations and ensure the best possible immunisation status was achieved.

Summary of findings

- 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.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 90% which was higher than the local (81%) and national averages (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 and health visitors.

Working age people (including those recently retired and students)

Good

When we inspected in October 2015 all population groups were rated as inadequate due to the concerns found in safe and well led. The overall rating from this inspection was inadequate and the practice was placed into special measures for six months. The inspection carried out on 25 May 2016 reflected that the practice had made significant improvements in all population groups including this one. The practice is now rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered a range of extended hours appointments and telephone consultations.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Good

When we inspected in October 2015 all population groups were rated as inadequate due to the concerns found in safe and well led. The overall rating from this inspection was inadequate and the practice was placed into special measures for six months. The inspection carried out on 25 May 2016 reflected that the practice had made significant improvements in all population groups including this one. The practice is now rated as good for the care of people whose circumstances may make them vulnerable.

Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- 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 informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice supported counselling services within the premises so patients could access support locally.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

When we inspected in October 2015 all population groups were rated as inadequate due to the concerns found in safe and well led. The overall rating from this inspection was inadequate and the practice was placed into special measures for six months. The inspection carried out on 25 May 2016 reflected that the practice had made significant improvements in all population groups including this one. The practice is now rated as good for the care of people experiencing poor mental health (including people with dementia).

- Performance for mental health related indicators were higher than local and national averages. For example:
- The percentage of patients with serious mental health problems who have a comprehensive, agreed care plan documented in their record, in the preceding 12 months (2014/15) was 100% which was higher than the CCG average and national average of 88%.

Summary of findings

- The percentage of patients with serious mental health problems whose alcohol consumption has been recorded in the preceding 12 months (2014/15) was 94% which was higher than the CCG average of 86% and the national average of 90%.
- However performance for dementia was lower than local and national average:

  The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months (2014/15) was 76% which was lower than the CCG average of 86% and 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.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. The practice provided the premises for onsite counselling support.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing higher than local and national averages. The national GP survey distributed 232 forms were and 120 were returned. This represented 1.7% of the practice's patient list.

- 96% of patients found it easy to get through to this practice by phone compared to the local clinical commissioning (CCG) average of 74% and the national average of 73%.
- 95% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and the national average of 85%.
- 99% of patients said the last appointment they got was convenient compared to the CCG average of 90% and the national average of 92%.
- 98% of patients described the overall experience of this GP practice as good compared to the local CCG average of 82% and the national average of 85%.
- 95% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 74% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 19 comment cards which were all positive about the standard of care received. Comments we received reported care as excellent and caring.

We spoke with nine patients during the inspection. All nine patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Data from the Friends and Family test supported this.

Outstanding practice

We saw several areas of outstanding practice:

Patients were able to access appointments and services in a way that suited them. The practice offered prompt access to appointments with the GP of patient choice. Feedback on access to services was consistently better that the locality and national averages and a range of services were offered that recognised the needs of the practice population.

The practice offered an extended minor injuries service to enable patients to access this locally and avoid a trip to the hospital Accident and Emergency (A&E). The last data available showed the practice had 180 patients attend A&E in one year compared to the local average of 235 and national average of 388.

The practice had researched childhood immunisation regimes in other countries. This resulted in aligning immunisations with overseas practice and resulted in a high rate of take up of childhood immunisations among the families of patients from other countries.

Elm Tree Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Elm Tree Surgery

Elm Tree Surgery is located in a listed building in the village of Shrivenham, Oxfordshire. The practice premises were not originally designed to deliver primary health care services and therefore extending the premises and opportunities to make changes to the outside of the building are limited.

There are approximately 7,000 patients registered with the practice. Patient turnover is high because the families of military staff at the nearby Defence Academy register with the practice and move on in a relatively short period of time. The average patient turnover in England is 8.5% but Elm Tree Surgery has a turnover of 17.5%. The number of female patients is higher than the national average and the birth rate is twice the national average. There are more patients in the 0 to 4 and 35 to 54 age range when compared with national data. Many of the military staff attending the Defence Academy are from overseas and the practice has patients registered whose first language is not English. Patients of the practice speak 30 different languages which offer challenges in communication.

Approximately half of the registered patients live in rural locations. Patients reside in three counties Oxfordshire, Berkshire and Wiltshire requiring the practice to deal with three different local authorities and a variety of health care providers. There is a low prevalence of income deprivation among the registered population.

The practice holds a General Medical Services (GMS) contract. General Medical Services contract are negotiated nationally between GP representatives and the NHS.

There are five GPs at the practice. Three are male and two female. All five of the GPs are partners and the practice offers training to qualified doctors who are seeking to become GPs. Two practice nurses and a phlebotomist work at the practice. The GPs and nursing team are supported by

a practice manager and a team of administration and reception staff. There is a dispensary at the practice which dispenses to approximately 3,300 of the registered patients.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments with GPs are from 8.10am to 11am every morning and 2pm to 6pm. Extended hours surgeries are offered three evenings a week, two evenings until 7.30pm and until 7.45pm on the third evening.

All services are provided from a single practice location at:

Elm Tree Surgery,

High Street,

Shrivenham,

Wiltshire,

SN6 8AG.

We undertook a comprehensive inspection of Elm Tree Surgery in October 2015. Overall the

practice was rated as inadequate. During our last inspection we found that the practice did not demonstrate a culture of managing safety and assessing and managing risk. We found the practice good for the delivery of effective

and caring services and outstanding for provision of responsive services. However, the practice was found to be inadequate for provision of safe and well led services and these ratings affected all the population groups.

Why we carried out this inspection

The practice was previously inspected in October 2015 and received an overall rating of inadequate and was placed into special measures for a period of six months.

Requirement notices and a warning notice were served requiring the provider to take action to improve

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

How we carried out this inspection

We inspected this service to check if the practice had made improvements from the last inspection carried out in October 2015. The last inspection had rated the practice as inadequate and the practice was placed into special measures for six months.

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 25 May 2016. During our visit we:

- Spoke with a range of staff including four GPs, one nurse, five of the reception and dispensing team and the practice manager.
- We spoke to two members of the patient participation group and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to 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.

Good

Are services safe?

Our findings

When we inspected in October 2015 we found patients were at risk of harm because systems and processes had weaknesses. For example, systems to keep medicines safe were not operated effectively and action arising from an audit of infection control processes had not been undertaken and the audit had not been updated in 2015. There was insufficient attention to safeguarding children and vulnerable adults. Staff were not clear on how to report safeguarding concerns outside the practice and details of safeguarding authorities had not been updated. During our inspection in May 2016 we found that all these areas had been addressed and significantly improved.

Safe track record and learning

There was an improved 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 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, an incident had occurred with a dispensing error, this had been reported and discussed and action taken to reduce likelihood of reoccurrence. We saw this had been shared through the practice and three of the dispensing staff we spoke to confirmed this.

Overview of safety systems and processes

Since our previous inspection the practice had undertaken significant measures to improve the safety systems and processes to improve patient safety. The practice had clearly defined 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. These arrangements reflected relevant legislation and local requirements. 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 on safeguarding children and vulnerable adults relevant to their role. Since our previous inpection the practice had undertaken a safeguarding training update and a further session where they discussed case studies. GPs were trained to child protection or child safeguarding level three. The nurses were trained to child safeguarding level two. We found that all the staff had the appropriate safeguarding training.
- Notices in the waiting rooms, clinical rooms, reception area and lavatories 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. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example regular cleaning schedules were now in place.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept

patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. 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 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. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- There was a named GP responsible for the dispensary and the members of staff involved in dispensing medicines had or were undergoing the appropriate training and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed four 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

When we inspected in October 2015 we found the practice did not demonstrate a culture of safety and risk management.

Through our inspection in May 2016 we found the practice had undertaken significant improvements to manage and assess the risks to patients.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and carried out regular fire drills. The most recent one in April 2016. The practice had arranged external fire training for all staff in January 2016. 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 enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. The practice had purchased a portable suction device (a device which may help maintain an airway in an emergency). 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 in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

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.

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 96.6% of the total number of points available. The practice exception rate was 7.4%.

This practice had better than average exception rates for diabetes and most long term conditions; which indicated that high numbers of patients had received the appropriate care and treatment. Data indicated that the practice had higher than average exception rates for cervical screening and depression. We investigated this futher during the inspection. We found the cervical screening exception rate was related to the high number of temporary residents linked to the Defence Academy where the screening would often be completed in their home country. The exception rate for depression indicated a coding error in the data. We did not find any concern relating to the care and treatment of these patients. Data from 2014 to 2015 showed:

Performance for diabetes related indicators were higher than local and national averages. For example:

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was in the target range was 88% which was higher than the clinical commissioning group (CCG) average of 79% and the national average of 78%.
- The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March (01/04/2014 to 31/03/2015) was 96% which was comparable to the CCG average of 96% and the national average of 94%.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is in the target range was 77% which was comparable to the CCG average of 76% and the national average of 80%.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (2014/15) was 95% which was higher than the CCG and national average of 88%.

Performance for mental health related indicators were higher than local and national averages. For example:

- The percentage of patients with serious mental health problems who have a comprehensive, agreed care plan documented in their record, in the preceding 12 months (2014/15) was 100% which was higher than the CCG average and national average of 88%.
- The percentage of patients with serious mental health problems whose alcohol consumption has been recorded in the preceding 12 months (2014/15) was 94% which was higher than the CCG average of 86% and the national average of 90%.
- However performance for dementia was lower than local and national average, the percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months (2014/15) was 76% which was lower than the CCG average of 86% and the national average of 84%.

  There was evidence of quality improvement including clinical audit.

- There had been three clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.

Good

Are services effective?

(for example, treatment is effective)

- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, an audit was undertaken to check that appropriate advice was in place for a high risk medication, and where appropriate the advice was reviewed and alternative medicine arranged. The audit was repeated and demonstrated improvements in the numbers reviewed and advice given in the second and third cycles of the audit. Audits of respiratory and anti inflammatory (pain killing) medications demonstrated improved prescribing at re audit . Audits of minor surgery and cervical smears was ongoing

Information about patients' outcomes was used to make improvements, for example the practice had been proactive in reviewing its use of antibiotics and demonstrated very good results compared to the local clinical commissioning group.

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, one of the nursing staff had undertaken training and updates in diabetes management and insulin initiation.
- 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 nursing team engaged with a wide range of service to ensure that the childhood immunisation programme was implemented effectively and ensured records were shared. The practice had researched childhood immunisation regimes in other countries. This resulted in aligning immunisations with overseas practice and resulted in a high rate of take up of childhood immunisations among the families of patients from other countries For example full records were given to the families from the Defence Academy so immunisation records accompanied the children when they left the country.
- 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, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs. The staff appraisal system had been reviewed and developed since our previous inspection. We saw that the programme was still being embedded, however the practice had made considerable improvements in ensuring staff had the appropriate support and supervision and regular appraisals which provided an ongoing system for development, feedback and support.
- 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.
- 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. Meetings took place with other health care professionals on a weekly basis when care plans were routinely reviewed and updated for patients with complex needs. The staff were able to give good examples of communication

Good

Are services effective?

(for example, treatment is effective)

through the multidisciplinary meetings where the wider social, emotional and health factors were discussed to ensure patients care was relevant, personalised and reviewed.

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 patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. 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 and weight management. Patients were signposted to the relevant service.
- Smoking cessation advice was available from a local pharmacy.
- Physiotherapy and dietician clinics were held at the surgery.

The practice's uptake for the cervical screening programme was 90%, which was higher than the CCG average of 81% and the national average of 82%. There was a policy to offer telephone 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 screening. Data showed the practices uptake for breast screening was 78% which was comparable to the CCG average of 77% and higher than the national average of 72%. The practices uptake for bowel screening was 62% which was higher than the CCG average of 56% and the national average of 58%.

There were failsafe systems in place to ensure results were received for all samples sent for the screening programmes and the practice followed up patients who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 73% to 98% and five year olds from 86% to 98%.

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.

Good

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 19 patient Care Quality Commission comment cards we received were positive about the service experienced. However one card commented on delays and a concern collecting prescriptions. 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 GPs and nurses. For example:

- 95% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 100% had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 97% and the national average of 97%.
- 93% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 97% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

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.

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 above local and national averages. For example:

- 93% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 95% say the last nurse they saw or spoke to was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 90%.
- 92% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 85%.

Good

Are services caring?

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

- 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.
- Information leaflets were available in easy read format.

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 2% of the practice list as carers. Carers were signposted to services as required, and information was available in the surgery entrance and waiting areas. The practice website, patient information booklet and newsletter 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 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. The GPs also followed up families on the first anniversary of bereavement where appropriate.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

When we inspected in October 2015 we found the services provided by the practice were outstanding for responding to people's needs. During our inspection in May 2016 we found that the service was still promoting innovative personalised services tailored to meet the needs of its population.

Responding to and meeting people's needs

The involvement of other organisations and the local community was integral to how services were provided to ensure that they meet people's needs.

The practice worked with the local Clinical Commissioning Group to plan services and to improve outcomes for patients in the area. Due to the rural nature of the practice an extended minor injuries service was provided by the practice to enable patients to access this locally and avoid a trip to the hospital Accident and Emergency (A&E). Data available showed the practice had 180 patients attend A&E in one year compared to the local average of 235 and national average of 388.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example; one of the practice nursing team had set up a local roadshow to offer education, support and advice for patients with diabetes and their families. A support group had also been established which was patient led but supported by the nurse, to share knowledge and experience for those with diabetes. Both of these were also accessed by patients from other local surgeries.

- The practice had identified that there was a higher demand for counselling and advice arising from the younger population and the higher birth rate. Counselling services were available at the practice three times a week and we found that patients could access counselling within a month of referral.
- The practice had researched childhood immunisation regimes in other countries. This resulted in aligning immunisations with overseas practice and resulted in a high rate of take up of childhood immunisations among the families of patients from other countries
- The practice offered a range of extended hour's appointments for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Urgent access appointments were available for children and those with serious medical conditions.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- NHS physiotherapy and counselling services were available at the practice.
- The practice had a GP who could undertake some opthamology services and had purchased a slit lamp so patients could receive some services at the surgery rather than the hospital.
- There were disabled facilities and translation services available. Information relating to childhood immunisations had been translated into a variety of languages.
- The practice held a welcome session at the Defence Academy yearly when the new academic year commenced, to offer advice and answer questions about NHS GP services and assist with registering at the practice.
- One of the practice nurses was instrumental in establishing a Pilate's class for patients aged over 75 to enhance their mobility.
- The practice worked with the community navigator programme to provide 12 week support programmes for the elderly and providing NHS physiotherapy and counselling services at the practice.
- Patients were able to receive travel vaccinations available on the NHS.
- The practice is mindful of the rural population. For example, flu immunisation clinics are held at village halls to assist those patients who find it difficult to attend the practice.
- There are two collection points for dispensed medicines in rural post offices to assist patients who cannot collect their medicines from the dispensary.

Access to the service

Patients were able to access appointments in a way that suited them. The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.10am to 11am every morning and 2pm to 6pm daily. Extended hours surgeries were offered at the following times on three

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

days a week and the days varied depending on which GP was on duty. These surgeries ran until 7.30pm on two days and until 7.45pm on the third evening. Some of the patients we spoke with told us that it was very helpful to have appointments available after they finished work. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

The practice manager undertook a monthly audit of appointment availability which influenced how

many appointments were offered each month.

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

- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and the national average of 75%.
- 96% of patients said they could get through easily to the practice by phone compared to the CCG average of 74% and the national average of 73%.
- 92% of patients said they could usually get to see or speak to their preferred GP compared to the CCG average of 58% and the national average of 59%.
- 99% of patients described their experience of making an appointment as good compared to the CCG average of 70% and the national average of 73%.

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

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system for example in the practice information leaflets and website.

We looked at two complaints received in the last 12 months and found these were dealt with in a timely way, with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care.

Are services well-led?

Good

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

Our findings

When we inspected in October 2015 we found that services were inadequate for being well led, we found the practice did not operate a consistent approach to managing safety and risk.

Staff described inconsistent systems of support and communication. Staff also reported that when they raised concerns they were not always responded to. Policies and procedures were recorded and updated but some contained out of date information. For example, the safeguarding policies.

Staff reported that they had not been involved in developing their training needs.

On our follow up comprehensive inspection on 25 May 2016 we found the practice had taken considerable measures to address these areas of concern. Policies and procedures had been reviewed and updated. The management of risks and safety had been improved.

The practice had improved the training and development plans for staff andt the communication and engagement with staff.

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. The practice had consulted the staff and the patient participation group in reviewing their vision and values since our previous inspection.
- The practice had a strategy and supporting business plans which reflected the vision and values and were developing the system to ensure these would be regularly monitored.

Governance arrangements

The practice had a 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 was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

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 in place 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. The practice had systems in place 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 in place and staff felt supported by management.

- The practice had introduced a regular meeting structure to ensure effective communication and engagement throughout the whole practice including whole practice team meeting quarterly. Staff told us the practice held regular team meetings and the communication and engagement had improved and was continuing to improve.

Are services well-led?

Good

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

- 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.
- Staff said they felt valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

The practice had open and honest engagement with the patient participation group (PPG). Following the previous inspection the practice had involved the PPG in looking at ways to improve the service and address the areas of concern raised in the previous report. The practice had also involved the PPG in assessing the services and premises so that they could give feedback and suggestions for improvements.

- It had gathered feedback from patients through the PPG through surveys and complaints received. Minutes of a previous meeting showed the group were lobbying local councillors to improve street access to the practice
- The PPG met three times a year. They reviewed the patient satisfaction data, and the PPG were looking to deliver a staff survey in July 2016.
- When funding for the Pilates class for older people was withdrawn the practice sought the views of patients about continuing the class. They negotiated with the class organiser to keep the class running at a reasonable cost to patients.

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 the surgery had been early to demonstrate improvements compared to the local clinical commissioning group in antimicrobial stewardship (ensuring the correct management of antibiotic prescribing).

The practice held a weekly educational meeting delivered by a practice staff member or external speakers, recent topics had included diabetes management, health and safety and a talk from a local palliative care specialist nurse. This educational meeting was also open to staff from the wider community team.

One of the practice nursing team had set up a local roadshow to offer education, support and advice for patients with diabetes and their families. A support group had also been established which was patient led but supported by the nurse, to share knowledge and experience for those with diabetes. Both of these were also accessed by patients from other local surgeries. Recent educational topics had included an optician speaking about retinopathy and education and advice about exercise.

The practice recognised the challenges to the delivery of care and was looking at ways to address these, including discussion with the local and national agencies and engagement with the PPG. For example the expected expansion of local housing developments (a predicated increase of 87% by the local council), and the increasing demands on primary care and GP services. This meant the GPs were analysing the future and succession planning and were looking into how to meet these challenges and continue to provide the best care possible.