Lovemead Group Practice

Quality Report

Roundstone Surgery
Trowbridge
Wiltshire
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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?	Outstanding ☆
Are services caring?	Good ●
Are services responsive to people's needs?	Outstanding ☆
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 Lovemead Group Practice on 5 May 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.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. The practice had introduced the role of a patient liaison officer to support the practice's vulnerable patients in admission avoidance. The role involved liaising with the community team and care coordinator and other service providers to ensure care packages were in place for these patients and also for patients post discharge from hospital. It also provided a single point of contact within the practice for patients and their relatives.
- Feedback from patients about their care was consistently positive.
- 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. The practice had developed plans for an emergency care practitioner (ECP) role. The practice then worked with other local practices, to secure funding from the clinical commissioning group through the Transferring Care of Older People scheme to employ an ECP. The ECP worked across all local practices, visited acutely ill elderly patients promptly to prevent hospital admissions and identified and assessed elderly frail patients at risk of hospital admission.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group, for example, the practice had purchased raised chairs and a perch stool for the waiting room to make it easier for patients with mobility problems.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- The practice actively reviewed complaints and how they are managed and responded to, and made improvements as a result. An annual audit of complaints was undertaken to identify any trends.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.

We saw several areas of outstanding practice including:

- The practice ran a young person's sexual health clinic called "No Worries". The young person did not need to be registered with the practice to be able to be seen within this scheme. A young person with a sexual health need would always be seen on the same day. The proactive engagement of the practice with this service had contributed to the overall teenage pregnancy rate for the Trowbridge area being reduced by 50% since the service began 10 years ago.
- Patients who were carers were fully supported by the practice. Regular meetings were held at the practice for carers and attended by other support agencies. The practice was flexible with appointment scheduling. Carers were given a password to quote when calling for an appointment which alerted receptionists to the need to accommodate carers as a priority. Carers were invited for twice yearly health checks which included a clinical health check and a wellbeing health check with a member of Wiltshire carer support.
- A GP within the practice, who had a special interest in dermatology (skin conditions) and had undergone additional training, ran a dermatology clinic within the practice. The successful decrease in dermatology referrals to secondary care and patient satisfaction with the service has led to a successful application for future funding of the clinic by NHS England from April 2016. A second GP had recently undertaken additional training in order to accommodate the expansion of the service and triaging all secondary care referrals. The practice has plans for further expansion, enabling other practices in the area to refer their patients into the service.
- The practice had been awarded the Primary Care respiratory award by the Primary Care Respiratory Society, a national organisation, as a result of high quality care and the good practices it delivered to respiratory patients.
- The practice had been accredited with a gold award by Wiltshire Public Health for its achievements in their stop smoking targets. The latest results demonstrated that the practice was highest in the percentage of patients who had stopped smoking, for the whole of Wiltshire with a stop smoking rate of 82%.
- There was a truly holistic approach to assessing, planning and delivering care and treatment to patients who used the service. The nurses who managed patients with chronic diseases, worked with a patients' emotional wellbeing initially in order to engage patients in being proactive and motivated to manage their own conditions before discussing problem solving with the patient. This had led to good outcomes for patients. For example, a patient on medicines to treat high blood pressure had not engaged with the benefits of lifestyle changes. The nurse applied this model of care and within a year the patient had lost weight, stopped smoking and was taking exercise which had led to the patient no longer requiring medicines to maintain blood pressure within normal limits.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

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

Are services effective?

Outstanding

The practice is rated as outstanding for providing effective services.

- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines. A recently published update of guidelines for diabetes was communicated to all clinical staff by the nurse and GP lead for diabetes within the practice.
- We also saw evidence to confirm that the practice used these guidelines to positively influence and improve practice and outcomes for patients. The practice updated all clinical staff at a practice meeting and made changes to its self- management instructions booklet for patients following a change in guidelines about medicines to be kept at home to treat infection associated with chronic obstructive pulmonary disease (COPD), a chronic lung disease. Consultants from the local hospital were invited to the practice on a regular basis to ensure all staff were kept updated on a variety of disease areas.
- Data showed that the practice was performing highly when compared to practices nationally. For example, the percentage of patients with chronic obstructive pulmonary disease (a chronic lung condition) who had a review undertaken including an assessment of breathlessness in the preceding 12 months (2014 to 2015) was 94% compared to the national average of 90%.

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- The practice had been accredited with a gold award by Wiltshire Public Health, for its achievements in their stop smoking targets. The latest results demonstrated that the practice was highest in the percentage of patients who had stopped smoking, for the whole of Wiltshire with a stop smoking rate of 82%.
- The practice used innovative and proactive methods to improve patient outcomes and working with other local providers to share best practice. Examples of this were:
- A group of patients' with a learning disability had not had their bowel cancer screening; the practice referred these patients' to the learning disability nurse to discuss with them the benefits and the procedure involved. This led to the bowel cancer screening being undertaken by these patients.
- Patients' were kept safe from abuse by the practice's proactive approach to monitoring patient outcomes and working with other providers. For example, when a child had not attended for any immunisations, and the follow up with the family, to encourage attendance was unsuccessful, the practice collaborated with the health visitor, school nurses and social workers. Further investigation led to a formal safeguarding notification which led to all the children within the family receiving the appropriate support that was required for their safety and wellbeing.
- A patient liaison officer monitored unplanned admissions. The patient liaison officer coordinated care following discharge from hospital with the care coordinator, the patients' own GP and community teams. Supporting vulnerable elderly patients in this way had led to positive patient impact

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 comparably to 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.
- As well as other leaflets, the practice's registration forms and the practice booklet was available in Polish as the practice had a significant number of patients whose first language was Polish.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

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- Carers were given a password to quote when calling for an appointment which alerted receptionists for the need to accommodate carers as a priority. Carers were invited for twice yearly health checks which included a clinical health check and a wellbeing health check with a member of Wiltshire carer support.
- The practice funded a bereavement counsellor who held clinics at the practice to support bereaved patients as appropriate.

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. Examples were:
- The practice developed plans for an emergency care practitioner (ECP) role. The practice then worked with other local practices, to secure funding from the clinical commissioning group through the Transferring Care of Older People scheme to employ an ECP. The ECP worked across all local practices, visited acutely ill elderly patients early in the day to prevent hospital admissions and identified and assessed elderly frail patients at risk of hospital admission.
- As part of a county wide initiative the practice ran a young person sexual health clinic called "No Worries". The young person did not need to be registered with the practice to be able to be seen within this scheme. A young patient with a sexual health need would always be seen on the same day. The proactive engagement of the practice with this service since 2004 had contributed to the overall teenage pregnancy rate for the Trowbridge area being reduced by 50% in the last 18 years.
- There are innovative approaches to providing integrated patient-centred care. A GP within the practice, who had special interest dermatology (skin conditions) and had undergone additional training, ran a dermatology clinic within the practice. The successful decrease in dermatology referrals to secondary care and patient satisfaction with the service has led to a successful application for future funding of the clinic by NHS England from April 2016. A second GP had recently undertaken additional training in order to accommodate the expansion of the service and triaging all secondary care referrals. The practice had plans for further expansion, enabling other practices in the area to refer their patients into the service.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a

Summary of findings

consequence of feedback from patients and from the patient participation group. For example, in response to comments from patients that it was difficult to get information regarding follow up of hospital appointments, advice on discharge from hospital or referrals that had been made for them, the practice had employed a patient liaison officer, who via a direct telephone line was the point of contact for patients and their families.

- Patients can access appointments and services in a way and at a time that suited them. For example, the practice had adopted a system of a GP rota of four, two hour sessions, where a duty doctor sat at a desk in reception to take phone calls from patients.The practice had found this to be an effective system to assess urgent medical need and responded as appropriate. This system also meant that no patient had to wait for a call back from a GP at a later time.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Outstanding ☆

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

- The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care.
- The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The strategy and supporting objectives were stretching, challenging and innovative, while remaining achievable. 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. Governance and performance management arrangements were proactively reviewed and reflected best practice. The practice management had evaluated information and data from a variety of sources to inform decision making that would deliver high quality care.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of

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openness and honesty. The partners in the practice prioritised safe, high quality and compassionate care. The partners were visible and it was clear that there was an open culture within in the practice.

- 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.

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

Outstanding ☆

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

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- A patient liaison officer coordinated care following hospital discharge. Supporting vulnerable elderly patients in this way had led to positive patient impact. For example, a family was struggling to support an elderly relative at home. The patient liaison officer supported the GP to initiate, occupational therapy and physiotherapy services, communicated with the local care of the elderly consultant to optimise management and kept the family informed throughout the process. This resulted in the patients' condition becoming far more stable and being able to remain in their own home.
- Carers were given a password to quote when calling for an appointment which alerted receptionists to the need to accommodate carers as a priority. Carers were invited for twice yearly health checks which included a clinical health check and a wellbeing health check with a member of Wiltshire carer support.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. An emergency care practitioner (ECP), who the practice employed on behalf of the locality, visited acutely ill elderly patients at home, as soon as there was a need, which had frequently led to admission avoidance. The ECP also visited those who would benefit from a frailty assessment.

People with long term conditions

Outstanding ☆

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

- Nursing staff had lead roles in chronic disease management. They worked with patients on emotional wellbeing initially in order to engage patients in being proactive and motivated to manage their own conditions before discussing problem solving with the patient which had led to good outcomes For example, a patient on medicines to treat high blood pressure had not engaged with the benefits of lifestyle changes. The

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nurse applied this model of care and within a year the patient had lost weight, stopped smoking and was taking exercise which had led to the patient no longer requiring medicines to maintain blood pressure within normal limits.

- All patients with chronic obstructive pulmonary disease (COPD), a chronic lung condition who were at risk of a hospital admission were given medicines to keep at home preventing this. All these patients were offered counselling and given written and verbal instructions to prevent infections and the appropriate use of these medicines should an infection occur.
- The practice had been awarded the Primary Care Respiratory award by the Primary Care Respiratory Society for good quality of care and good practices in asthma and COPD.
- Performance for diabetes related indicators was better than local and national averages. The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (2014 to 2015) was 94% which was above the clinical commissioning group average of 91% and the national average of 88%.
- Longer appointments and home visits were available when needed. The chronic disease nurses provided home visits for patients with, diabetes, heart disease and respiratory disease who were unable to attend the practice for reviews.
- 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

Outstanding ☆

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young patients who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Children were kept safe from abuse by the practice's proactive approach to monitoring patient outcomes and working with other providers. For example, when a child had not attended any immunisations, and the follow up with the family was unsuccessful, the practice collaborated with the health visitor,

school nurses and social workers. Further investigation led to a formal safeguarding notification which led to all the children within the family receiving the appropriate support that was required for their safety and wellbeing.

- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice ran a young person's sexual health clinic called "No Worries". The young person did not need to be registered with the practice to be able to be seen within this scheme. A young patient with a sexual health need would always be seen on the same day. The service was led by a Family Planning trained practice nurse who held a mobile phone that patients could contact her on at any time for appointments and advice. The nurse also held this phone outside of working hours to ensure youngsters could contact her when at their most vulnerable. The building of trust and rapport with this group of patients had led to them accessing services at the most appropriate time.The proactive engagement of the practice with this service since 2004 had contributed to the overall teenage pregnancy rate for the Trowbridge area being reduced by 50% in the last 18 years.The practice was continuing to work to improve this service to become a young people friendly accredited practice.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age patients (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 was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered extended hours surgeries to accommodate working age patients.

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People whose circumstances may make them vulnerable

Outstanding

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and monitored the needs of these patients. For example, a group of patients with a learning disability had not had bowel cancer screening. The practice referred these patients to the learning disability nurse to discuss with them the benefits and the procedures involved. This led to the bowel cancer screening being undertaken for these patients.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. For example, the patient liaison officer monitored unplanned admissions. The patient liaison officer coordinated care following discharge from hospital with the care coordinator, the patients' own GP and community teams. Supporting vulnerable elderly patients in this way had led to positive patient impact. For example, when a family was struggling to support an elderly relative at home, the patient liaison officer supported the GP to initiate occupational therapy and physiotherapy services and communicated with the local care of the elderly consultant to optimise management of the patient's care. They kept the family informed throughout the process and this resulted in the patients' condition becoming far more stable and being able to remain in their own home.
- The proactive approach by the practice to support vulnerable patients' at risk of hospital admission had led to the practice data demonstrating a lower number of emergency admissions for 19 conditions where effective community care and case management could have prevented the need for hospital admission per 1,000 population (2014 to 2015).
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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People experiencing poor mental health (including people with dementia)

Outstanding

The practice is rated as outstanding for the care of patients experiencing poor mental health (including patients living with dementia).

- 87% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average of 84%
- The percentage of patients with a serious mental health condition who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (2014 to 2015) was 94% compared to a the clinical commissioning group average of 93% and national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice ran an in house dementia service and memory clinic which was overseen by two of the GP partners with a special interest in this aspect of care. Delivering the service in house also meant that a holistic approach to patient care was effectively managed. For example, a patient with memory problems was not taking medicines to maintain blood sugars within normal limits. Collaborative working between the practices memory clinic, the diabetic nurse, Alzheimer Society and carer support combined with the quick access to memory enhancing medicines led to the patient's blood sugars being more stable and potential avoidance of complications.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on in January 2016 The results showed the practice was performing in line with local and national averages. Of the 246 survey forms that were distributed 128 were returned. This represented a 49% response rate compared to a national average of 38%.

- 84% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 78% and a national average of 73%.
- 83% 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 a national average of 73%.
- 87% of patients described the overall experience of this GP practice as good compared to the CCG average of 87% and a national average of 85%.
- 74% 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 83% and a national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 41 comment cards which were all positive about the standard of care received. Common themes of the comments were that staff were courteous and helpful and that the practice was accommodating and caring.

We spoke with 19 patients during the inspection. All 19 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Outstanding practice

We saw several areas of outstanding practice including:

- The practice ran a young person's sexual health clinic called "No Worries". The young person did not need to be registered with the practice to be able to be seen within this scheme. A young person with a sexual health need would always be seen on the same day. The proactive engagement of the practice with this service since 2004 had contributed to the overall teenage pregnancy rate for the Trowbridge area being reduced by 50% in the last 18 years.
- Patients who were carers were fully supported by the practice. Regular meetings were held at the practice for carers and attended by other support agencies. The practice was flexible with appointment scheduling. Carers were given a password to quote when calling for an appointment which alerted receptionists to the need to accommodate carers as a priority. Carers were invited for twice yearly health checks which included a clinical health check and a wellbeing health check with a member of Wiltshire carer support .
- A GP within the practice, who had a special interest in dermatology (skin conditions) and had undergone additional training, ran a dermatology clinic within the practice. The successful decrease in dermatology referrals to secondary care and patient satisfaction with the service has led to a successful application for future funding of the clinic by NHS England from April 2016. A second GP had recently undertaken additional training in order to accommodate the expansion of the service and triaging all secondary care referrals. The practice has plans for further expansion, enabling other practices in the area to refer their patients into the service.
- The practice had been awarded the Primary Care respiratory award by the Primary Care Respiratory Society, a national organisation, as a result of high quality care and the good practices it delivered to respiratory patients.
- The practice had been accredited with a gold award by Wiltshire Public Health for its achievements in their

stop smoking targets. The latest results demonstrated that the practice was highest in the percentage of patients who had stopped smoking, for the whole of Wiltshire with a stop smoking rate of 82%.

- There was a truly holistic approach to assessing, planning and delivering care and treatment to patients who used the service. The nurses who managed patients with chronic diseases, worked with a patients' emotional wellbeing initially in order to engage patients in being proactive and motivated to manage their own conditions before discussing problem solving with the patient. This had led to good outcomes for patients. For example, a patient on medicines to treat high blood pressure had not engaged with the benefits of lifestyle changes. The nurse applied this model of care and within a year the patient had lost weight, stopped smoking and was taking exercise which had led to the patient no longer requiring medicines to maintain blood pressure within normal limits.

Lovemead Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Lovemead Group Practice

Lovemead Group Practice is located close to the centre of Trowbridge, the county town of Wiltshire. The practice average patient population is similar for all age groups to what is seen nationally. The practice is part of the Wiltshire Clinical Commissioning Group and has approximately 17,000 patients. The area the practice serves is mixed urban, semi-rural and a mixed socio economic population. The practice area is in the mid-range for deprivation nationally; however there are pockets of deprivation. The practice also has a relatively large population from Eastern Europe.

The practice is managed by seven GP partners (two male and five female). The partners are supported by an additional five salaried GP's (two male and three female), seven practice nurses (six female and one male), four healthcare assistants (three female and one male) and an administrative team led by two practice managers; one clinical, responsible for all clinical issues and complaints, and one administrative, responsible for human resources and general administration. A practice liaison officer monitors unplanned admissions, coordinates care following discharge with a care coordinator, the GP and community teams and is a central point of contact for patients and their relatives.

Lovemead Group Practice is a teaching and training practice providing placements for GP registrars, medical and nursing students.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are available between 8.30am and 12.15pm every morning and 2pm to 6pm every afternoon. Extended hours appointments are offered between 6.30pm and 7.30pm Monday, Wednesday and Thursday and alternate Saturday mornings between 8.30am to 10.30am.In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were available for patients that needed them.

When the practice is closed patients are advised, via the practice website that all calls will be directed to the out of hours service. Out of hours services are provided by Medvivo.

The practice has a Primary Medical Services (PMS) contract to deliver health care services. This contract acts as the basis for arrangements between the NHS England and providers of general medical services in England.

Lovemead Group Practice is registered to provide services from the following location:

Roundstone Surgery

Trowbridge

Wiltshire

BA14 7EH

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 5 May 2016. During our visit we:

- Spoke with a range of staff including five GPs, four practice nurses and a health care assistant, a practice manager, administrative staff and spoke with 19 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

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 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, poor communication of results from an investigation a patient had undergone at the hospital led to a delayed diagnosis. Following full discussion at a practice meeting, an improved system for ensuring results had been received from the hospital were improved to prevent this 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. 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. GPs and nurses were trained to child protection or child safeguarding level three. The practice worked effectively with other health and social care professionals. For example, when a child had not attended for any immunisations, the practice initially followed this up with the family. When this was not successful the practice collaborated with the health visitor and school nurses and social workers. Further investigation led to a formal safeguarding notification which led to all the children within the family receiving the appropriate support that was required for their safety and wellbeing
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. 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.
- 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. Three of the nurses had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received

mentorship and support from the medical staff for this extended role. Patient Group Directions (PGDs) 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 direction (PSD) from a prescriber.

- 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 five 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 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 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 clinical staff had received annual basic life support training and there were emergency medicines available in the treatment room. Administrative staff had received training to support clinical staff in an emergency; however none had received training in performing cardio pulmonary resuscitation (CPR). The practice had fully discussed this and risk assessed that there would be no occasion that administrative staff would be in the building without clinical staff being present. This was discussed at the inspection with the practice and a decision was taken to ensure all staff would undertake CPR training. Post inspection we received evidence that training for administrative staff to receive CPR training had been planned.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Outstanding ☆

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. A recently published update of guidelines for diabetes was communicated to all clinical staff by the nurse and GP lead for diabetes within the practice.
- A change to guidelines regarding medicines to be kept at home to treat infections associated with chronic obstructive disease (COPD), a chronic lung disease, had led to an update for clinical staff at a practice meeting and a change to the self-management instructions booklet for patients.
- Consultants from the local hospital were invited to the practice on a regular basis to ensure all staff were kept updated. Recent educational sessions had included a visit to the practice by a respiratory consultant, and an eye specialist.
- 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 99% of the total number of points available. Overall exception rating was 8% compared the local average of 11% and a national average of 10%. Exception reporting for clinical domains were similar or below, local and national averages apart from cervical cytology screening and reviews for patients with dementia. (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 - 2015 showed:

- Performance for diabetes related indicators was better than local and national averages. The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (2014 to 2015) was 94% and similar to the clinical commissioning group (CCG) average of 91% and better than the national average of 88%.
- Performance for mental health related indicators was better than local average and national averages. The percentage of patients with a serious mental health condition who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (2014 to 2015) was 94% compared to a CCG average of 93% the national average of 88%.
- The practice was found to have high exception reporting in cervical cytology and dementia reviews. This was investigated further by the inspection team on the day of the inspection.
- There were some coding anomalies, particularly for dementia reviews, which the practice were aware of and working to resolve. We received evidence post inspection that demonstrated that 87% of patients with dementia had received a face to face annual review which was similar to the local average of 88% and the national rate of 84%. A meeting had been arranged to discuss appropriate and consistent coding in the future by all staff.
- With regards to high exception rates for cervical cytology the practice were able to demonstrate that 15% of these women were of eastern European origin that had returned home and had received cervical cytology screening. The practice had not received these results and had been exempted as a result.

There was evidence of quality improvement including clinical audit.

- There had been 25 clinical audits completed in the last two years, 4 of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review.

Outstanding ☆

Are services effective?

(for example, treatment is effective)

- Findings were used by the practice to improve services. For example, recent action taken as a result included further support and training where appropriate following an audit of complications post insertion of a contraceptive device, to ensure complications were kept to a minimum. The practice re audits at appropriate intervals to ensure this was the case.

Information about patients' outcomes was used to make improvements such as: following a safety alert regarding a medicine, the practice reviewed all patients on the medicine and made appropriate changes. A follow up audit was carried out two years later to ensure that all patients on the medicine were still being managed in line with the new guidance. The results showed that this was the case.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. The continuing development of staff skills was recognised to ensure high quality care. Staff were proactively supported to acquire new skills and share best practice.

- A practice nurse had undertaken training in paediatric care in the community. Continued mentoring by a GP ensured skills were continually developed. A request to undertake the nurse practitioner course had also been responded to positively by the practice.
- 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. A comprehensive personal induction folder was prepared for each new staff member, including GP locums and temporary staff. Changes and updates to these were made, from recommendations made by staff, as appropriate.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Nurses who led on chronic disease clinics had all received appropriate level training in diabetes, heart and respiratory conditions. Updates were also attended on a regular basis.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Cervical screening competency audits were conducted annually. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings 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, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The systems to manage and share information that is required to deliver effective care were coordinated across services and supported integrated care for patients who used the services.

- This included care and risk assessments, care plans, medical records and investigation and test results. The practice had adapted or developed its own computer templates linked to current guidance to ensure high quality care, for example, to assess children under five with raised temperatures. An eight week old baby was assessed using the template, which indicated a low risk of serious illness. This prevented an unnecessary admission to hospital and allowed management of the infant at home with close monitoring, advice and safety netting.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. For example, it was noticed that a group of patients with a learning disability had not had bowel cancer screening. The practice referred these patients to the community team learning disability nurse to discuss with them the benefits and the procedures involved. This led to the bowel cancer screening being undertaken for these patients. The percentage of patients, screened for bowel cancer in last 30 months was 65% compared to a local average of 63% and a national average of 58%.

Outstanding ☆

Are services effective?

(for example, treatment is effective)

- 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. .
- Staff teams and services were committed to working collaboratively. People who had complex needs were supported to receive coordinated care and there were innovative and efficient ways to deliver more joined up care to patients who used the services.
- The patient liaison officer monitored unplanned admissions. A weekly meeting, with the lead GP for this area, to discuss any unplanned admissions had assisted in identifying vulnerable patients. The patient liaison officer coordinated care following hospital discharge with the care coordinator, the patients' own GP and community teams. Supporting vulnerable elderly patients in this way had led to positive patient impact. For example, when a family was struggling to support an elderly relative at home the patient liaison officer supported the GP to initiate, occupational therapy and physiotherapy services and communicated with the local care of the elderly consultant to optimise management of the patient's care. They kept the family informed throughout the process. This resulted in the patients' condition becoming far more stable and being able to remain in their own home.
- Coordinated patient care and the proactive approach by the practice to support vulnerable patients at risk of a hospital admission had led to the practice data demonstrating a lower number of emergency admissions for 19 conditions where effective community care and case management could have prevented the need for hospital admission per 1,000 population (2014 to 2015). The practice data was 11 patients per 1,000 compared to the clinical commissioning group figure of 12 and a national figure of 15.
- Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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

Staff were consistent in supporting patients to live healthier lives through a targeted and proactive approach to health promotion and prevention of ill health. This included 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.

- There was a truly holistic approach to assessing, planning and delivering care and treatment to patients who used the service. The nurses who managed patients with chronic diseases, worked with a patients' emotional wellbeing initially in order to engage patients in being proactive and motivated to manage their own conditions before discussing problem solving with the patient. This had led to good outcomes for patients. For example, a patient on medicines to treat high blood pressure had not engaged with the benefits of lifestyle changes. The nurse applied this model of care and within a year the patient had lost weight, stopped smoking and was taking exercise which had led to the patient no longer requiring medicines to maintain blood pressure within normal limits.

High performance by the practice had been recognised by credible external bodies:

- The practice was awarded the Primary Care Respiratory Award by the Primary Care Respiratory Society three years ago. This award was given to practices who demonstrated good quality of care and good practices in asthma and chronic obstructive pulmonary disease (a chronic condition that affects the lungs). The practice had continued to build on this achievement, with regular respiratory audits to ensure patients continued to be managed in line with guidance. An acute asthma template developed at that time had led to a consistent assessment and approach within the practice as to when hospital admission was advisable.

Outstanding ☆

Are services effective?

(for example, treatment is effective)

- The practice had been accredited with a gold award by Wiltshire Public Health for its achievements in their stop smoking targets. The latest results demonstrated that the practice was highest in the percentage of patients who had stopped smoking, for the whole of Wiltshire with a stop smoking rate of 82%.

The practice's uptake for the cervical screening programme was 94%. The practice had an exception rate of 22%. However on further investigation 15% of these women were of eastern European origin that had chosen to receive cervical cytology screening when they visited their own country. The evidence provided demonstrated that the practice was in line with the local average of 85% 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. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 99% to 100% compared to the CCG average of 97% to 98% and five year olds from 94% to 98% compared to a CCG average of 92% to 97%.

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 or screens 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. A private room was available which adjoined the waiting room and reception area for this purpose.

All of the 41 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 11 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 comparable average for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 83% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% 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 in line with local and national averages. For example:

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 82%.
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

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.

Good

Are services caring?

- As well as other leaflets, the practice's registration forms and the practice booklet was available in Polish as the practice had a significant number of patients whose first language was Polish.

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 243 patients as carers (1.4% of the practice list). The practice was proactively working to identify more carers. The practice website had a dedicated section for carers, a notice board in the waiting room and patients were asked on registration with the practice if they were also a carer. Written information was available to direct carers to the various avenues of support available to them. Young carers had also been identified and signposted to an appropriate support group for their age group. The practice held meetings at the practice for carers, 25 carers had attended the most recent meeting, where carers support, Age UK and the Alzheimer Society were present. Working with carers support had enabled carers to access benefits, for example, the £50 carers voucher every six months, intended to be spent on themselves as a treat. The practice supported carers by being flexible with appointment scheduling. Carers were given a password to quote when calling for an appointment which alerted receptionists to the need to accommodate carers as a priority. Carers were invited for twice yearly health checks which included a clinical health check and a wellbeing health check with a member of Wiltshire carer support.

Staff told us that if families had suffered bereavement, their usual GP contacted. 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 practice funded a bereavement counsellor who held clinics at the practice to support bereaved patients as appropriate.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Services were tailored to meet the needs of individuals and were delivered in a way to ensure flexibility, choice and continuity of care.

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 developed plans for an emergency care practitioner (ECP) role. The practice then worked with other local practices, to secure funding from the CCG through the Transferring Care of Older People scheme to employ an ECP. The ECP worked across all local practices, visited acutely ill elderly patients' promptly to prevent hospital admissions and identified and assessed elderly frail patients at risk of hospital admission.

- The practice offered extended hours appointments between 6.30pm and 7.30pm Monday, Wednesday and Thursday and alternate Saturday mornings between 8.30am to 10.30am 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. The chronic disease nurses provided home visits to patients with diabetes, heart disease and respiratory disease who were unable to attend the practice for reviews. An ECP visited acutely ill elderly patients at home or those who would benefit from a frailty assessment.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice ran an in house dementia service and memory clinic which was overseen by two of the GP partners with a special interest in this aspect of care. Delivering the service in house also meant that a holistic approach to patient care was effectively managed. For example, a patient with memory problems was not taking medicines to maintain blood sugars within normal limits. Collaborative working between the practice's memory clinic, the diabetic nurse, Alzheimer Society and carer support combined with the quick access to memory enhancing medicines led to the patient's blood sugars being more stable and avoidance of potential complications.
- As part of a county wide initiative, the practice ran a young person's sexual health clinic called "No Worries". The young patient did not need to be registered with the practice to be able to be seen within this scheme. A young patient with a sexual health need would always be seen on the same day. The service was led by a Family Planning trained practice nurse who held a mobile phone which patients could contact her on at any time for appointments and advice. The nurse also held this phone outside of working hours to ensure youngsters could contact her when they were at their most vulnerable. The nurse also attended a local school to deliver sexual health promotion presentations. The building of trust and rapport with this group of patients had led to them accessing services at the most appropriate time. The proactive engagement of the practice with this service since 2004 had contributed to the overall teenage pregnancy rate for the Trowbridge area being reduced by 50% in the last 18 years. The practice was continuing to work to improve this service to become a young people friendly accredited practice.
- A GP within the practice who had special interest dermatology (skin conditions) and had undergone additional training ran a dermatology clinic within the practice. Benefits of the clinic for patients were a short waiting time to be seen compared to referral to hospital and also for continuity of care. Enhanced skills of the GP had enabled immediate diagnosis of potential skin cancers resulting in either reassurance for patients or quick referrals to hospital specialists. GP trainees and newly qualified doctors were also able to gain experience whilst sitting in on this clinic. The successful decrease in dermatology referrals and patient satisfaction with the service has led to a successful application for future funding of the clinic by NHS England from April 2016. A second GP had recently undertaken additional training in order to accommodate the expansion of the service and triaging all secondary care referrals from the local area.
- In response to comments from patients that it was difficult to get information regarding for example, follow

up hospital appointments, advice on discharge from hospital or referrals that had been made for them, the practice had employed a patient liaison officer, who via a direct telephone line was the point of contact for patients and their families.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 12.15pm every morning and 2pm to 6pm daily. Extended hours appointments were available between 6.30pm and 7.30pm Monday, Wednesday and Thursday and alternate Saturday mornings between 8.30am to 10.30am. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

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

- 75% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) and the national average of 74%.
- 84% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

The practice had a system in place to assess:

- Whether a home visit was clinically necessary; and the urgency of the need for medical attention. In order to respond to the needs of patients telephoning requiring urgent medical attention, the practice had adopted a system whereby four duty doctors in two hour sessions sat at a desk in reception to take phone calls from patients. The practice had found this to be an effective system to assess urgent medical need and respond as appropriate, for example, 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, the duty doctor could request a visit to the patient by the emergency care practitioner. They had also found this to be effective in supporting and advising receptionists when dealing with patient queries. The GPs also found this to be less stressful and safer for the patients than carrying out the duty doctor role for a whole day. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. This system also meant that no patient had to wait for a call back from a GP at a later time.

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.
- The practice had designated the clinical practice manager and a GP as the responsible people who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system on the practice website, in the practice booklet and notices in the waiting area.

We looked at 38 complaints received in the last 12 months and found these were satisfactorily handled, 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. For example, the practice received a complaint regarding a patient who had received a delayed diagnosis. This was discussed at a practice meeting. To prevent this happening again the decision was taken to invite a specialist to the practice, where the clinical staff received an educational session in the diagnosis and treatment of this condition. Once a year the practice held a meeting to review all complaints looking for trends and any further action needed to be taken as a team was implemented.

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 leadership, governance and culture within the practice was used to drive and improve the delivery of high quality person centred care.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. The mission statement included working in partnership with patients in a flexible and innovative way to meet patient's choice to achieve the best outcomes for patients. The practice committed to working with other professionals in the care of their patients where it was in their best interests and demonstrated this by working with, for example, mental health specialists, a care coordinator and school nurses.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

- Governance and performance management arrangements were proactively reviewed and reflected best practice which supported high 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. The practice had two practice managers. A clinical manager was responsible for all clinical issues and complaints. An administrative manager was responsible for human resources, buildings and general administration. All GP partners had clear individual areas of management responsibility.
- Practice specific policies were implemented and were available to all staff. We looked at a number of these policies. For example, recruitment, chaperoning and infection control and found them to be in date and regularly reviewed.
- A comprehensive understanding of the performance of the practice was maintained. For example, the practice was aware of a growing population requiring more appointment availability which they were unable to provide with the system they were working with. The practice was unable to extend its premises so had to be innovative in finding ways to meet the increased demand. The practice had introduced a system of a GP rota of four, two hour sessions daily with a system of hot desking to maximise use of consultation space. The leadership were proactive in continually assessing any new systems and continually adjusting as necessary. For example, when this system was initiated, a GP was allocated to do home visiting throughout the day, but it was recognised that this did not facilitate continuity for the patients and was stopped.

There was strong collaboration and support across all staff and a common focus on improving quality of care.

- The practice had adapted existing computer templates and developed others to better support staff to consistently deliver high quality and up to date evidenced based care.
- The practice had self-funded a patient liaison officer to support patients and practice staff when patients were referred to other services which had led to improved integrated patient centred care.
- A programme of continuous clinical and internal audit 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

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. Staff told us that the ethos of the practice was non-judgmental and

Are services well-led?

Outstanding ☆

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

that the non-blame culture gave them the confidence to be honest and open with management. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected patients 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.

- Staff told us the practice held regular team meetings. There were regular practice meetings. Minutes were kept and there was a structured agenda. The range of meetings encompassed full staff meetings, significant events, palliative care and weekly meetings with the community nursing teams.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Team outings were organised by the practice, for example the partners had taken all the staff to the cinema one evening.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example,
- The practice had gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a 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.

- A GP within the practice, who had special interest dermatology (skin conditions) and had undergone additional training, ran a dermatology clinic within the practice. Benefits of the clinic for patients were a short waiting time to be seen compared to referral to hospital and also ensured continuity of care. Enhanced skills of the GP have enabled immediate diagnosis of potential skin cancers resulting in either reassurance for patients or quick referrals to hospital specialists. GP trainees and newly qualified doctors were also able to gain experience whilst sitting in on this clinic. The successful decrease in dermatology referrals and patient satisfaction with the service has led to a successful application for future funding of the clinic by NHS England from April 2016. A second GP had recently undertaken additional training in order to accommodate the expansion of the service and triaging all secondary care referrals. The practice had plans for further expansion, enabling other practices in the area to refer their patients into the service.
- The practice ran a successful young persons sexual health clinic. In order to improve services to young people further the practice has continued to work towards becoming an accredited youth friendly practice. This involves the service and staff being assessed independently, as being especially suitable and welcoming for people under 25. To achieve this the practice is developing the service to ensure for example, that appointment times are available after 3.30pm and Saturday mornings and developing information that has been specifically designed to engage young people.