

Lister House Surgery Wiveliscombe

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?		Good	
Are services well-led?		Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Lister House Surgery on 12 November 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and generally well managed however, the process which ensured equipment in GP bags was regularly checked was not always followed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- 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.
- Patients said they found it easy to make an appointment with a named GP and how there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw areas of outstanding practice:

- Musculoskeletal clinics were provided twice a month by one of the GPs and included the provision of longer appointments allowing thorough assessments which facilitated access to MRI scanning and 'fast tracking' to consultant services. Joint injections

Summary of findings

were also provided. This helped reduce the need for patients to travel ten miles to the nearest hospital for the same service and anecdotally speeded up patient recovery.

- A tele-dermatology service was provided by the practice. High resolution photographs were taken by the GP who emailed the image to one of two consultants. The consultant and GP could discuss the image by telephone and agree a diagnosis and treatment plan. A prompt response resulted in the patient being informed of the diagnosis within 24 hours of their GP appointment. This approach helped to reduce patient anxiety, speed up any required follow up action and reduced the need for hospital appointments.

- The practice had initiated a staff award scheme where staff nominated colleagues who they felt 'went the extra mile' in support of patients or the practice. The awards were made approximately each month, feedback from staff indicated this was a positive recognition of their efforts. The leadership team told us they felt it helped motivate and retain staff in the practice.

The areas where the provider should make improvement are:

- Review procedure for checking GPs bags to ensure safe infection control measures are in place.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there are unintended or unexpected safety incidents, patients receive reasonable support, truthful information, a verbal and written apology and are 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. However, the practice should review procedures for checking GPs bags to ensure safe infection control measures are in place.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Information from the Somerset Practices Quality System showed patient outcomes were consistent with the average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patient's needs.
- In support of effective needs assessment the practice participated in a tele dermatology service.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Information from the Somerset Practices Quality System showed patient outcomes were consistent with the average for the locality for several aspects of care.

Summary of findings

- 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 within the practice and on the practices website.
- We saw staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Good



- The clinical team reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. Services included employing a 'wellbeing' worker to support patients diagnosed with three or more long term conditions as part of the local Symphony project (The Symphony project provides new integrated care models for patients with long term conditions).
- As part of an integration initiative with the voluntary sector the practice had teamed up with Parkinson's UK, who had a representative visit the practice every month to provide support and information to patients.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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.
- The practice reviewed and changed where children and young people immunisations clinics were held when a children's centre opened next to the practice.
- The practice worked closely with a local care home which supported ten patients with learning difficulties. Regular home visits were carried out, including a recent flu clinic held at the home and annual medication reviews had been organised and completed.
- A 'Talking Therapies' counselling service, located in the practice, provided a patient counsellor each week.

Are services well-led?

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

Good



Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.
- The practice carried out return to work interviews for staff who had periods of sickness absence to ensure their wellbeing was maintained.
- A staff award scheme was in place in the practice where staff could nominate colleagues who they felt 'went the extra mile' in support of patients or the practice.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- It was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- A selection of flu and shingles clinics with alternate clinic times included early and late sessions was offered to patients. Additionally a session was provided at the local community centre, with a GP visiting local care homes to provide vaccinations.
- All patients over the age of 75 had a named GP.
- All patients over the age of 75 had a named GP.
- Patients who were identified as being at risk of unplanned admissions were added to the practices unplanned admissions register. A care plan was devised between the GP and patient. Care plans were reviewed annually or as needed and patients were informed of their named/accountable GP.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All of 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.
- Patients who were identified as being at risk of unplanned admissions were added the unplanned admissions register. A care plan was devised between the GP and patient. All patients were informed of their accountable GP.

Summary of findings

- The practice provided a range of specialist clinics such as for patients diagnosed with diabetes, chronic obstructive pulmonary disease (COPD), asthma, spirometry and other services such as electrocardiographs, dressings and 24 hour blood pressure monitoring.
- A foot check service was hosted at the practice, primarily to support patients diagnosed with diabetes, as part of Somerset's 'Hot Foot Pathway'.

Families, children and young people

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 patients who had a high number of A&E attendances. Immunisation rates were particularly high for all standard childhood immunisations.
- Patients told us 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's uptake for the cervical screening programme was 83.5%, which was comparable to the Taunton and Deane average of 81.4% and the Clinical Commissioning Group (CCG) average of 80.4% (Public Health at Somerset County Council, January 2015).
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors, the adjacent children's centre and school nurses.
- A midwife was attached to the practice and ran weekly sessions. The practice had recently purchased a baby delivery pack in the event of an emergency delivery on the premises.
- A health visitor was based from the practice and worked closely with practice staff when safeguarding issues occurred. The health visitor attended the practices quarterly away-day sessions and had a dedicated session set aside to discuss current safeguarding cases.
- New families registering at the practice were all registered with the same GP.
- The practice reviewed and changed children's immunisations clinics when the children's centre opened next to the practice.

Good



Summary of findings

Working age people (including those recently retired and students)

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

- 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 which reflected the needs for this age group. An increased number of appointments were available to be booked online, following a marketing campaign to increase online usage figures.
- A range of extended hours' appointments were offered for working age, semi-retired or for patients who had caring responsibilities and may find it difficult to attend during the day. Extended hour's clinics were either: 7.30-8am or 6.30-7pm.
- Telephone consultations were available daily for patients.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless patients, travellers and those with a learning disability.
- It offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- It had told 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.
- The practice worked closely with a local care home supporting ten patients with learning difficulties.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

Good



Summary of findings

- All patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The GPs and nurses 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. Information about these services was available in the practice.
- There was 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.
- Talking Therapies Counselling Service, a Somerset Partnership initiative, provided a counsellor at the practice each week.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015. The results showed the practice was performing above local and national averages. 254 survey forms were distributed and 128 (50.4%) were returned.

- 94.6% found it easy to get through to this practice by phone compared to a CCG average of 78.6% and a national average of 73.3%.
- 97.1% found the receptionists at this Practice helpful (CCG average 89%, national average 86.8%).
- 93.7% were able to get an appointment to see or speak to someone the last time they tried (CCG average 88.8%, national average 85.2%).
- 94.8% said the last appointment they got was convenient (CCG average 93.7%, national average 91.8%).
- 90.9% described their experience of making an appointment as good (CCG average 79.2%, national average 73.3%).

- 75.1% usually waited 15 minutes or less after their appointment time to be seen (CCG average 70.1%, national average 64.8%).

As part of our inspection planning we had asked for CQC comment cards to be completed by patients prior to our inspection. We received 40 comment cards of which 37 were positive about the standard of care received. There were no themes from the three less positive comments made. Comments included how staff were friendly and helpful, being able to get appointments with a GP or nurse of the patient's choice and being supportive at times of bereavement.

We spoke with 11 patients during the inspection. All patients we spoke with said they were very happy with the treatment and care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- Review procedure for checking GPs bags to ensure safe infection control measures are in place.

Outstanding practice

We saw areas of outstanding practice:

- Muscular skeletal clinics were provided twice a month by one of the GPs and included the provision of joint injections. This helped reduce the need for patients to travel ten miles to the nearest hospital for the same service and anecdotally speeded up patient recovery.
- A tele dermatology service was provided by the practice. High resolution photographs were taken by the GP who emailed the image to one of two consultants. The consultant and GP could discuss the image by telephone and agree a diagnosis and treatment plan. A prompt response resulted in the

patient being informed of the diagnosis within 24 hours of their GP appointment. This approach helped to reduce patient anxiety, speed up any required follow up action and reduced the need for hospital appointments.

- The practice had initiated a staff award scheme where staff nominated colleagues who they felt 'went the extra mile' in support of patients or the practice. The awards were made approximately each month, feedback from staff indicated this was a positive recognition of their efforts. The leadership team told us they felt it helped motivate and retain staff in the practice.

Lister House Surgery Wiveliscombe

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 advisor, a second CQC inspector, a practice nurse specialist advisor and a pharmacist specialist advisor.

Background to Lister House Surgery Wiveliscombe

Lister House Surgery is located close to the centre of Wiveliscombe about 11 miles from Taunton. The practice had a branch location in Milverton just over three miles away, which we visited as part of the inspection. Patients could and did attend either practice. The practice serves a rural population of approximately 6600 patients from Wiveliscombe and the surrounding villages. The Wiveliscombe practice building was purpose built in 2013 with the Milverton location being constructed in the 1980's.

Lister House Surgery has three partner GPs and two salaried GPs. They provide 27 GP sessions each week across both locations and are equivalent to 3.4 whole time employees. Two GPs are female and three are male. There are three female nurses including a lead nurse, and two health care assistants whose working hours are equivalent to 1.68 and 1.25 whole time employees respectively. The GPs and nurses are supported by 20 management and administrative staff including a staff manager and a practice manager. The practice has a stable workforce with relatively little turnover of staff.

The practice is a dispensing practice with a lead dispenser and seven staff having a role in supporting this part of the practice.

The practice is a training practice, a GP specialist training (ST) doctor was placed in the practice at the time of our inspection.

The practice is open between 8:30 am and 6:30 pm Monday to Friday, appointments are available during these times. Extended hours are offered on weekday evenings between 6:30 pm and 7 pm and on Thursday mornings between 7:30 am and 8 am for pre-booked appointments for those patients who cannot visit the practice during normal hours.

The practice has a General Medical Services (GMS) contract to deliver health care services; the contract includes enhanced services such as extended opening hours, childhood vaccination and immunisation scheme, facilitating timely diagnosis and support for patients with dementia and minor surgery services. It provides an influenza and pneumococcal immunisations enhanced service. These contracts act as the basis for arrangements between the NHS Commissioning Board and providers of general medical services in England.

The practice is a dispensing practice with about 3720 dispensing patients, about 56% of the practice population, with an average of 6812 items dispensed each month. The practice has opted out of providing out-of-hours services to their own patients. This service is provided by Somerset Doctors Urgent Care (SDUC), patients are directed to this service by the practice outside of normal practice hours.

Detailed findings

Why we carried out this inspection

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

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

How we carried out this inspection

Before visiting the practice, 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 12 November 2015. During our visit we:

- Spoke with a range of staff including four GPs and the trainee doctor, two nurses and health care assistants, management, dispensing, reception and administrative staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members about the treatment they received.
- Reviewed the personal care or treatment records of patients.

- Looked at the practice's website and information about the practice on the NHS Choices website.
- 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 patient's needs?
- Is it well-led?

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager verbally or by email of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events with a clear audit trail of the actions and learning taken from the events.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, providing an updated protocol and flow chart for clinical staff following an incident when a nurse cut themselves on a needle. We saw the flowchart was clearly displayed in consultation and treatment rooms.

When there are unintended or unexpected safety incidents, patients receive reasonable support and truthful information. A face to face meeting was arranged and a verbal and written apology provided. Additionally they were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse which reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3 for children and worked closely

with a children's centre located next to the practice to ensure the safety of children. Where concerns were identified we saw recorded evidence of appropriate referrals to the local safeguarding team.

- There was a system to highlight vulnerable patients on the practice's electronic records. This included information to make staff aware of any relevant issues when patients attended appointments; for example, children subject to child protection plans. A health visitor, permanently located within the premises, confirmed access was available to GPs to discuss any vulnerable children on the practice's caseload. The health visitor confirmed active engagement by practice staff in local safeguarding procedures and effective working with other relevant organisations and with the adjacent children's centre.
- 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 check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice was in the process of improving patient choice by making male chaperones available; they had received their training and were awaiting DBS checks before taking on the role.
- The practice had processes in place for the cleanliness and hygiene of the patient areas. 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 action was taken to address any improvements identified as a result. However, we noted GPs bags were not included in the audits. In two bags we checked we noted lancing devices, meant for single patient use (Lancing devices are used to prick the skin to draw blood). There was a slight risk of cross contamination as the lancing device carrier would come into contact with patient's skin. When raised with the practice they immediately changed the devices for single use items and told us they would review processes for checking GPs bags.

Are services safe?

- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). We noted medicines for collection at the Milverton Surgery, just over three miles away, were transported in a sealed box by a volunteer driver. A validated 'cool box' was available for transport of medicines requiring refrigeration with the facility to record the temperature. The practice did not have a process to record temperatures and arranged to put one in place immediately we highlighted the matter. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescribing audits were also designed to highlight unusual patterns of prescribing; no unusual prescribing had been noted in the CCG pharmacist's reports, the most recent audit available to us being August 2015. There was a clear system in place for disposal of patient returned medicines. Secure storage was maintained and an appropriate audit trail was maintained. Prescription pads were securely stored and there were systems in place to monitor their use in the main practice. In the Milverton branch surgery we noted consulting room doors had not been locked. The practice manager took immediate action to resolve this when we raised the matter and stated it was practice policy for all unused rooms to be locked. Practice staff confirmed the doors were locked following the managers actions. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification although some of this was not retained on file after Disclosure and Barring Service checks, references, qualifications, registration with the appropriate professional body and appropriate checks through the Disclosure and Barring Service.
- All portable electrical equipment was tested and displayed stickers indicating the last testing date which was April 2015. A schedule of testing was in place and we saw copies of test certificates for each item of

equipment. We saw evidence of calibration of relevant equipment for example, weighing scales, nebuliser machines, blood pressure measuring devices and the fridge thermometer.

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. The practice had up to date fire risk assessments and carried out regular fire drills and evacuations. 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. All the risk assessments we reviewed had been reviewed and updated throughout 2015 with further planned review dates noted on each assessment. Staff told us they were made aware of any updated documents and these were discussed at practice meetings.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a rota system in place for all the different staffing groups to ensure enough staff were on duty. There was an arrangement in place for members of staff, including nursing and administrative staff, to cover each other's annual leave, the nursing and GP team gave examples of recent adjustments to cover short notice unplanned absences. Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe. The practice manager showed us records to demonstrate actual staffing levels and skill mix met planned staffing requirements.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging and emergency buzzer system in all the consultation and treatment rooms which alerted staff to any emergency. The emergency

Are services safe?

buzzer system was linked to both locations enabling emergency alerts to be seen by staff at both locations. The system was demonstrated by one of the GPs following our query about how it worked; we saw staff responded to the alert promptly.

- All staff received annual basic life support training which had been updated in 2015 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. There was also a first aid kit and accident book available. All were checked weekly by the nursing team.

- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff with the practice manager and main partner having copies of the plan at home. The practice had arrangements to use the branch location to provide appointments should the main practice become unavailable and visa versa.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines and Clinical Commissioning Group 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 which met patients' needs.
- The practice monitored these guidelines were followed through risk assessments, audits and random sample checks of patient records. New guidelines were discussed at clinical and practice meetings and practice protocols updated to ensure staff were aware of best practice. For example, protocols for the management of diabetes had been updated to ensure medicine reviews were carried out in line with NICE guidelines.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Somerset Practice Quality Scheme (SPQS) and performance against national screening programmes to monitor outcomes for patients. (SPQS is a system intended to improve patient support based on local need). Aggregated information from a review of this scheme (October 2015) indicated;

- There was emerging evidence the number of contacts patients had in order to meet their needs was being reduced in some of the SPQS practices.
- Individuals and clinicians decided priorities together through shared decision making.
- Small incremental gains from suspending the Quality and Outcomes Framework (QOF) were being used by SPQS practices to concentrate on the work which provided most local value for example, spending more time listening to patients about their illness.

Staff had a good understanding of how to support patients with mental health needs and dementia. They participated in the dementia Dementia Directed Enhanced Services (DES) and maintain a register. Following sign-up to the DES in 2014 the practice ran a training session for nurses and

health care assistants regarding initial assessments and the 'Dementia Identification Scheme'. Dementia screening was now led by the health care assistants. The practice's referral system included a referral to the local memory clinic. Through training and group discussion staff had gained a heightened awareness of recognising the signs and symptoms of dementia. The practice manager had arranged for the founder of a local dementia charity to give a talk to staff at the planned November 2015 staff meeting.

Clinical audits demonstrated quality improvement.

- There had been 20 clinical audits completed in the last two years, 15 of these were completed audits where the improvements made were implemented and monitored. For example, prescribing, dementia diagnosis, prioritising patients diagnosed with asthma and dispensing outcomes.
- The practice participated in applicable local audits such as prescribing rates, national benchmarking such as cancer screening, accreditation and peer review.
- Findings were used by the practice to improve services. For example, recent action taken as a result included; improved stock levels and reduction in 'items owing' in the dispensary in support of medicines availability for patients; an increase in the number of patients diagnosed with dementia and additional staff training about dementia awareness to support patients in a timely and caring way; and clearer recording of patients identified with a diagnosis of asthma or who were prescribed asthma related medicines to ensure patients received the most effective treatment to meet their needs.

Information about patients' outcomes was used to make improvements such as; reduced prescribing of antibiotics to reduce antibiotic resistance; the employment of a 'wellbeing' worker in the practice who supported patients diagnosed with three or more long term conditions; and identification of a member of staff to become a 'carers champion' to provide coordinated information and support for patient carers. The practice had implemented a 'carers champion' since 2011 as part of their patient support pathway.

Additional initiatives included, hosting podiatry foot checks as part of the diabetes 'Hot foot pathway' initiative and a range of specialist clinics such as for musculoskeletal problems, diabetes, chronic obstructive pulmonary disease (COPD), asthma, spirometry (a test which can help

Are services effective?

(for example, treatment is effective)

diagnose various lung conditions), electrocardiographs and 24 hour blood pressure monitoring. The musculoskeletal clinics were provided twice a month by one of the GPs and helped reduce the need for patients to travel ten miles to the nearest hospital for the same service. Joint injections were provided by the GP and had helped reduce the need for hospital appointments in this area of clinical need. The practice embraced the use of technology to interpret and record live clinical data to help support effective outcomes for patients.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff which covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice demonstrated how they ensured role-specific training and updates for relevant staff through a detailed, well maintained staff training matrix. For example, for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of annual appraisals, weekly, monthly and quarterly meetings and annual reviews of practice development needs. Staff had access to training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, quarterly one-to-one meetings, appraisals, coaching and mentoring and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months and had a clear training plan for the coming year.
- Staff received training which included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules, Clinical Commissioning Group and Local Medical Council learning session and in-house training led by nurses or GPs.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were available in the waiting area as well as in the consulting and treatment rooms. The practice website provided additional information for patients about men's health, reducing cancer risks, health checks and pregnancy.
- The practice shared relevant information with other services in a timely way for example, when referring patients to other services or when safeguarding concerns were raised.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patient's needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence of multi-disciplinary team meetings taking place quarterly and how care plans were reviewed and updated as required. For patients with long term conditions a 'My life plan' was produced in conjunction with them. The patients were provided with a copy of the plan which they could share if a hospital admission was needed.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young patients, staff carried out assessments of capacity to consent in line with relevant guidance and demonstrated an awareness for Gillick competencies (a term originating in England used in medical law to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge).

Are services effective?

(for example, treatment is effective)

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse would assess the patient's capacity and, where appropriate, recorded the outcome of the assessment in the patient's record.
- We saw how the practice gained consent from patients for minor surgery and joint injections and heard from patients how GPs sought verbal consent during routine appointments.
- Patients with a learning disability and those with dementia were supported to make decisions through the use of care plans, which they were involved in producing and signed in agreement.

Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and those with mental health concerns. Patients were then signposted to the relevant services such as, bereavement counselling, carers organisations, activity groups, dieticians and 'Talking Therapies' counselling services.
- Smoking cessation advice was available from the South West's 'Smokefree' initiative to which the practice referred patients.

The practice had a system for ensuring results were received for every sample sent as part of the cervical

screening programme. The practice's uptake for the cervical screening programme was 83.5%, which was comparable to the Taunton and Deane average of 81.4% and the Clinical Commissioning Group (CCG) average of 80.4% (Public Health at Somerset County Council, January 2015). There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were better than CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 88.9% to 100% and five year olds from 97.3% to 100% (NHS England April 2014 to March 2015). Flu vaccination rates for the over 65s were 64.67%, and at risk groups 41.79%. These were below the CCG and national averages; the practice had just completed this year's vaccinations and planned further vaccination clinics to raise their rates.

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 (provided by an outsourced service through NHS Somerset). Appropriate follow-up appointments about the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed how members of staff were courteous, polite and 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 consultation and treatment room doors were closed during patient consultations and conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed offered them a private room to discuss their needs.

The majority of the 40 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. Patients who had visited the practice over many years commented about the professionalism of the GPs and nurses and the friendliness of the reception and dispensing teams.

We also spoke with one member of the patient participation group. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted how 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 in line with other local practices for its satisfaction scores on consultations with doctors and nurses. For example:

- 90.3% said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 91.6% and national average of 88.6%.
- 93.1% said the GP gave them enough time (CCG average 94.6%, national average 91.9%).
- 98.1% said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95.2%)
- 87.1% said the last GP they spoke to was good at treating them with care and concern (CCG average 88.9%, national average 85.1%).

- 94.3% said the last nurse they spoke to was good at treating them with care and concern (CCG average 94%, national average 90.4%).
- 97.1% said they found the receptionists at the practice helpful (CCG average 89%, national average 86.8%)

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was positive and aligned with these views.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 91.2% said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 90.1% and national average of 86%.
- 85% said the last GP they saw was good at involving them in decisions about their care (CCG average 86.1%, national average 81.4%)

Staff told us translation services were available for patients who did not have English as a first language through a telephone translation service. We saw notices in the reception areas informing patients this service was available and a staff quick check question list in Polish.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room and on the information television screen told patients how to access a number of support groups and organisations.

We saw the practice had received thank you cards from grateful patients and heard about how staff 'went the extra mile' to support patients. For example, a patient was given a lift home to tend to their unwell husband following an appointment; and reception staff setting up a donation fund for a local family badly affected by an incident which raised about £1000 to support them.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 11% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them as well as being available on the practice website and Carers noticeboard.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Services included employing a 'wellbeing' worker to support patients diagnosed with three or more long term conditions as part of the local Symphony project (The Symphony project provides new integrated care models for patients with long term conditions). As part of an integration initiative with the voluntary sector the practice had teamed up with Parkinson's UK and had a representative attending the practice monthly to provide support and information to patients. Arrangements had been made with the local pharmacy to provide a home delivery service for patients who were disabled, without transport or who could not easily get to the practice to collect their repeat prescriptions.

- The practice offered a 'Commuter's Clinic' from 7:30 am on a Thursday morning and evening sessions until 7 pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability where these were needed.
- Home visits were available for older patients and patients who would benefit from these. Visits included weekly clinics in a local nursing home.
- Same day appointments were available for children and those with serious medical conditions. The appointment system for the day of our inspection showed urgent appointments slots were available that day.
- There were disabled facilities, hearing loop and translation services available.
- The premises and services had been designed to meet the needs of patients with disabilities. The practice was accessible to patients with poor mobility with facilities for patients on the ground floor and disabled parking places adjacent to the entrance of the practice. The consulting rooms were accessible for patients with poor mobility, with wide entrances and uncluttered wide corridors making access easier for wheelchair users. There were access enabled toilets and baby changing

facilities. The large waiting area provided plenty of space for wheelchairs and pushchairs and a variety of seating was available including higher chairs with arms to help patients with poor mobility.

- In support of effective needs assessment the practice participated in a tele dermatology service. High resolution photographs were taken by the GP who emailed the image to one of two consultants. The consultant and GP could discuss the image by telephone and agree a diagnosis and treatment plan. A prompt response resulted in the patient being informed of the diagnosis within 24 hours of their GP appointment. This approach helped to reduce patient anxiety, speed up any required follow up action and reduced the need for hospital appointments.
- A midwife was attached to the practice and ran weekly sessions. The practice had recently purchased a delivery pack in the event of an emergency delivery on the premises. This helped reduce the need for contacting the emergency services if such an emergency occurred.
- The practice reviewed and changed where children and young people immunisations clinics were held when a children's centre opened next to the practice. The practice moved their clinics to the Wiveliscombe site, choosing different days to open the clinic and extend patient choice. School leavers were invited separately to immunisation clinics to provide the opportunity to discuss healthy lifestyles and sexual health advice.
- The practice worked closely with a local care home which supported ten patients with learning difficulties. Regular home visits were carried out, including a recent flu clinic held at the home and annual medicines reviews had been organised and completed.
- A 'Talking Therapies' counselling service, located in the practice, provided a patient counsellor each week. This provided a valuable local service to patients experiencing poor mental health and reduced the need to travel long distances to receive support. The practice had recently agreed to extend their room hire to incorporate an additional session per week from 5 November.

Access to the service

The practice was open between 8:30 am and 6:30 pm Monday to Friday, appointments were available during these times. Extended hours were offered on weekday evenings between 6:30pm and 7pm and on Thursday mornings between 7:30am and 8am for pre-booked

Are services responsive to people's needs?

(for example, to feedback?)

appointments for those patients who could not visit the practice during normal hours. In addition, pre-bookable appointments could be booked in advance, urgent appointments were available for patients who needed them and for prioritised vulnerable and very unwell patients.

- The practice was proactive in offering online services as well as a full range of health promotion and screening which reflected the needs for this age group. An increased number of appointments were available to be booked online, following a marketing campaign to increase online usage figures. The practice had seen a 50% increase in the number of patients accessing online services. The practice was currently investigating whether nurse appointments could be added to the online booking facility.

Results from the national GP patient survey showed patient's satisfaction with how they could access care and treatment was better than local and national averages. Patients told us during our inspection they were able to get appointments when they needed them.

- 78.6% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 77.2% and national average of 74.9%.
- 94.6% patients said they could get through easily to the practice by phone (CCG average 78.6%, national average 73.3%).
- 90.9% patients described their experience of making an appointment as good (CCG average 79.2%, national average 73.3%).

- 75.1% patients said they usually waited 15 minutes or less after their appointment time (CCG average 70.1%, national average 64.8%).

Listening and learning from concerns and complaints

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

- The practice's 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 information was available to help patients understand the complaints system. Information included an information poster displayed in the waiting room, complaints information in the practice's leaflet and on their website.

We looked at three complaints received since April 2015 and 13 complaints from the previous year. We found these were satisfactorily handled, dealt with in a timely way, with each complainant being informed of the outcome of their complaint. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, ensuring administrative or reception staff gathered correct patient information for letters and clinical staff gaining a clearer understanding of patients' needs during consultations. We saw patients received follow up appointments to discuss their concerns as well as receiving letters of apology.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a mission statement which was discussed at staff away days and staff knew and understood the values. The practice had a robust strategy, supporting business and succession plans which reflected the vision and values and were regularly monitored. In summary the values included;

Achieving the delivery of a truly equitable health care service by:

- Ensuring patients were at the heart of all practice developments and services.
- Consulting patients on the needs and demands of the practice and invite patient discussion and feedback.

Treating everyone as an individual by:

- Ensuring all decisions in respect of patient management and provision of services were based upon clinical need.
- Ensuring all clinical and non-clinical team members were committed to undertaking continuous professional development to ensure their knowledge skills and ability remain up-to-date and met the demands of their role.
- Ensuring a robust system of record keeping was maintained through the use of technologies to assist with continuity of care.
- Ensuring feedback provided by patients was considered on its own merits and make changes to improve the service.

Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. This was supported by a robust appraisal and training system which supported continuous staff development.
- Practice specific policies were implemented and were available to all staff on the practices intranet. The policies were included as part of new staff induction processes.

- A comprehensive understanding of the performance of the practice was made through information from sources such as the Somerset Practices Quality System, elements of the Quality and Outcomes Framework and the Clinical Commissioning Groups pharmacist.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. The trainee doctor told us they were supported effectively by the GP trainer and had access to the other GPs for advice and support if the trainer was unavailable.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents but had not needed to use them since moving to their current premises.

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular team meetings, the minutes of these meetings they provided corroborated their statements.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. We noted team away sessions were held every three months.

Are services well-led?

Good 

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

- 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.
- The practice carried out return to work interviews for staff who had periods of sickness absence to ensure their wellbeing was maintained.
- A staff award scheme was in place in the practice where staff nominated colleagues who they felt 'went the extra mile' in support of patients or the practice. The awards were made approximately each month with feedback from staff indicating this was a positive recognition of their efforts. The leadership team told us they felt it helped motivate and retain staff in 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.

It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met monthly, they carried out patient surveys on behalf of the practice and submitted proposals for improvements to the practice management team. Areas the PPG had been involved with included;

- Jointly designing the waiting room area in new premises to meet patient needs.
- Improving electronic payment facilities in the dispensary and practice.
- Developing a joint action plan with PPG subgroup to act on and drive improvements.
- Attending Somerset PPG Chairs meetings and reporting back to the practice group.
- Providing the practice with a monthly patient comments feedback session at each PPG meeting.

- The practice had also gathered feedback from staff through 1 to 1 meetings with all non-clinical staff quarterly in addition to annual appraisals. This was supplemented by a range of other practice meetings, informal meetings and appraisal/revalidation meetings. This approach ensured the leadership team received regular feedback from staff about the services provided and the development needs of individuals. An online staff survey was planned for ten days commencing on 18 November 2015 to further extend this engagement. 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 strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example;

- Involvement with the Somerset Practice Quality System to develop locally based services for patients;
- Participation in the Symphony project providing new integrated care models for patients with long term conditions;
- Recently becoming a training practice;
- Membership of the Taunton Deane Federation of 14 GP practices to provide patients with wider access to locally based services rather than having to attend hospital;
- The practice worked with voluntary sector organisations such as Parkinson's UK to improve patient information and advice;
- Gathering feedback from patients and staff;
- Investment in staff training to support and expand services.
- IT staff were involved in beta testing the latest version of online services and submitted change requests to improve the overall clinical system for the wider benefit of staff and patients.