Axminster Medical Practice

Quality Report

St Thomas Court
Church Street
Axminster
Devon
EX13 5AG
Tel: 01297 32126
Website: www.axminstermedicalpractice.nhs.uk

Date of inspection visit: 6 March 2018
Date of publication: 23/04/2018

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

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Outstanding
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

Axminster Medical Practice is rated as good overall and outstanding in the responsive domain. (the previous inspection October 2014 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Outstanding

Are services well-led? - Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) - Good

We carried out an announced comprehensive inspection of the Axminster Medical Practice on Tuesday 6 March 2018 as part of our inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen there was a genuinely open culture in which all safety concerns raised by staff and people who use services were used as opportunities for learning and improvement.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care.

Summary of findings

- The practice had recently purchased a piece of equipment to prepare blood samples to extend how long the practice could store samples until collection which meant patients could access blood test procedures throughout the day.

We saw one area of outstanding practice

The involvement of other organisations and voluntary services and the local community were integral to how services were planned and ensured that services met patient's needs. There were innovative approaches to providing integrated person-centred pathways of care that involved other service providers and the voluntary sector, particularly for people with multiple and complex needs. For example:

- The practice provided a minor injuries service at the practice which in 2017 had treated 764 patients with low onward referrals for further treatment.
- Full contraception services and joint injection service reduced the need for patients to travel over 25 miles to the nearest service.
- Effective working relationships with younger persons mental health support services
- Proactive health promotion and provision of 141 NHS health checks of patients and non patients with a local employer.
- Setting up, promoting, hosting and supporting a voluntary counselling and psychotherapy service (Axminster Recovery with Counselling) for patients experiencing trauma, bereavement and grief which since 2009 had seen 2030 patients referred.

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

Axminster Medical 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 and a practice manager adviser.

Background to Axminster Medical Practice

Axminster Medical Practice is a GP practice which provides its services under a Personal Medical Service (PMS) contract for approximately 11,900 patients. The practice is situated in the rural town of Axminster.

The practice population area is in the seventh decile for deprivation. In a score of one to ten, the lower the decile the more deprived an area is. The practice distribution and life expectancy of male and female patients is equivalent to national average figures. However, the practice had a significantly higher than average number of patients aged over 75 and 85 years, (15% of the practice list were over the age of 75 years compared to the national average of 7% and 5% of the patient list were over the age of 85 compared with the national average of 2%). Average life expectancy for the area is similar to national figures with males living to an average age of 81 years and females living to an average of 84 years.

The practice offers dispensing services to approximately 6,000 patients on the practice list who live more than one mile (1.6km) from their nearest pharmacy.

There is a team of twelve GPs. Of the 12 GPs eight are partners and four are salaried GPs. The whole time equivalent of GPs was just under 8 WTE.

The team also includes a practice manager, assistant practice manager, a nurse practitioner, a prescribing practice nurse, three practice nurses, four health care assistants, a phlebotomist, nine administration staff, seven reception staff and eleven dispensary staff.

Patients using the practice have access to community staff including community nurses, health visitors, counsellors, alcohol and drug recovery workers and other health care professionals.

The practice is a teaching practice for GP Registrars (doctors training to become a GP) and foundation doctors (doctors who have qualified in the last two years).

The GPs provide medical support to residential care homes and nursing homes in the area who are registered at the practice.

The practice is registered to provide regulated activities which include:

Treatment of disease, disorder or injury, surgical procedures, family planning, maternity and midwifery services and diagnostic and screening procedures and operate from the location of:

St Thomas Court

Church Street

Axminster

Devon

EX13 5AG

We visited this location during our inspection.

Good

Are services safe?

Our findings

We rated the practice, and all of the population groups, as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice had a set of safety policies including adult and child safeguarding policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. Policies were regularly reviewed and were accessible to all staff, including locums from each computer terminal. They outlined clearly who to go to for further guidance.
- There was a system to highlight vulnerable patients on records and a risk register of vulnerable patients.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for the role and had received a DBS check.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis and were in the process of updating DBS checks on staff who had worked at the practice for over five years.
- There was an effective system to manage infection prevention and control. A six monthly infection control audit had last been completed in January 2018 and had prompted the review of policies being reviewed and action had been taken to build on current good practice.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe. The practice had recently purchased a piece of equipment to prepare blood samples to extend how long the practice could store samples until collection which meant patients could access blood test procedures throughout the day.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics. Staff told us there were enough staff but the practice was a busy place to work.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis. Pop up templates on the computer system were used for assessment of sepsis. Staff had been recently supplied with guidance to recognise the unwell patient and to signpost them to other services where appropriate. For example, the pharmacy, physiotherapy and emergency department.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. There was a documented approach to the management of test results.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

Good

Are services safe?

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing and disposing of medicines, including vaccines, emergency medicines and equipment, minimised risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. Staff used online formularies and had regular prescribing meetings to discuss hot topics, formulary updates and prescribing patterns. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

The practice had a dispensary for medicines and provided a service to approximately 6,000 patients. There were processes in place within the dispensary to keep patients safe.

- The practice had signed up to and followed the Dispensing Services Quality Scheme (DSQS), which rewards practices for providing high quality services to patients of their dispensary
- There was a named GP responsible for the dispensary.
- Access to the dispensary was restricted to authorised staff only.
- Written procedures were in place and reviewed regularly to ensure safe practice. These standard operating procedures were kept under review. Any changes were communicated to all staff at the regular dispensary and clinical meetings held at the practice.
- Prescriptions were signed before medicines were dispensed and handed out to patients.
- Records showed that all members of staff involved in the dispensing process were appropriately qualified and their competence was checked regularly by the practice manager and lead GP for the dispensary. For example, we saw NVQ certification and update training for staff.
- The dispensary held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse). There were also arrangements for the destruction of controlled drugs.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to environmental safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong. For example, a patient had attended the practice with breathing difficulties and used both oxygen cylinders whilst waiting for the ambulance service. A review of the event highlighted the need for a larger oxygen cylinder which was ordered immediately.

- There was a system and policy for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers encouraged and supported them when they did so. All staff were invited to the significant event meetings to hear what action had been taken.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons and took action to improve safety in the practice. Changes had recently been made to the significant event records to ensure themes could be more easily identified on the annual review of significant events.
- There was a system for receiving and acting on safety alerts including MHRA (Medicines and Healthcare products Regulatory Agency) alerts. The practice learned from external safety events as well as patient and medicine safety alerts. Staff said they were sent emails regarding any alerts and any relevant notices were printed off and signed by staff to ensure all had been notified.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available.

Good

Are services safe?

- The practice had a defibrillator available and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice and all of the population groups as good for providing effective services.

(Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.)

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. All staff whom attended educational sessions provided a summary and key points to the rest of the clinical team. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols and used a computer template system which prompted staff to follow these guidelines .

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Patients were given information leaflets regarding their medicines and long term conditions. One GP encouraged patients to photograph these information leaflets as they said leaflets could be lost but mobiles were lost less often and could be accessed by patients more readily.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used appropriate tools to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medicines.
- Frail and vulnerable patients were discussed at the weekly multidisciplinary team meetings and referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital.
- Patients with respiratory conditions were able to access 'just in case' rescue medicine packs and prescriptions.
- The practice had a lower than national obesity prevalence (5% compared with a national rate of 10%) but a higher incidence of high blood pressure (19% compared with the national average of 14%). To address this the practice ensured they had performed routine and opportunistic blood pressure checks on all patients over the age of 45 years. The practice had carried these out on 93% of these patients compared to the national average of 91%. The practice had also continued to provide smoking cessation advice and referrals to exercise groups to reduce the risks of patients developing cardio vascular disease.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

Good

Are services effective?

(for example, treatment is effective)

- Practice staff met with the school nurses and health visitors to discuss children in need or at risk.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 76%, which was in line with the 72% national screening average.
- The practices' uptake for breast and bowel cancer screening were higher than the national average. For example, females, 50-70, screened for breast cancer in last 36 months (3 year coverage was 78% which was better than the national average of 70%)
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice were aware of and held a register of patients living in vulnerable. We were informed of examples where tailor made services had been provided for these vulnerable patients. For example, being a 'named GP' for a patient who was homeless and travelled across the country.

People experiencing poor mental health (including people with dementia):

- 83% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is comparable to the national average of 83%.
- 92% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is comparable to the national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example 89% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This is comparable to the national average of 90%.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

Monitoring care and treatment

- The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, the practice performed routine audits of the effectiveness and complication rates of minor surgery procedures. The audits showed the procedures were done effectively with minimal risks and side effects. Where appropriate, clinicians took part in local and national improvement initiatives. For example, The GPs were involved with the local acute hospital in designing and setting up the Acute Care of the Elderly (ACE) team who worked on getting patients home as soon as possible. The GPs at the practice were also involved in national projects to do with patient frailty.

We were shown many examples of clinical audit and looked closely at two audits which had resulted in change of practice. One was performed following a significant event of a intrauterine device, (coil) with the hormone progesterone that had past the efficiency date for treatment of menopause symptoms. The audit looked at 18 women over the age of 45 who had a coil with progesterone fitted for menopause symptom control. The audit highlighted that these patients did not have a date for renewal/removal in their records. This was rectified immediately, staff made aware and scheduled tasks introduced to send a letter a month before the coil was due to be replaced. A system of recall was also introduced each time a new coil was fitted.

The most recent published QOF results showed the practice had achieved 553 of the 559 points available, which was 99% of the points available. This was higher than the national average of 95%. The overall exception reporting rate was 10% compared with a national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

Good

Are services effective?

(for example, treatment is effective)

- The practice used information about care and treatment to make improvements. For example, from updated national guidance, alerts or findings from audits, prescribing incentive schemes and significant event investigations.
- The practice was actively involved in quality improvement activity. For example, clinical audit. Where appropriate, clinicians took part in local and national improvement initiatives.
- The practice were a research centre and recruited for multiple studies including a cancer and diabetic study.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date. Staff said they were encouraged and supported to attend training courses, updates and study.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, appraisals, and support for revalidation. Staff said they had received an appraisal in the last year or had one booked before the end of March. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach, external support and processes in place for supporting and managing staff when their performance was poor or variable.
- Dispensary staff were appropriately qualified and their competence was assessed regularly. They could demonstrate how they kept up to date.
- The practice is a teaching practice for GP Registrars (doctors training to become a GP) and foundation doctors (doctors who have qualified in the last two years). Each trainee has an educational and clinical supervisor within the practice and have additional time to discuss cases, have a debrief session and attend tutorials.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment. We spoke with two health care professionals and the in house counsellor who all agreed that the GPs and staff at the practice communicated well and were approachable.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies with consent.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Good

Are services effective?

(for example, treatment is effective)

- The practice monitored the process for seeking consent appropriately.

Good

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the seven patients we spoke with and the 12 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients told us all staff were kind, caring and approachable and went above and beyond to meet their needs. We received no negative comments.
- Feedback we received on the day was in line with the results of the NHS Friends and Family Test and other feedback received by the practice. For example, between July 2017 and January 2018 the practice had received 129 friends and family feedback forms. Of these, 112 (94%) were extremely likely and nine likely to recommend the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 219 surveys were sent out and 109 were returned. This represented about 1% of the practice population. The practice was comparable or slightly above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% of respondents stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared with a local average of 87% and national average of 79%.
- 93% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 98% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 97%; national average - 96%.
- 91% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG– 91%; national average - 86%.
- 96% of patients who responded said the nurse was good at listening to them; (CCG) - 94%; national average - 91%.
- 95% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 94%; national average - 91%.

We saw results from an external Improving Practice Questionnaire which captured feedback from 181 patients in February 2018. Overall practice scores were higher than national averages for patient satisfaction. For example:

- 180 of the 181 patients described the warmth of greeting as excellent, very good or good.
- 163 of the 181 patients described staff concern for patients as excellent, very good or good.
- 161 of the 181 patients described respect for patients privacy and confidentiality as excellent, very good or good.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language.
- Text messages were used to communicate with deaf patients where appropriate.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers by capturing information opportunistically, during

Good

Are services caring?

routine appointments or on registration. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 312 patients as carers (2.6% of the practice list).

- Staff ensured that the various services supporting carers were coordinated and effective.
- Staff told us that if families had experienced bereavement, their usual GP contacted them to arrange 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. This included prompt referral to the in house counselling and bereavement service.

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:

- 87% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 91% and the national average of 86%.
- 84% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 88%; national average - 82%.
- 94% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 93%; national average - 90%.
- 89% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 89%; national average - 90%.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Conversations with receptionists could not be overheard by patients in the waiting room.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as outstanding for providing responsive services.

The practice was rated as outstanding for responsive care because:

- The involvement of other organisations and the local community was integral to how services were planned and ensured that services met patient's needs. There were innovative approaches to providing integrated person-centred pathways of care that involved other service providers and the voluntary sector, particularly for people with multiple and complex needs.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It proactively took account of the geographical location of the practice, gaps in provision of care, distance from closest acute hospital (over 25 miles) and specific needs and preferences of the local population. For example;

- The practice offered appointments from 8.30am until 7pm on various evenings to meet the needs of the working population.
- The facilities and premises were appropriate for the services delivered and used for additional services. For example; RISE (Recovery and Integration service) for adults with drug and alcohol addictions, ARC (Axminster Recovery with Counselling) counselling services and other health care providers.
- The practice made reasonable adjustments when patients found it hard to access services.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice provided dispensary services for people who needed additional support with their medicines, for example, weekly, monthly or more frequent blister packs for 45 patients, specific labels for visually impaired and patients with learning difficulties.
- The GPs offered minor surgery and joint injection services for patients to reduce travel to the local hospital over 25 miles away.
- Since the closure of the minor injuries department at the local community hospital 15 years ago the practice had provided this service at the practice. Patients could be seen and referred within the community hospital for X-rays and treated accordingly. For example, plastering for common limb fractures which fell within guidelines. The practice were also able to send X-rays to the radiologist remotely for review. In 2017, 764 patients had been seen with just 15 onward referrals to the nearest emergency department, 12 to the fracture clinic and five to other departments all situated over 25 miles away.

Older people:

- The practice had a personal list system where patients were given a named GP to promote continuity, although they could request to see any of the GPs.
- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability. The practice covered a large geographical area and GPs completed an average of two to four home visits each day. Each surrounding village had an allocated GP to provide an efficient use of resources and promote continuity for patients.
- The GPs at the practice had been involved with the Royal Devon and Exeter hospital in designing and setting up ACE team Acute Care of the Elderly (ACE) team who worked on getting patients home as soon as possible.
- The GPs had been involved in national frailty projects.
- The practice had arranged a daily duty doctor system who were able to assess patients promptly to avoid delays in assessment and access further treatments earlier in the day.
- Weekly Complex Care Team (MDT multi disciplinary team) meetings were held with an aim of avoiding unnecessary admissions and facilitate safe early discharge.
- Following the closure of the community hospital beds and issues with access to social care the practice and league of friends had fundraised to provide an agreement to fund three years of Hospice at Home service.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

- Patients could be referred to the falls team and a 'stay steady' group. The stay steady group was a six weekly session run by a physio focusing on exercises and anxiety around falls.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- Patients with a diagnosis of diabetes were cared for by nurses specialising in diabetic care. Members of the nursing team were able to start patients on insulin. Patients were seen every year or more frequently as required. The diabetes lead nurse and GP worked with a diabetes specialist nurse from the local acute hospital to discuss complex cases.

Families, children and young people:

- The practice offered a full range of contraceptive services to prevent patients having to travel to Exeter. One of the GPs was a GP with a special interest in women's health. There were four staff who were able to offer inter uterine contraceptive device, implant insertions and emergency contraception services. To date 200 women had received a service and not needed to travel to the nearest contraception service 25 miles away.
- .We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this. Regular quarterly meetings were held with health visitors and school nurses.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended evening opening hours.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice had a developed an arrangement with a local large employer and had provided a day of health checks each year for registered patients and for non-registered patients on request. These health promotion days had provided a health check to 141 patients and proved very popular. The events had resulted in the identification of two patients with diabetes who were then referred to their own practice the same day.

People whose circumstances make them vulnerable:

- The practice were familiar with and held a register of patients living in vulnerable circumstances including homeless people, socially isolated people, those with addiction to drugs and alcohol and those with a learning disability.
- The practice GPs provided in house expertise for alcohol and drug detoxification programmes and offered shared care prescribing so patients could receive care closer to home.
- We were given examples of when vulnerable patients had received additional services. For example, a patient with anxiety being seen weekly to discuss minor problems and a homeless patient who considered Axminster medical practice their home and used it as an address and central point of healthcare coordination whilst travelling the country.

People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia. The practice was a dementia friendly practice and was working with businesses, solicitors, care homes, and the community matron to transform Axminster into a Dementia Friendly town. This included early plans to host a 'dementia day' to raise awareness of the disease.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

- Liaison was undertaken with external agencies, for example the mental health crisis team, local support groups and counsellors when required.
- Patients with mental illness who failed to attend were proactively followed up by a phone call from a GP.
- The practice promoted the service 'Kooth' from XenZone, a NHS supported provider of online mental health services, online counselling and emotional well-being platform for children and young people, accessible through mobile, tablet and desktop and free at the point of use.
- The clinicians at the practice also referred patients to 'The Project'; a peer support network set up to support young people, parents and carers. The Axminster based service was a free service offering early intervention and prevention. The service is there to support young people who do not satisfy the criteria to receive help from CAMHS (Child & Adolescent Mental Health Services), AMHS (Adult Mental Health Services)or other services.
- Patients with mental illnesses were given an information leaflet of additional support sevices, websites and telephone numbers and how to access these services.
- One of the GPs at the practice had identified the pressures mental health services were facing in 2006 and had worked to set up, promote and host a voluntary service called ARC within the practice. (ARC is a flexible, local counselling and psychotherapy service for patients suffering from trauma, bereavement and grief.) The service reduced the waiting times patients faced for counselling and psychotherapy and used NICE guidelines within treatment programmes. Practice staff, including one of the GPs continued to provide the charity with clinical, ethical and legal knowledge in the development. For example, one GP had fundraised enough to cover 600 one to one sessions for patients. The founder of the charity identified one of the GPs and other staff in the embedding and continued success of the fully integrated service. Since 2009, 2030 patients had been referred. One in seven of the practice population had been supported by the service. 15% of these patients had been contacted on the same day as referral, 50% of patients were contacted within the same week and 75% were contacted within two weeks and started on a recovery programme. We were informed of some anonymised case histories and read some patient testimonials.

Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs. Patients told us they were always able to see a GP or nurse on the same day or see the minor injuries/minor illness nurse on the same day. Patients added that the wait to see a named GP could take a bit longer but was not a problem.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised. Staff had also been given guidance on signposting patients to other services. For example, dentists and pharmacists.
- Patients reported that the appointment system was easy to use.
- Staff said they were often able to 'fit patients in' or 'get the GPs or nurses to see patients if they had concerns about health and well being.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was slightly higher than local and national averages. This was supported by observations on the day of inspection and 12 completed comment cards.

- 85% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 84% and the national average of 73%.
- 89% of patients who responded said they could get through easily to the practice by phone; CCG – 82%; national average - 71%.
- 91% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 85%; national average – 76%.
- 94% of patients who responded said their last appointment was convenient; CCG - 88%; national average - 81%.
- 86% of patients who responded described their experience of making an appointment as good; CCG - 82%; national average - 73%.

Listening and learning from concerns and complaints

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

The practice took complaints and concerns seriously and saw them as a quality improvement process. The complaints were managed by the practice manager who responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. We looked at the seven complaints were received in the last year and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. There were no trends identified.

Are services well-led?

Good

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

Our findings

We rated the practice and all of the population groups as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capability and integrity to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population. For example, the partners had obtained a building next to the practice with an aim to extend services provided for patients. They had raised funds with the league of friends to provide assurances of end of life social care.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice. There was a low turnover of staff.
- Staff said the low turnover of staff contributed to staff getting to know each other and the patients very well.
- The practice focused on the needs of patients. Patients told us the staff made every effort to make sure patients received the best care.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. Staff told us the leadership team encouraged staff to be honest and offered support when things went wrong to develop a culture of openness and trust. Staff also added that significant events demonstrating positive outcomes were encouraged and celebrated but also used as an opportunity to discuss 'what could be done even better'. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed. For example, staff had expressed concern at the timing of some appointments. Once the issue had been raised appointment times were adjusted accordingly.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year, or had one booked in the next month. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. Staff said there was a real sense of team working with GPs asking advice from the nursing team and vice versa. They were given protected time for professional development, reflection and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff, team leaders and teams. Staff said Axminster Medical practice was a good place to work and the team were supportive of one another. All staff spoken to and staff questionnaires feedback that there was a genuine culture of putting the patient first.

Are services well-led?

Good

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

- Staff said effective communication was a high priority at the practice. Staff said they had meetings within their teams, as part of the wider organisation and with external health care professionals. The GPs met weekly to discuss any issues and did their admin together each morning and at lunchtime to foster informal communication, peer discussion and support.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- The leadership team and staff had developed effective and supportive working relationships with community healthcare providers and voluntary sectors so patients could access care, treatment and support relevant to their needs. For example, an older persons services, mental health services, psychotherapists, drug and alcohol detoxification services and local employers.
- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- There was an active patient participation group who told us that the practice manager was supportive and attended meetings. The PPG was represented by nine core members and 88 virtual members. The PPG had hosted three community health meetings, liaised with the patients regarding dispensary changes and offered online training for patients wishing to use the online services.

Are services well-led?

Good

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

- Staff said their views were respected, listened to and acted upon. For example, requesting additional equipment to improve patient services. We received 21 staff questionnaires. 19 of these said the management team were open and transparent. Staff said leaders had an 'open door' policy and were approachable.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements. For example, ensuring staff were aware of the latest guidance on the management of sepsis.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.