

# Wychwood Surgery

## Quality Report

The Wychwood Surgery Shipton-under-Wychwood  
Chipping Norton Oxfordshire, OX7 6BW

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Date of inspection visit: 8 December 2015

Date of publication: 21/01/2016

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?

Requires improvement



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 Wychwood Surgery on 8 December 2015. Overall the practice is rated as good. We have rated the practice as requires improvement for providing effective services.

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 well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff demonstrated a good awareness of their roles and responsibilities and received training. However, monitoring of training was not monitored or recorded appropriately.
- Patient care was effectively monitored in order to drive improvement.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The diverse needs of the patient population were considered in the planning and delivery of the service, specifically the older population.
- Information about services and how to complain was available and easy to understand.
- Patients' satisfaction in the accessing appointments was very positive and ranked very highly when compared to the local and national averages from the national GP surgery.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

# Summary of findings

- 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.

We saw areas of outstanding practice:

- During Saturday morning extended hours the practice took back any calls usually made to the out of hours service, so that any home visits for local complex patients could be made. This provided a more personalised and responsive service to local care homes on a Saturday.
- Data showed that patients rated the practice very highly in several aspects of care. This was reflected in the national GP survey results. For example:

- 98% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 100% said the nurse gave them enough time compared to the local average and national average of 92%.

However there were areas of practice where the provider must make improvements:

- Improve monitoring of staff training to ensure the practice delivers and refreshes staff training required for staff awareness and skills.

**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.

- 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.
- Staff were aware of their responsibilities to keep patients safe.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients' safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as requires improvement for providing effective services.

- Training was not always effectively monitored and recorded to ensure staff undertook refresher training related to their roles.
- Data showed patient outcomes were above average for the locality.
- Quality outcomes framework data showed the practice was below average for exception reporting (exempting patients from care data).
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits were undertaken and we saw evidence that audit cycles were used to drive improvement.
- 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 people's needs.

Requires improvement



### Are services caring?

The practice is rated as good for providing caring services.

- During Saturday morning extended hours the practice took back any calls usually made to the out of hours service, so that any home visits for local patients with complex care needs could be made. This provided a more personalised and responsive service to local care homes on a Saturday.
- Data showed that patients rated the practice very highly in several aspects of care. This was reflected in the national GP survey results.

Good



# Summary of findings

- Many of the registered patients lived in rural areas. The practice worked with a local volunteer driving service to help patients with limited mobility, who may be isolated, to get to the practice and to deliver medicines.
- A local walkers group had been set up by a member of staff who used to work at the practice.
- A carer's advice service occasionally set up a stand in the practice reception area and were advertised in the newsletter.
- The Citizens Advice Bureau visited the practice on a weekly basis to support to patients.
- Patients nearing the end of their life and their families or carers were offered GP's phone numbers in case additional support was required.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw that staff treated patients with kindness and respect, and maintained confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice 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.
- Patients said they found it easy to see a GP and nurse.
- Patient feedback regarding the appointment system was very high. 99% patients described their experience of making an appointment as good compared to the CCG average of 80% and national average of 73%.
- 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 that the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



## 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 practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- GPs provided home visits to older patients during the week and Saturday mornings.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population. For example, working with local volunteers to provide patient transport.
- It was responsive to the needs of older patients.
- The appointment system suited patients who were able to attend and wait for an appointment when they needed one.
- Staff had a good understanding of the Mental Capacity Act 2005.
- The premises were accessible to patients with limited mobility.

### People with long term conditions

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

Good



- Patients at risk of hospital admission were identified as a priority and offered care plans aimed at reducing the risk of a hospital admission.
- Longer appointments and home visits were available when needed.
- All patients with long term conditions were offered a structured annual review to check that their health and medicines needs were being met.
- In 2014-15, 96.1% of the total number of points available were achieved on the quality outcomes framework (QOF – a tool used to monitor patient care and treatment), compared to a national average of 94% and local average of 97%. In 2014-15, exception reporting was lower than the national and regional average. Overall the practice exception reporting for 2014-15 was lower than the national. This indicated that the practice was making efforts to meet the needs of as many patients as possible in line with national guidance.
- Health screening and promotion was undertaken.

### Families, children and young people

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

Good



# Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk of harm.
- Child immunisation rates were high.
- Baby changing facilities were available.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice offered chlamydia and out of 470 eligible patients 124 were screened in the preceding 12 months.

## **Working age people (including those recently retired and students)**

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- There was a walk-in appointment service and pre-booked appointments available. There was low use of out of hours GP services by this practice's patients.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- Extended hours were provided for patients who found it difficult to attend outside of normal working hours.
- The appointment system may have been restrictive to patients who could not attend in the morning due to the walk-in system in operation.

**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 those reaching the end of their life and those with a learning disability.
- Patients with no permanent address including travellers were registered at the practice if they needed to see a GP.
- Longer appointments were offered for patients in vulnerable circumstances.
- There were flags on the patient record system to identify vulnerable patients.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.

**Good**



# Summary of findings

- The practice provided comprehensive care for patients with drug and alcohol addictions.
- A local volunteer scheme was used to bring patients to the practice or deliver medicines where patients found it difficult to do so themselves.

## 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).

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- Counselling was provided onsite.
- Exception reporting for dementia diagnosis was high. This was explained by two care homes where new residents arrived with a dementia diagnosis and the original dementia screening test results were not available to the monitoring system used to establish QOF scores.
- 90% of patients with a mental health condition had care plans in place.
- GPs had a good understanding of the Mental Capacity Act 2005.

Good



# Summary of findings

## What people who use the service say

The most recent national GP patient survey results published in July 2015 showed the practice was performing better when compared to local and national averages. There were 254 survey forms distributed for this practice and 128 forms were returned (50% response rate).

- 99.5% of patients would recommend the practice compared to the local average of 82% and national average of 78%.
- 88% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 100% found it easy to contact the surgery by phone compared to the CCG average of 83% and national average of 73%.
- 99% patients described their experience of making an appointment as good compared to the CCG average of 80% and national average of 73%.
- 55% patients said they usually waited 15 minutes or less after their appointment time phone compared to the CCG average of 65% and national average of 65%.
- 95% usually got to see or speak to their preferred GP compared to the CCG average of 68% and national average of 60%.
- 99% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 98% said the GP gave them enough time compared to the local average of 89% and the national average of 87%.
- 99.5% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.
- 98% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 96% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 90%.
- 100% said the nurse gave them enough time compared to the local average and national average of 92%.
- 97% patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%.
- 98% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 93% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 81%.
- 98% of patients said nurses were good at explaining test results and treatments compared to the CCG average of 91% and national average of 90%.

Patients we spoke with were satisfied with many aspects of the practice. All of the 36 CQC comment cards contained positive feedback about the service experienced. We spoke with 11 patients who said they felt the practice offered a helpful and caring service and they felt treated with dignity and respect.

## Areas for improvement

### Action the service MUST take to improve

- Improve monitoring of staff training to ensure the practice delivers and refreshes staff training required for staff awareness and skills.

## Outstanding practice

- During Saturday morning extended hours the practice took back any calls usually made to the out

# Summary of findings

of hours service, so that any home visits for local complex patients could be made. This provided a more personalised and responsive service to local care homes on a Saturday.

- Data showed that patients rated the practice very highly in several aspects of care. This was reflected in the national GP survey results. For example:

- 98% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
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# Wychwood Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a nurse practitioner specialist adviser and an expert by experience.

### Background to Wychwood Surgery

The practice has a higher proportion of patients over 65 years of age (25%) compared to the national average (17%). There are a lower proportion of patients between the ages of 20 to 35 registered at the practice. The practice registers patients living in care and nursing homes. The local population is almost entirely rural.

The practice has four GP's (two females and two males). There is also a full time practice manager, receptionists, secretaries, dispensary staff, practice nurses and health care assistants working at the practice. The practice is a training practice and there were two GP trainees working at the time of the inspection.

The practice has a General Medical Services contract (GMS). These contracts are negotiated directly between NHS England and the provider.

The practice is open between 8am and 6.30pm. Extended hours appointments are provided on Saturday mornings between 9am and 10.30am. There are arrangements in place for patients to access emergency care from an Out of Hours provider.

Wychwood Surgery is registered to provide services from the following location:

Wychwood Surgery, Shipton-under-Wychwood, Chipping Norton, Oxfordshire, OX7 6BW

### 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, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 8 December 2015. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

# Detailed findings

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

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

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

- Older people

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager or GP partner of any incidents and there was a recording form available on the practice's computer system.
- All significant events were discussed at the next relevant meeting, depending on the staff group they related to. For example, an incident at reception would be reviewed by the practice manager, potentially the GP partners and then fed-back to reception staff at a relevant meeting.
- The practice undertook annual reviews of significant events to ensure that any action related to the events was embedded in practice.
- We saw the significant event log that there were nine events reported in 2015. There was action noted to mitigate risks where required and where there were learning outcomes for staff. For example, where a missed diagnosis of a serious condition was identified, the learning was identified and shared to reduce the risk of this happening again.

The practice manager told us they received national patient safety alerts forwarded these to relevant clinical staff. If any searches for patients on specific medicines were required, there was a lead for doing so and ensuring any subsequent action was undertaken.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. To support staff who had any concerns they needed to discuss or report there was a protocol to follow regarding where to report concerns depending on the circumstances. There was a lead member of staff for safeguarding children and adults.

Information regarding any safeguarding risks were recorded on the patient record system and easily accessible to staff in the form of a flag so that it was clear to staff what the risks were.

- Staff demonstrated they understood their responsibilities regarding safeguarding and all had received training relevant to their role. GPs were trained to safeguarding children level three. Staff were confident in reporting any concerns related to safeguarding.
- There was a chaperone policy in place which noted who could perform the role and what this entailed. A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones received a disclosure and barring service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Nurses and healthcare assistants performed the role. A nurse had undertaken chaperone training and they passed on their knowledge to other staff.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy in treatment and consultation rooms. Cleaning schedules for the premises and medical equipment were in place and kept up to date. A practice nurse was the infection control lead. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and any actions identified were completed. The most recent audit was July 2015. There were protocols for protecting staff from infection, such as a handling patient samples delivered at reception. Reception staff were aware of this procedure. A sharps protocol was in place. Staff had their immunity to hepatitis B checked to ensure they were safe to work with patients.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). We checked medicines and vaccinations and found they were within expiry dates and stored appropriately. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions were used to

## Are services safe?

authorise nurses to administer medicines in line with legislation. The practice had a system for authorising injections provided by healthcare assistants called patient specific directions

- The practice dispensed medicines to patients and the partners also owned a local pharmacy. Dispensary staff held appropriate qualifications. We found that medicines dispensed to patients were provided in the appropriate formats and that double checking took place. Audits took place to monitor the dispensing of medicines. Reviews of any errors were undertaken to identify where processes may not have been followed or where learning was identified.
- We reviewed five personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. Some of the information was not readily available on the day of inspection but was provided within 48 hours of the inspection visit.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were health and safety related policies for the practice. These included a fire risk assessment, control of substances hazardous to health and a legionella risk assessment (a bacteria which can live in water tanks and potentially pose an infection risk). There were regular fire equipment checks. Water system checks were undertaken in line with legionella risk assessment.

- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Medical equipment had been calibrated. A regular check of portable appliance testing was undertaken.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There had been minimal use of locum GPs in recent years.

### Arrangements to deal with emergencies and major incidents

The practice had a comprehensive business continuity plan in place for major incidents such as events which may cause a loss of computer records system or premises.

Staff received annual basic life support training regularly. There were emergency medicines and equipment available including an automated external defibrillator (AED) and oxygen. Emergency medicines were easily accessible to clinical staff in a secure area of the practice, clearly labelled and clinical staff knew of their location. All the medicines we checked were in date and fit for use. There were drugs for the treatment of cardiac arrest, allergic reactions potentially caused by certain procedures and hyperglycaemia. We found that arrangements for Saturday morning surgery posed a risk as some non-clinical staff were not certain how to access the emergency drugs and equipment. By the end of the inspection a key to the cupboard where the emergency equipment was stored was securely stored in reception, clearly labelled and staff were informed of its whereabouts. All clinical staff had access to the medicines and equipment.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. It used other relevant guidance and staff expertise to improve the assessment and treatment of patients. For example:

- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- Templates for delivering and reviewing patients' care and treatment were reviewed to ensure they met the most up to date guidance. We saw the diabetes review template had been reviewed and updated by the practice nurses in recent months.
- GPs discussed clinical guidance at meetings and the GP who led the nursing team regularly updated staff on any changes to NICE guidance.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. In 2014-15, 96.1% of the total number of points available were achieved, compared to a national average of 94% and local average of 97%. Overall the practice exception reporting for 2014-15 was 5.3% compared to the national average of 9.2% and local average of 9.9%. This indicated that the practice was making efforts to meet the needs of as many patients as possible in line with national guidance. Individual QOF achievements for most clinical areas, such as respiratory and heart disease were 100%. For diabetes the practice achieved 86%, which was 3% below the national average. Exception reporting for dementia diagnosis was high at 40%. This was explained by two care homes where new residents arrived with a dementia diagnosis and the original dementia screening test results were not available to the monitoring system used to establish QOF scores.

A range of clinical audits were carried out to demonstrate quality improvement. These were chosen for a variety of

reasons, such as significant events, GP interests or safety alerts. We saw several ongoing audits including osteoporosis and treatment for shingles often not identified and treated promptly in general practice. We saw the osteoporosis audit identified improvements in monitoring of these patients from April to October 2015. The audit on the treatment of shingles identified that at the first audit 71% of eligible patients received appropriate treatment and at the second audit 93% of patients received appropriate treatment. A medical journal suggested treatment for this condition in general practice is only around 58%.

The practice monitored patients on repeat medicines to identify whether patients received timely reviews of their repeat medicines. The practice informed us that 90% of patients were up to date with medicine reviews.

There was a diversity of specialist expertise among the GPs and nurses allowing the practice to delegate clinical areas of care to individual staff members. This improved the monitoring and delivery in these areas of care. For example, there was a lead nurse for diabetes and one for respiratory disease. GPs had lead roles in diabetes, women's health and respiratory diseases.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. However, the system to monitor staff training was not implemented or monitored effectively.

- The practice had an induction programme for newly appointed members of staff that covered topics such as safeguarding, fire safety, health and safety, access to computer systems and confidentiality.
- Regular learning event meetings took place to support staff in the use of relevant guidance.
- The learning needs of clinical staff were identified through a system of appraisals, meetings and reviews of practice development needs.
- Staff had access to appropriate training to meet these learning needs and to cover the scope of their work.
- There was an online training package used to provide training such as safeguarding, equality and diversity, basic life support and information governance. However, when we looked at the log of training there was variation in the training undertaken by staff who performed the same roles. For example, some nurses

# Are services effective?

## (for example, treatment is effective)

had equality and diversity training listed on the log and some did not. The log did not make it clear when staff had specific training. When we spoke with staff they did not always know which training or the names of the training courses they had undertaken. Chaperone training was informal.

- We spoke with a GP trainee at the practice who told us they were well supported in their role and involved in areas of learning that other GPs undertook such as significant event reviews.

### 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 and medical records.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- We saw that test results were checked regularly and there was a system to identify whether patients needed urgent follow up care following test results.
- Correspondence such as discharge or out of hours summaries were dealt with quickly.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a regular basis and that care plans were routinely reviewed and updated. For example, a community psychiatric nurse attended meetings at the practice regularly.

### Consent to care and treatment

The practice had a consent policy which referred to specific guidance and legal requirements. There was also a Mental Capacity Act (MCA) toolkit in place for staff to refer to when patients may lack capacity to consent to treatment. All staff understood their role in obtaining consent in line with the MCA. However, nurses told us they had not received formal training in the MCA, but they did have an appropriate

awareness. We saw consent records were used for specific procedures. Staff understood their responsibilities in regards to obtaining consent from patients under 15 years old.

### Health promotion and prevention

The practice identified patients who may be in need of extra support. The practice provided the following health promotion and prevention in 2014/15:

- The practice provided care plans for patients identified as at risk of admission to hospitals and 2% of the practice population had such a plan.
- 71% of eligible patients were given smoking cessation advice from November 2013 to November 2015.
- There were 30 patients registered with a mental health condition, and of these 22 were eligible for health checks and care plans with 20 care plans agreed in the 12 months prior to November 2015. There were 116 patients on the end of life care register who received additional support from the practice. Some of these patients resided at nearby care and nursing homes which enabled GPs to visit these patients at short notice.
- The practice had a register of four patients with a learning disability and three had an annual health check in the last 12 months.

The practice had a comprehensive screening programme for several conditions, including:

- The practice's uptake for the cervical screening programme was 91% over the last five years, which was above the national target of 80%. 79% of eligible patients had attended breast cancer screening
- The practice offered sexual health screening and out of 470 eligible patients 124 were screened in the preceding 12 months.
- 61% of eligible patients had undertaken bowel cancer screening

The up to date childhood immunisation rates for the vaccinations given were significantly higher than the CCG average of 89%. The current figures were 94% for under two years old and 100% for under fives compared to the 2014 CCG average of 89%.

Flu vaccination rates for at risk groups in 2015 were as follows:

## Are services effective?

(for example, treatment is effective)

- For over 65s was 75% compared to national average of 73%.
- The total flu vaccination rates for all eligible patients was 62%.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that patients were treated with dignity and respect.

Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

Nearly all of the 36 patient CQC comment cards we received had positive feedback about the service experienced. From the 36 cards there were a total of 112 positive comments regarding the practice and six negative which mainly related to minor concerns with the dispensary and pharmacy, and the practice was aware of the concerns. We spoke with 11 patients and all said they felt the practice offered a helpful and caring service and they felt treated with dignity and respect. We also spoke with three members of the patient participation group (PPG) during the inspection who spoke highly of the practice.

Results from the national GP patient survey showed patients were highly satisfied with how they were treated and that this was with compassion, dignity and respect. The practice was higher than the national and regional averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 99% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 98% said the GP gave them enough time compared to the local average of 89% and the national average of 87%.
- 99.5% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%
- 98% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.

- 96% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 90%.
- 100% said the nurse gave them enough time compared to the local average and national average of 92%.
- 97% patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%.

During Saturday morning extended hours the practice took back any calls usually made to the out of hours service, so that any home visits for local complex patients could be made. This provided a more personalised and responsive service to local care homes on a Saturday morning.

### Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey were significantly better than the regional and national averages regarding involvement in decisions about care and treatment. For example:

- 98% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 93% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 81%
- 98% of patients said nurses were good at explaining test results and treatments compared to the CCG average of 91% and national average of 90%.

Staff told us that translation services were available for patients who did not have English as a first language.

### Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice also promoted a number of services including counselling which was provided onsite.

## Are services caring?

The practice worked with a local volunteer driving service to help patients with limited mobility, who may be isolated, to get to the practice and to deliver medicines. A local walkers group had been set up by a member of staff who used to work at the practice.

The practice's computer system alerted GPs if a patient was also a carer. There was a register of 136 patients on the computer record system. Leaflets regarding support organisations were available for carers. A carer's advice service occasionally set up a stand in the practice reception area and they were advertised in the newsletter. The practice allowed the citizens advice bureau to set up a

stand once a week in the practice for any support they could provide to patients. These services were potentially very valuable to the local community as it was a very rural area far from large towns and cities.

Bereavement support was offered via a local counselling service. Staff were alerted when a family suffered bereavement and if GP's deemed it necessary, bereaved patients were offered an appointment with a GP. When a patient was reaching the end of their life, families or carers were offered GP's phone numbers in case they were needed.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice had a higher proportion of patients over 65 years of age (25%) compared to the national average (17%). There was a lower proportion of patients between the ages of 20 to 35 registered at the practice. The practice registered patients living in care and nursing homes. The local population was nearly entirely rural. There was consideration and planning for the different needs of the patient population, including:

- There were longer appointments available for patients with complex or specific needs such as a learning disability.
- Home visits were available for housebound or significantly ill patients who would benefit from these. This included visits to local care homes.
- There were disabled facilities, including wheelchair friendly access, wide corridors, and automatic front doors. All patient services were provided on the ground floor.
- There was no hearing loop available for patients with a hearing impairment.
- Baby changing facilities were available.
- Staff told us that any patients who did not have a permanent address, such as homeless patients or travellers, would be registered if they needed to see a GP.
- The reception area had a touch screen check-in system, with 16 different languages available.

### Access to the service

The practice was open between 8am and 6.30pm. Extended hours appointments were provided on Saturday mornings between 9am and 10.30am. Each week day morning patients would attend the surgery and wait without booking an appointment in order to see a GP or nurse. Patients would book in at reception and wait to be seen. Bookable appointments were available in the afternoon and Saturday mornings. The national patient survey suggested this system was very popular overall with patients. The results included:

- 88% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 100% found it easy to contact the surgery by phone compared to the CCG average of 83% and national average of 73%.
- 99% patients described their experience of making an appointment as good compared to the CCG average of 80% and national average of 73%.
- 55% patients said they usually waited 15 minutes or less after their appointment time phone compared to the CCG average of 65% and national average of 65%.
- 95% usually got to see or speak to their preferred GP compared to the CCG average of 68% and national average of 60%.

Patients we spoke with were generally very satisfied with the appointment system and this was reflected in comment cards. There were a few comments regarding the waiting times being long during the morning walk in surgeries. The morning walk-in system may have made it difficult for patients who worked and who needed morning appointments. However, this was not reflected as a key point in patient feedback.

There was an online appointment booking service and 104 patients had used the service.

### Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GP's in England. There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients make a complaint or comment on the service they received. We looked at the complaints log and found 17 were recorded in 2015. All had been responded to and an apology was issued where required.

Learning points were logged for each complaint. The complaints log was discussed annually to review the outcomes from all complaints. Responses to patients who raised complaints were open and recognised where the practice was at fault. An apology was offered where required.

# 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 mission statement which was to provide accessible, effective, patient-centred care for everyone. Staff reflected this statement in their approach to providing patients' services. The feedback from patients we spoke with and from the national patient survey showed overall satisfaction with the services provided was high.

### Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- There was a comprehensive understanding of the performance of the practice and this indicated high performance in several areas of patient care.
- A programme of continuous clinical audit was in place and we evidence that it led to improvements. For example, changes to the management of long term conditions were implemented as a result of audits.
- There were robust arrangements for identifying, recording and managing risks.
- The monitoring of training was not robust.

### Leadership, openness and transparency

The partners led the practice in a way that facilitated quality care. The partners and practice manager were available to staff who told us that they were approachable and took the time to listen to them. 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 learning from and notifying safety incidents appropriately.

When safety incidents occurred:

- The practice gave patients affected support and an apology where necessary. Investigations took place to identify any learning.
- The partners encouraged a culture of openness and honesty and this was reflected in the behaviour of staff.

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

- Staff told us that the practice held regular team meetings for all staff groups.
- Nurses' meetings were attended weekly.
- Clinical team meetings took place every fortnight.
- Reception staff attended meetings every two months.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners 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.

- There was an active patient participation group (PPG) which met periodically. The practice engaged with the PPG and they were involved in changes to the service.
- The practice considered patient feedback on its services. For example the friends and family test was undertaken at the practice and from June to November 2015 97% of patients stated they would recommend the practice. The practice had gathered feedback from staff through appraisals and meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Family planning services	<b>Regulation: 17 Good governance</b>
Maternity and midwifery services	The provider was not assessing, monitoring and
Surgical procedures	improving the quality and safety of the service because records related to staff training were not maintained appropriately in order to monitor ongoing staff training.
Treatment of disease, disorder or injury	Regulation 17 (1)(a)(d)(i)
	Not all staff had formal training in chaperoning, the Mental Capacity Act, equality and diversity or information governance.