Wells Health Centre Partnership

Quality Report

Priory Health Park
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Wells
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Date of inspection visit: 9 November 2016
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Wells Health Centre partnership on Wednesday 9 November 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
  - The practice provided daily GP services to up to 300 male and female boarders at the nearby Wells Cathedral School.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice employed a clinical pharmacist to identify and act upon high risk medicines, oversee prescribing patterns, review patients who were taking 10 or more medicines, review post discharge medicines and support long term condition management.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a GP and said there were urgent appointments available the same day but added that they sometimes had to wait to see a GP of their choice.
- E consultations (on line consultations) were available and acted upon promptly.
- The practice promoted sepsis assessments and used management guidelines for GPs and parents to identify sepsis.

Summary of findings

- Wells Health Centre offered the 'C card' service. (The C Card scheme is where practices offer easy, discreet and confidential access to free condoms for young adults).

- The practice had good facilities and was well equipped to treat patients and meet their needs.
  - The practice proactively identified carers within the practice patient list and signposted patients to services and provided written information.
  - The practice sent a letter to all teenagers following their 16th Birthday providing information about the practice and an opportunity to update clinical records, offer online access to records and establish connection with those who need support.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

The practice promoted 'health and wellbeing reviews' at the practice. This model of care involved an hours appointment with a health coach who reviewed and scored five aspects (human 5) of the patients life and used nationally recognised tools to assess the patients wellbeing, patient awareness and loneliness. The patient then met with the GP for a 30 minute appointment to ensure the medical care was person-centred and individually tailored. The model had resulted in patients experiencing increased wellbeing, health and a reduction in medicine usage. For example, one patient was dependent upon medicines, was unemployed, a frequent attender at the practice and had multiple hospital admissions. They had gone through the review process and as a result had requested to reduce their medicine use, demonstrated improved wellbeing and was planning voluntary work. Data showed that 30 patients had started the programme since September. Of the 12 patients on stage two of the course, eight had reduced the numbers of medicines being taken.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- Recruitment procedures and checks were completed as required to ensure staff were suitable and competent.
- There were appropriate arrangements for the efficient management of medicines.
- Health and safety risk assessments, for example, a fire risk assessment had been completed and was up to date.
- The practice was clean, tidy and hygienic. We found that suitable arrangements were in place that ensured the cleanliness of the practice was maintained to a high standard.

Are services effective?

Good

The practice is rated as good for providing effective services.

- The practice promoted 'health and wellbeing reviews' at the practice. This model of care involved a review of the patients mind, body, nutrition, world, and movement. We were provided with many case studies where this approach had resulted in increased wellbeing, health and reduction of medicine usage.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Summary of findings

- The practice participated in a local quality and outcomes framework, Somerset Practice Quality Scheme (SPQS) rather than the Quality and Outcomes Framework (QOF). We were given many case history examples and clinical audits which demonstrated quality improvement and outcomes for people.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff 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. For example, the practice provided daily GP cover and school visits to up to 300 male and female boarders at the nearby Wells Cathedral School.
- The practice was 20 miles or more away from acute hospital services. The GPsprovided services to avoid patients the journey to hospital. For example, blood tests, electro cardiogram (ECG)-heart trace tests and
- The GPs and nurse practitioners met each day to discuss and decide on who was going to visit each patient on the home visit list. Informal discussions were also held on any treatment plans or clinical decisions.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Summary of findings

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice participated in the Avoiding Unplanned Hospital Admissions scheme for the top 2% patients most at risk of hospital admission.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had introduced routine 15 minute appointments for older patients and those with complex needs.
- The practice were one of two practices in Wells providing services to four care homes for older people.
- Staff sent personalised birthday cards to all patients on their 100th birthday.
- There was a telephone line for elderly/housebound to order their prescriptions.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Patients with long term conditions, emergency teams, nursing homes, had priority phone access to the practice.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

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

Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice promoted sepsis assessments and used management guidelines for GPs and parents to identify sepsis.
- Wells Health Centre offered the 'C card' service. (The C card scheme is where practices offer easy, discreet and confidential access to free condoms for young adults).
- Young people were able to easily and discreetly access chlamydia screening kits.
- The practice sent a letter to all teenagers following their 16th Birthday providing information about the practice and an opportunity to update clinical records, offer online access to records and establish connection with those who need support.
- The practice provided a daily GP service for up to 300 male and female boarders at the nearby Wells Cathedral School.

Working age people (including those recently retired and students)

Good

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.
- Late extended appointments until 7.45pm were offered for people who worked. Early and late nursing appointments were also available for medicines monitoring and long term condition reviews to enable patients to better manage their health.
- A walk in blood taking clinic was available.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Telephone consultations were available with the GPs and nurses at the practice.

Summary of findings

- E consultations (on line consultations) were available and acted upon promptly.
- The practice had a self-service health pod for patients to check their own weight, height and blood pressure.
- The practice had systems in place to identify military veterans and ensured their priority access to secondary care in line with the national Armed Forces Covenant 2014.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. For example, homeless patients were issued with an address so they could access health care. Travellers were registered as temporary residents.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

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.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia.
- There was a dedicated counsellors room situated away from clinical consulting areas to put patients at ease.
- The practice had a nominated and trained a GP lead and a clinical pharmacist who participated in enhanced mental health medicines monitoring. There was participation in the shared care substance misuse programme and fortnightly external agency drop-in sessions from a national alcohol and drug counsellor.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2016 showed the practice was performing better than local and national averages. 218 survey forms were distributed and 133 were returned. This represented 1.1% of the practice's patient list. The results showed;

- 82% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 80% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 90% of patients described the overall experience of this GP practice as good compared to the national average of 85%).
- 89% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received two comment cards which were all positive about the standard of care received. One of these cards referred to cheerful and understanding staff and a clean and bright practice. The onother card reported on an excellent, supportive, respectful and caring service.

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

We looked at the friends and family patient feedback between September and August 2016. These showed that of the 219 patients who had responded, 207 would be extremely likely or likely to recommend the practice to others. Three respondents were neither likely or unlikely, one did not know and four unlikely to recommend the practice.

Outstanding practice

The practice promoted 'health and wellbeing reviews' at the practice. This model of care involved an hours appointment with a health coach who reviewed and scored five aspects (human 5) of the patients life and used nationally recognised tools to assess the patients wellbeing, patient awareness and loneliness. The patient then met with the GP for a 30 minute appointment to ensure the medical care was person-centred and individually tailored. The model had resulted in patients experiencing increased wellbeing, health and a reduction in medicine usage. For example, one patient was dependent upon medicines, was unemployed, a frequent attender at the practice and had multiple hospital admissions. They had gone through the review process and as a result had requested to reduce their medicine use, demonstrated improved wellbeing and was planning voluntary work. Data showed that 30 patients had started the programme since September. Of the 12 patients on stage two of the course, eight had reduced the numbers of medicines being taken.

Wells Health Centre Partnership

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector who was assisted by a GP specialist adviser.

Background to Wells Health Centre Partnership

Wells Health Centre partnership is located in the semi-rural City of Wells, Somerset and has an NHS England general medical services (GMS) contract to provide health services to approximately 11,580 patients.

The practice was based on a 'health park' in a building called Priory Medical Centre. The building was shared with another GP practice which operated separately to Wells Health Centre Partnership.

The practice is open between 8am and 6.30pm Mondays to Fridays. Pre-bookable appointments could be booked up to six weeks in advance. Telephone triage, econsultations and telephone appointments are also available. Urgent appointments are also available for patients that needed them.

The practice has opted out of providing out-of-hours services to their own patients and refers them to an out of hours provider via the NHS 111 service. This information is displayed on the outside of the practice and on their website.

Data from public health England showed that the mix of patient's gender (male/female) is almost 50% each. 14% of patients were above the age of 75 which is higher than the England average of 7.8%. 4.3% of the patients are aged over 85 years old which is higher than the England average of 2.3%. There was no data on ethnicity however staff said they thought the majority of practice patients are white British. The deprivation score for the practice area is recorded as eight on a scale of one to ten. One being more deprived and ten being less deprived.

The practice is a teaching and training practice for doctors who wanted to become GPs with good feedback from trainees and the local NHS health education team.

The practice has a team of eight GPs (four male and four female). Six of these GPs are partners who hold managerial and financial responsibility for running the business. The GP partners are supported by two salaried GPs who together provide 43 sessions, just under five whole time equivalent. The GPs are supported by a practice manager, operations manager, three nurse practitioners, four practice nurses, three health care assistants, a pharmacist and 14 additional administration and reception staff.

This report relates to the regulatory activities being carried out at:

Wells Health Centre

Priory Health Park

Glastonbury Road

Wells

Somerset

BA5 1XJ

Detailed findings

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on Wednesday 9 November 2016. During our visit we:

- Spoke with a range of staff including nurse practitioners, GPs, nurses, administration and reception staff and spoke with seven patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw detailed records, actions and reviews had been taken for each event and saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a prescribing error had taken place because of a similar sounding medicine. No harm came to the patient but the error was not noticed until the patients relative had highlighted it. An apology was given to the patient. And the error was immediately rectified and discussed with the GP and later formally discussed at the significant event meeting. The GPs were reminded about double checking the prescription before it was generated.

There was a system in place to manage and act upon patient safety alerts for medicines and equipment. Records showed these were dealt with promptly and communicated to staff. For example, an alert for an anti-epilepsy medicine was communicated to staff and a leaflet produced to issue to patients of child bearing age who were taking this medicine.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. All of the nurses were trained to level two but some had done the additional level three training. All non-clinical staff had trained to level one.

- A notice in the waiting room advised patients that chaperones were available if required. The nursing team acted as chaperones, were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice were in the process of deciding whether administration staff would be included on the chaperoning process but were aware that they would need a DBS check if they were to undertake this role.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken. The last one had been completed in September 2016 and had identified flooring in two clinical areas needed to be replaced. This was included in an action plan.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).

Good

Are services safe?

Processes were in place for handling repeat prescriptions which included the review of high risk medicines. For example, the practice was using computer software to identify medicine alerts for patients with potential prescribing issues. The practice carried out regular medicines reviews as part of the health and wellbeing review. The practice also carried out medicine audits, with the support of the in house clinical pharmacist to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice produced medicine management reports to demonstrate what actions were being taken to improve medicine safety, efficiency, patient care and cost effectiveness. The report for November 2016 showed medicine management was managed well at the practice. Data showed that antibiotic prescribing was in line or slightly better than clinical commissioning group (CCG) targets. The practice were issuing patients information leaflets on medicines which could be purchased by patients to reduce costs for the CCG.

- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Three of the nurses had qualified as nurse practitioners and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- The practice used liquid nitrogen for certain treatments. Appropriate policies and storage facilities and protective equipment were in place.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. The last drill had taken place in October 2016. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment had been checked in December 2015 to ensure it was working properly and was booked for retesting in December 2016. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). A Legionella risk assessment had been undertaken in October 2016.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice staff used NICE best practice guidelines for assessing the risk of sepsis (severe infection). These guidelines were laminated and displayed in all clinical areas.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

The practice promoted 'health and wellbeing reviews' at the practice. This model of care involved an hours appointment with a health coach who reviewed and scored five aspects (human 5) of the patients life and used nationally recognised tools to assess the patients wellbeing, patient awareness and loneliness. The patient then met with the GP for a 30 minute appointment to ensure the medical care was person-centred and individually tailored. The model had resulted in patients experiencing increased wellbeing, health and a reduction in medicine usage. For example, one patient was dependent upon medicines, was unemployed, a frequent attender at the practice and had multiple hospital admissions. They had gone through the review process and as a result had requested to reduce their medicine use, demonstrated improved wellbeing and was planning voluntary work. Data showed that 30 patients had started the programme since September. Of the 12 patients on stage two of the course, eight had reduced the numbers of medicines being taken.

Management, monitoring and improving outcomes for people

The practice participated in a local quality and outcomes framework, Somerset Practice Quality Scheme (SPQS) rather than the Quality and Outcomes Framework (QOF). (QOF is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the SPQS and performance against national screening programmes to monitor outcomes for patients.

We were given many case history examples and clinical audits which demonstrated quality improvement and outcomes for people. For example, we heard of an elderly patient coming to the practice with borderline high blood pressure. The GP had spent time identifying other issues affecting the patient's wellbeing (bereavement and stress) rather than automatically issuing medicines immediately. This patient was referred to the health and wellbeing scheme to look at all needs of the patient and had resulted in blood pressure being reduced in addition to referral to social and support schemes.

The GPs used case reviews and the audit processes to evidence of quality improvement of services.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- The practice used audits to monitor the effectiveness of clinical care but also operational and management issues. For example, we saw audits for the walk in blood taking service, adherence to recording consent for minor surgery and use of the e consultations service following answer phone changes and in house promotion of the service.

We looked at 13 clinical audits completed in the last two years, seven of these were completed audits where the improvements made were implemented and monitored.

- Findings were used by the practice to improve services. For example, recent action taken as a result included a two cycle audit of medicine usage of patients with acute kidney injury (previously known as acute renal failure). The audit checked to see if patients with this condition had received the correct blood tests, had been given written information on medicines and checked that medicines taken were not reacting to each other. The second cycle in July 2016 showed that many improvements had been achieved since the first cycle in March 2016. For example, during the first cycle 346 patients had been given a medicine information card and this number had increased to 859 by the second cycle.

Effective staffing

Good

Are services effective?

(for example, treatment is effective)

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Locums staff were given an information pack and contact details of staff to contact with questions.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- The practice management team also promoted healthy living within the practice for staff. Fruit and nuts were provided for staff in place of biscuits and sugary snacks. Exercise was encouraged and one GP had an exercise bike in their room.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 71%, which was slightly lower than the clinical commissioning group (CCG) average of 75% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were failsafe systems in

Good

Are services effective?

(for example, treatment is effective)

place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice proactively encouraged its patients to attend national screening programmes for bowel and breast cancer screening and had good uptake rates. For example, females between the ages of 50 years and 70 years who took up the invitation for breast screening was 78% compared to the CCG average of 76% and national average rate of 73%. Rates for the uptake of bowel cancer screening was also good. For example, 65% of patients between the ages of 60 and 69 took up the invitation for bowel screening compared to the CCG average of 63% and national rate of 58%.

Childhood immunisation rates for the vaccinations given were better than CCG and national averages. For example, data from April 2015 to March 2016 showed childhood immunisation rates for the vaccinations given to under two year olds ranged from 79% to 99% compared to the CCG average of 72% to 98% and national average of 73% and 95%. Vaccinations for five year olds ranged from 69% to 99% compared to the CCG average of 70% to 98% and national average of 81% to 95%.

Patients had access to appropriate health assessments and checks. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

The two patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with a member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the July 2016 national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%).
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%)
- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%).
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%).
- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%)

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised. We saw examples of case reviews where patients opted to try alternative therapy to medicines. For example, a patient had consulted with the GP to follow a diet to reduce the amount of medicines they were taking. The results were that the patient had lowered their blood pressure to within normal limits, they had lost weight, their blood test showed they were within normal limits and as a result had reduced the risk of developing diabetes.

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 slightly better than national averages. For example:

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

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Good

Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 307 patients as carers (2.6% of the practice list). The practice had a carers champion who coordinated the carers service. Written information was available to direct carers to the various avenues of support available to them. This included a Somerset produced booklet and directory written by a carer for carers called 'If only I'd known that'.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

The practice had systems in place to identify military veterans and ensured their priority access to secondary care in line with the national Armed Forces Covenant 2014.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered a 'Commuter's Clinic' on varying days between Monday and Thursday and usually ran two days per week. These were from 6.30-8pm are were generally for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, passenger lift, a hearing loop and translation services available.
- The practice provided daily GP cover for to up to 300 male and female boarders at the nearby Wells Cathedral School. This included daily GP clinics and ad hoc visits.

The practice was 20 miles or more away from acute hospital services. For example, the nearest acute hospital was The Royal United hospital in Bath which was 20 miles away and Yeovil district hospital was 28 miles away. As a result the GPs had ensured services met the needs of the local community. For example:

- Blood tests were done at the health centre and blood samples taken in the afternoon were spun in a machine to prepare them for sampling the following day. This service was not funded by the CCG but the GPs recognised it was in the patients best interest not to travel for these tests.
- The practice provided full electro cardiogram (ECG)-heart trace tests
- The practice provided near patient testing of INR (International Normalised Ration) using INR star algorithms with GP review of results that were out of range. The INR tests how long it takes for blood to clot and monitor the effects of blood thinning medicines used to reduce the risk of stroke, heart attack, or other serious conditions.)

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were available during these times. Patients could make same day appointments, routine appointments up to six weeks in advance, telephone appointments, e consultations and home visits. E consultations included patients using the practice website to access advice from a GP. We saw examples where patients had accessed health advice within a 12 hour period.

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

- 88% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 82% of patients said they could get through easily to the practice by phone compared to the national average of 73%).

People told us on the day of the inspection that they were able to get appointments when they needed them although they had to wait longer to see the GP of their choice.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

The GPs and nurse practitioners met each day to discuss and decide on who was going to visit each patient on the home visit list. Informal discussions were also held on any treatment plans or clinical decisions.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

We looked at 13 complaints received in the last 12 months and found these had been satisfactorily handled, dealt with in a timely way, with openness and transparency. Details records were kept of each complaint and an overview kept to identify trends. We looked at past records which did not identify any trends. Action was taken as a result of complaints to improve the quality of care and lessons were learnt from individual concerns and complaints. For example, two complaints had been transferred to the significant event process to ensure clinical issues could be investigated. Another patient had complained after being transferred to an alternative GP list without consultation. The patient was given an apology and transferred back to the original GP list.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

- The practice had a mission statement and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

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 that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us all of their colleagues, including the management team and the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice was a good place to work and that the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. For example, we were told members of the nursing team had requested additional clinical meetings and opportunities to introduce a clinical supervision programme which was now being introduced.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG included 11 members and were considered by the practice as 'critical friends.' The group carried out patient surveys, helped at flu clinics and submitted proposals for improvements to the practice management team. For example, the group had been consulted on the use of technology at the practice and had also requested a staff photo board and staff name badges which had been introduced.

Are services well-led?

Good

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

- The practice had gathered feedback from staff through generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

The GPs worked collaboratively with 12 other practices in the area to share best practice and initiatives. These practices provided care to 120,000 patients.