

Oakhill Surgery

Quality Report

Shepton Road
Oakhill
Radstock
BA3 5HT
Tel: 01749 840233
Website: www.oakhillsurgery.co.uk

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Oakhill Surgery on 19 October 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.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. 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 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.
- 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.
- People's emotional and social needs were seen as important as their physical needs. The practice had a carers champion, a domestic violence champion and a member of the reception team was planning to become a health connector champion.
- The GP patient survey results and feedback from patients suggested that people were respected and treated as individuals.

The areas where the provider should make improvements are:

Summary of findings

- Ensure that all medicines fridges' temperature are checked and recorded daily. Records should include actual, minimum and maximum temperatures.
- To monitor and record that all identified actions are completed in response to significant events.
- Ensure that patients have an appointment booked with secondary care services when referred under the 2 week appointment process.

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.
- 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.

Good



Are services effective?

The practice is rated as good for providing effective services.

- The practice used the Somerset Practice Quality Scheme (SPQS) and to a lesser extent the Quality and Outcomes Framework (QOF) to measure its performance. The data for this practice showed it was performing in line with national standards. We saw that SPQS data was regularly discussed at monthly meetings and action plans were produced to maintain or improve outcomes.
- 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.

Good



Are services caring?

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.

Good



Summary of findings

- The GP patient survey results and feedback from patients suggested that people were respected and treated as individuals.
- 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?

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, extended hours services were offered on Wednesdays from 6.30am to 7pm and once a month on a Saturday. The practice delivered medicines to patients who were unable to collect their medicines through illness, frailness or mobility issues. Online access was offered for appointment booking, cancellation, patient record summary and ordering prescriptions.
- 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.

Good



Are services well-led?

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.

Good



Summary of findings

- 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

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. Rather than reacting to emergencies the practice had created a chronic visiting list whereby they regularly review patients who are considered to be vulnerable in a proactive way. Practice provided older housebound patients annual flu vaccines as another method of keeping in touch with them.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice delivered prescriptions to patients who were frail or housebound as an extra service.
- Patients received a medicine reviews every six months.
- The practice provided care for terminally ill patients and endeavour to, where possible, provide out of hours care for patients they had worked closely as a way of supporting them, their families and the district nursing team.

Good



People with long term conditions

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

- The practice nurse had the lead role in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed. Patients with a diagnosis of diabetes were given a 20 minute consultation with the GP and nurse annually. Care plans were discussed and reviewed and copies of these were given to the patients.
- 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.
- The practice offered additional home visits and telephone calls to frail and vulnerable patients to give them extra support. The practice had a weekly list of patients who were contacted or visited as required.

Good



Summary of findings

- Care plans were completed for the most vulnerable patients such as those on the unplanned hospital admissions register and on the palliative care register.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 88%, which was comparable to the CCG average of 81% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- 6 week baby checks were offered to all new mothers and their babies. The practice sent a letter offering this service and also congratulating them on the birth of their baby.
- The practice had baby changing facilities and a room and private area for mothers who would like to breast feed away from the public area.
- The practice offered coils and implant service as an enhanced service as well as contraceptive pill checks and cervical smears tests.
- The GPs ran surgeries three times weekly at a local school.
- Confidential contraceptive service was offered to teenagers.
- GPs had attended nursery and play groups to familiarise young children with doctors.

Good



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.
- 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. Online access was offered for appointment booking, cancellation, patient record summary and ordering of prescriptions.

Good



Summary of findings

- Extended hours services were offered on Wednesdays from 6.30am to 7pm and once a month on a Saturday.
- Telephone consultations were offered for all patients but those working may have chosen this as a more convenient option to them.

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 and offered additional contact with the practice as determined on an individual basis. For example for chronic disease management or regarding a mental health episode which could be via telephone call, consultation, safeguarding meetings or home visits.
- The practice offered longer appointments and annual learning disability checks for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. Monthly meetings took place with Central Mendip practices whereby GPs attend from the 3 practices, alongside with other health professionals such as district nurses, consultant geriatrician and health connection staff in order to discuss vulnerable patients and to implement care plans.
- 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.
- Patients whom the practice determined as vulnerable were discussed monthly at the practice's clinical team meetings which involved the GPs, nurse, health care assistant and the practice manager discussing the patients. Actions resulting from these discussions were then followed up and alerts were placed on the electronic patient record system to highlight this to all clinicians.
- The practice had a domestic violence champion which was an informal role that the practice had adopted. This role was undertaken by the practices health care assistant (HCA).The HCA was a point of reference for the clinical team, they signposted patients and provided supporting information such as leaflets and details of helplines and support groups.

Good



Summary of findings

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 living with a diagnosis of a 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice prioritised continuity of care to patients experiencing mental health problems.
- The practice facilitated the use of their facilities to social services, health connectors and counsellors free of charge, in order to give patients the opportunities to see these professionals in a convenient venue to them.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing better than the national averages. 208 survey forms were distributed and 119 were returned. This represented over 4% of the practice's patient list.

- 97% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 92% 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%.
- 99% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 98% of patients said they would recommend this GP practice to someone who had 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 12 comment cards which were all positive

about the standard of care received. Patients said that they were treated with dignity and felt respected, they told us that were listened to and their needs were responded to with the right care and treatment. They also confirmed that the premises environment were safe and hygienic, they also told us that staff were helpful and the service they received was excellent.

We spoke with 11 patients during the inspection. All patients said they were satisfied with the care they received and thought staff were all helpful. Patients were also satisfied with the practice's appointment system and said it was easy to make an appointment and that these usually ran on time. Patients said they had enough time during the consultation and felt the GPs listened to them.

The practice had 294 Friend and Family Test responses in the last 12 months prior to our inspection. The comments were overwhelmingly positive as 292 of the responders would recommend the practice to their friends and family.

Oakhill 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 and a practice manager specialist adviser.

Background to Oakhill Surgery

Oakhill Surgery is located at Shepton Road, Oakhill, Radstock BA3 5HT. The practice is serving Oakhill and the surrounding villages. The patient list size is over 2800 and the practice's population's score of deprivation is 7 on a scale of one to ten where ten is the least deprived decile. The practice has a below average population of the age between 20 to 40 but has a higher than average teenage population due to supporting a local school. The practice provides its services under a General Medical Services (GMS) contract.

The practice's current premises were built in 1991. In 2016 the building was extended by a consultation room, treatment room, new toilet facilities for those with disabilities, with baby changing facilities and a lift installed. The car park was also extended listening and responding to the ongoing feedback the practice had received from patients.

At the time of our inspection the practice's staff included:

- 2 GP partners (two females) 1 WTE
- 1 GP trainee (male) 0.92 WTE
- 1 Practice Manager 0.75 WTE
- 3 part time reception staff 1.68 WTE
- 1 medical secretary 0.48 WTE

- 4 part time pharmacy dispensers 2.25 WTE
- 1 full time HCA/admin 0.96 WTE
- 1 part time practice nurse 0.69 WTE
- 1 cleaner 0.21 WTE

The practice is open from 8:30am to 6:30pm. The practice has a contract with another practice to provide emergency cover between the hours of 8am and 8.30am. Out of hours services are accessible via NHS 111. Information about how patients can access these services is available on the practice's website and at the practice's entrance. Extended services are offered on Wednesdays from 6.30am to 7pm and once a month on a Saturday. In addition to pre-bookable appointments, same day appointments and telephone consultations are available.

The practice is committed about training and supporting the next generation of doctors. The practice has been in the third year of being a training practice and is also supporting 6th form students with work experience placements. The practice had one GP trainee at the time of our inspection.

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.

Detailed findings

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 19 October 2016. During our visit we:

- Spoke with two GPs, the practice nurse, the health care assistant, the practice manager, the dispensary manager and a receptionist. We also spoke with 11 patients who used the service.
- Received written feedback from five staff on the day of our inspection.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a patient who was at risk taking their own life. The practice had followed up on the welfare of this patient and was in regular contact with them following their discharge from hospital. The practice also worked together with the local mental health team to support the patient. The lesson learnt was that clinicians should always ask about recreational drug use as this may have been a contributing factor in this case. Asking about recreational drug use may improve support to patients as well as offering additional, specialised treatment. Within another significant event we saw that a locum GP had issued a prescription for patient in the wrong patient record and an incorrect prescription was given to the patient. The mistake was identified by the dispensary staff prior to issuing any medicine. The correct prescription was issued to the patient and the electronic patient record amended to give correct information. The patient came to no harm. The locum GP was informed regarding the mistake and IT issues were a contributory factor. Further IT training was planned as an outcome of the incident.

We noted that significant events were discussed at a monthly meeting and the minutes of the meetings showed the identified actions that were planned to be taken in response to the incident. However, the records did not show how the practice ensured that the identified actions were completed.

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, the practice nurse and the health care assistant had been trained to level two and non-clinical staff at level one. Multi-disciplinary discussions took place in order to safeguard vulnerable patients and we were given examples where staff followed the practice's protocol to refer vulnerable patients to the appropriate service when this had been required.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and

Are services safe?

staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. The practice nurse had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. The practice nurse had received mentorship and support from the GPs for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The health care assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). A number of medicines were stored in a medicine refrigerator in the practice's dispensary. Its temperature was checked twice daily, however, only the actual temperatures were recorded and the minimum and maximum temperatures were not. This was not in line with current guidelines.
- 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 with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire alarm tests and fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The practice had a regular locum GP and a nurse to cover staff absences or annual leaves as needed. Feedback from staff and patients indicated that there was easy access to appointments and all felt there were enough staff.

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.

Are services safe?

- 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.

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 monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice participated in a local quality and outcomes framework, Somerset Practice Quality Scheme (SPQS) rather than the Quality and Outcomes Framework (QOF). SPQS is a federation led initiative being piloted in the Somerset area covering locally centred performance data. (QOF is a system intended to improve the quality of general practice and reward good practice). Prior to 2015 the practice used QOF and we looked at the most recent data for 2014/15. The results showed the practice had achieved 91% of the total number of points. The practice used the information collected for the SPQS and performance against national screening programmes to monitor outcomes for patients.

The combined overall total exception reporting for all clinical domains was 7.2% which was comparable to the clinical commissioning group (CCG) average of 6.4% and the national average of 9.2%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

There was evidence of quality improvement including clinical audit.

- There had been 10 clinical audits completed in the last two years, four of these were completed audits where the improvements made were implemented and monitored.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research. The practice participated in the Health and Social Care Information Centre's care certificate audit, medicine management audits by the local Clinical Commissioning Group and the Diabetes national audit. The practice had also been involved in two quality improvement projects regarding lung cancer and health care in care homes.
- Findings were used by the practice to improve services. For example, recent action taken as a result included the introduction of the 'Target toolkit' which had been started to be by prescribers to ensure appropriate prescribing of antibiotics. For the same reason the practice also ensured that prescribers were using the most up to date guidelines. The practice also ensured that treatment for osteoporosis was in line with the Somerset formulary as a result of an audit.

Information about patients' outcomes was used to make improvements such as adding alerts to the electronic patient records to ensure that patients are appropriately monitored and reviewed.

The practice also added automatic warnings within its electronic system to alert staff if special consideration was needed in relation to possible interactions between Warfarin and other medicines.

Effective staffing

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.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. The practice kept records regarding staff's completed training and identified further training needs in order to ensure that all staff's knowledge would be kept up to date. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, team meetings, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- The practice ensured role-specific training and updating for relevant staff. Staff completed training that was

Are services effective?

(for example, treatment is effective)

relevant to their specific roles. For example, the dispensary manager attended a course regarding dispensary management and the health care assistant had completed a course regarding smoking cessation and another for spirometry and Doppler ultrasound tests. The practice nurse attended training regarding cervical cytology and asthma management.

- Both the practice nurse and the health care assistant administered vaccines and received annual updates relevant to the vaccines they administered.
- Staff received training that included: health and safety, safeguarding, fire safety and basic life support. Staff said they felt confident about their roles and responsibilities and that they received the training they needed. Written feedback from staff also indicated that they were given the opportunity to complete training courses.

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. Monthly meetings took place with Central Mendip practices whereby GPs attend from the 3 practices, alongside with other health professionals such as district nurses, consultant geriatrician and health connectors to discuss vulnerable patients and to monitor, implement and discuss patient care plans.

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. .

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. The practice offered support and advice regarding diet, smoking and alcohol cessation and had signposted patients to the relevant local service. For example, patient referrals were made to the Health Connectors regarding walking groups and exercise classes and to Zing Somerset for exercise support.

The practice's uptake for the cervical screening programme was 88%, which was comparable to the clinical commissioning group (CCG) average of 81% and the national average of 82%. There was a policy to send a letter to remind patients who did not attend for their cervical screening test. The practice encouraged uptake of the screening programme by sending reminder letters and through posters and leaflets promoting this screening. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 76% of female patients aged between 50 and 70 years of age were screened for breast cancer in the previous 36 months compared to the CCG average of 75% and the national average of 72%. 61% of patients aged between 60 and 69 years of age were screened for bowel cancer in the previous 30 months compared to the CCG average of 62% and the national average of 58%.

Childhood immunisation rates for the vaccines given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 81% to 100% and five year olds from 75% to 100% compared to the CCG range from 72% to 97% and 73% to 98% respectively.

Are services effective? (for example, treatment is effective)

Patients had access to appropriate health assessments and checks. These included health checks for new patients

especially for patients with long term conditions or for patient who were taking medicines. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

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.

All of the 12 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 three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 98% 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%.
- 95% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 98% and the national average of 95%.
- 95% 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%.
- 100% 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%.

- 97% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

The GP patient survey results and feedback from patients suggested that people were respected and treated as individuals.

Care planning and involvement in decisions about care and treatment

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

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

- 93% 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%.
- 92% 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%.
- 95% 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.
- Accessible car parking was located close to the entrance of the surgery. Most of the consultation rooms were located on the ground floor and there was a lift to access the upstairs room. The practice had a bell at the front door for aided access.
- There was a portable hearing loop that could be used in the reception as well as the dispensary area or in the consultation rooms.

Are services caring?

- Patients' notes highlighted to clinicians if a patient needed assistance to the treatment room from the waiting area

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 36 patients as carers (1.3% of the practice list). Written information was available to direct carers to the various avenues of support available to them. The practice had a carers' champion, this role was undertaken by one of the receptionist. The purpose of the role was to publish up to date information for carers, maintain the carers notice board, to be a point of

contact for carers and the carers champion would take the time to look into matters on their behalf if requested. Also, their role included signposting and informing carers of local support groups and their contact numbers. The practice also completed a survey amongst the registered carers and had identified that 20 carers were interested in the practice hosting a coffee morning. This was planned to be implemented.

The practice had been developing a new role in the practice. A member of the reception team had volunteered to undertake this role and would be trained by the health connector team, in order to become a 'Health Champions'. This role would signpost patients to the community support groups that exist across the local area.

Staff told us that if families had suffered bereavement, their GP contacted them offered them support and advice. Following the initial contact with the family a GP usually visited them as well.

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.

- Extended hours services were offered on Wednesdays from 6.30am to 7pm and once a month on a Saturday.
- The practice delivered medicines to patients who were unable to collect their medicines through illness, frailness or mobility issues.
- Online access was offered for appointment booking, cancellation, patient record summary and ordering prescriptions.
- Telephone consultations were offered for all patients but those working may have chosen this as a more convenient option to them.
- There were longer appointments available for patients with complex needs and/or a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. The practice offered additional home visits and telephone calls to frail and vulnerable patients to give them extra support. The practice had a weekly list of patients who were contacted or visited as required.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had recently installed a passenger lift to improve access for patients to its treatment room on the first floor.

Access to the service

The practice was open from 8:30am to 6:30pm. The practice had a contract with another practice to provide emergency cover between the hours of 8am and 8.30am. Out of hours services were accessible via NHS 111. Information about how patients could access these services was available on the practice's website and at the

practice's entrance. Extended services were offered on Wednesdays from 6.30am to 7pm and once a month on a Saturday. In addition to pre-bookable appointments, same day appointments and telephone consultations were available.

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.

- 94% of patients were satisfied with the practice's opening hours compared to the national average of 79%.
- 97% 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 easily when they needed them.

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.
- 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 for example on the practice's website and a poster about the complaint procedure was on display in the waiting area.

We found the practice had recorded two complaints in 2015/2016. We looked at the complaints in detail and found these were satisfactorily handled and dealt with in a timely way. Openness and transparency with dealing with the complaints was demonstrated and lessons were learnt from individual concerns and complaints. Actions were taken to as a result to improve the quality of care. For example, a patient was unhappy about their appointment being cancelled at short notice. A letter of apology was written to the patient and an explanation provided. The practice ensured that staff knew to take the patients number and to call them back if a change to an appointment was needed. The other complaint was about a patient being disappointed that they did not see the GP

Are services responsive to people's needs? (for example, to feedback?)

they had been booked in to see. The practice manager called the patient to apologise about the change of GP and explained it only happens in extenuating circumstances which was the case on that day.

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 strategy and supporting business plans which reflected the vision and values and were regularly monitored. The practice aimed to have competent staff and provide ongoing patient care and to ensure the sustainability of the service for the following five years.

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 arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff. The feedback from staff also indicated that they were clear about their roles and responsibilities and that the practice had an open and transparent management.

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 held regular team meetings. There were monthly whole practice meetings, monthly clinical meetings and the dispensary team met three monthly.
- 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 by the management in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had a patient participation group (PPG) that worked closely with the practice to offer feedback, develop new ideas, help to audit and suggest improvements and to support the practice in delivering services by volunteer work. The practice had gathered feedback from patients through PPG and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, to extend the car park which was completed in 2016. 50 patients were also

Are services well-led?

Good 

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

surveyed when presenting to the dispensary over the last few weeks in September. Overall the survey results were excellent, patients were happy with the services that they received. One comment relating to dispensers possibly not knowing when the patient is at the hatch and a mirror was suggested. This idea had been taken on board and planned to implement this.

- The practice was also in the process to developing a virtual patient participation group in order to have a more representative patient population and offering working age people a chance to be involved in their practice.
- The practice had gathered feedback from staff through surveys and generally through staff meetings, appraisals and discussions. 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. For example, the practice participated in the 'Fit note' research, the National influenza research and the National Patient Survey. The 'Fit note' research was a quantitative assessment of the fit note to strengthen the evidence base on sickness certification and sickness absence. GPs also completed periodical research questionnaires.

The practice worked to the Somerset Practice Quality Scheme (SPQS) which is a federation led initiative being piloted in the Somerset area covering locally centred performance data. The purpose of the pilot had been to test new discretionary approach to QOF which allowed freedom for clinicians to innovate while continuing to provide assurance of high quality care.