Bradworthy Surgery

Quality Report

The New Surgery
The Square, Bradworthy
Holsworthy
Devon
EX22 7SY
Tel: 01409 241215
Website: www.bradworthysurgery.co.uk

Date of inspection visit: 10 December 2015
Date of publication: 10/03/2016

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Bradworthy Surgery on 10 December 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant clinical events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Information about services and how to complain was available and easy to understand.
- There was a clear leadership structure and staff felt supported by management. The practice sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw areas of outstanding practice:

- Appointments were tailored to meet the needs of individual people and were delivered in a way to ensure flexibility, choice and continuity of care. For example, during the lunch hour when the practice was normally closed for consultations or after surgery hours by individual arrangement.
- Feedback from patients about their care was consistently and strongly positive. This was strongly echoed in patient survey results, such as in the way nursing staff involved patients in decisions about their care.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes above the national average, for example the most recent results showed the practice had reached 100% of the total number of points available. For example, performance for diabetes related indicators were significantly better

Summary of findings

than the national average. Nursing staff were able to give examples of personalised and tailored health advice given to patients who attended clinics for diabetes management to promote healthy lifestyles.

The areas where the provider should make improvement are:

- Develop and implement a system to check that patients have collected their prescribed medicines from designated local pick-up points.
- Develop a system to record dispensing error "near misses," so learning from these is identified and shared.
- Ensure all staff are aware of the practice protocol in the event that the panic alert is activated.
- Consider the installation of privacy curtains in the nurse's consultation room.
- Maintain records of informal and unstructured staff meetings.

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 clinical events. Lessons were shared to make sure action was taken to improve safety in the practice.
- Whilst there was a system in place to record and share learning about dispensing errors that leave the practice there was no system to record "near misses," so learning from these was not identified and shared.
- The practice had made arrangements for people to collect their medicines at local pick-up points. Whilst the staff recorded what had been sent to these points there was no system to check that the patient had collected them.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and 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. For example, 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.
- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. However, not all staff demonstrated awareness of any protocol to follow in the event that the panic alert was activated.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- All the medicines we checked were in date and fit for use.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.

Summary of findings

- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

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.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- We observed a strong patient-centred culture.
- Not all consulting rooms had curtains available to maintain patients' privacy and dignity during examinations, investigations and treatments.

Are services responsive to people's needs?

Outstanding

The practice is rated as outstanding for providing responsive services.

- Appointments were tailored to meet the needs of individual people and were delivered in a way to ensure flexibility, choice and continuity of care.
- People's individual needs and preferences were central to the planning and delivery of tailored services. The services were flexible, provided choice and ensured continuity of care.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, in offering extended services on an individual basis.
- 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.

Summary of findings

- 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.

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 this.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction. However, informal staff meetings were not consistently recorded.
- The practice actively sought feedback from patients and had an active patient participation group (PPG).
- The practice carried out succession planning.

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 personalised care to meet the needs of the older people in its population. For example, being a rural practice with a lack of public transport, telephone appointments were available.
- The practice was responsive to the needs of older patients, and offered rapid access home visits and urgent appointments for those with enhanced needs.
- The practice had a register of older patients at risk of admission. If patients on this register were admitted to hospital, the practice made contact when they were discharged. Admissions to hospital were discussed at practice meetings.
- There was close liaison with the district nurses, community matron and complex care team to ensure appropriate support was in place for patients and their carers.
- Support for carers was offered and outreach services was provided by Devon Carers, who visited patients/carers in their own home.
- All older patients had a named GP.
- The shingles vaccination was offered as per Department of Health guidelines.

People with long term conditions

Outstanding

The practice is rated as outstanding 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 more than one long-term condition were able to have all their conditions reviewed at the same time.
- Longer appointments and home visits were available when needed.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes above the national average, for example the most recent results showed the practice had reached 100% of the total number of points available. For example, performance for diabetes related indicators were significantly better than the national average. Nursing staff were able to give examples of personalised and tailored health advice given to patients who attended clinics for diabetes management to promote healthy lifestyles.

Summary of findings

- Flu clinics were flexible at varying times in the week to accommodate transport issues.
- The practice hosted the retinal screening team for diabetic patients during Oct/Nov 2015. This enabled diabetic patients to have their flu vaccination while attending the screening session.
- 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.
- A palliative care patient list was reviewed at each practice meeting.
- Bradworthy Surgery is a dispensing practice, enabling patients to collect their medicine locally. The dispensary delivered to vulnerable patients unable to attend the practice due to chronic illness.

Families, children and young people

Good

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 who were at risk, for example, children and young people who had a high number of A&E attendances. There were meetings with the health visitor and school nurse surrounding child safeguarding issues.
- Immunisation rates were above average for all standard childhood immunisations.
- The percentage of women aged 25 – 65 whose notes record that a cervical screening test had been performed in the preceding 5 years was 83.33%. This compared favourably to the national average of 81.88%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. For example, appointments were available for after school, at the end of surgery, or when the college bus came back to the village, if requested.
- We saw positive examples of joint working with midwives, health visitors and school nurses. For example, the practice hosted health visitor and midwife clinics. These clinics coincided with practice nurse open access surgery. Therefore immunisations for pregnant mums and babies could be offered during the same visit.

Summary of findings

- Children's seasonal flu clinics were held to fit in with school holidays, or after school, or at the same time as the toddler group met in the village, to save on unnecessary trips to the village.

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.
- Patients could book appointments or order repeat prescriptions online.
- Telephone appointments were available at lunchtimes.
- There was online appointment booking and repeat prescription ordering.
- Extended hours were offered by arrangement with the GP.
- The practice was actively offered a full range of health promotion and screening that reflects the needs for this age group. For example, NHS health checks for patients aged 40 – 75.
- Smoking cessation, weight loss and alcohol screening and intervention were carried out opportunistically by the clinical team.
- There was an open access practice nurse surgery on Monday evenings and flexibility of practice nurse availability to enable patients to attend for blood tests with the nurse as soon as the practice opens, so they could then go on to work.

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 offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients. For example, the practice worked with the local learning disability team and had an annual meeting to discuss the register and any change in circumstances or concerns. The learning disability team assist the practice staff with gaining blood tests from patients at home when needed.

Summary of findings

- 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).

- Performance for mental health related indicators was better than the national average. The practice had recognised a high demand for mental health consultations in the area, such as for depressive illnesses, and offered longer appointments to listen to patients' concerns.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. For example, in encouraging patients with long-term mental health issues to use expert resources available at Holsworthy Link Centre in a nearby village.
- 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015. The results showed the practice was performing in line with local and better than national averages. 239 survey forms were distributed and 127 were returned. This represented 4.5% of the practice's patient list.

- 90.3% of patients found it easy to get through to this surgery by phone compared to a Clinical Commissioning Group average of 84.4% and a national average of 73.3%.
- 91.8% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 91.0% and national average 85.2%).
- 81.4% of patients described the overall experience of their GP surgery as good (CCG average 83.3% and national average 73.3%).
- 83.1% of patients said they would recommend their GP surgery to someone who has just moved to the local area (CCG average 85.8% and national average 77.5%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received seven comment cards which were all positive about the standard of care received. For example, patients told us the staff team, without exception, were friendly and caring. People also said that advice and support from nurses and GPs was excellent.

We spoke with five patients during the inspection. All five patients said they were happy with the care they received and thought staff were approachable, committed and caring. Patients also praised the practice for flexibility in obtaining appointments and the delivery service of the practice dispensing pharmacy.

We met with the practice patient participation group. They had approximately seven members, who met with the practice manager at least twice a year to discuss issues affecting patients. They told us they were happy with the practice services and that they were listened to by the partners, who acted on their suggestions, for example in relation to opening hours.

Areas for improvement

Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- Develop and implement a system to check that patients have collected their prescribed medicines from designated local pick-up points.
- Develop a system to record dispensing error "near misses," so learning from these is identified and shared.
- Ensure all staff are aware of the practice protocol in the event that the panic alert is activated.
- Consider the installation of privacy curtains in the nurse's consultation room.
- Maintain records of informal and unstructured staff meetings.

Outstanding practice

We saw areas of outstanding practice:

- Appointments were tailored to meet the needs of individual people and were delivered in a way to ensure flexibility, choice and continuity of care. For example, during the lunch hour when the practice was normally closed for consultations or after surgery hours by individual arrangement.

Summary of findings

- Feedback from patients about their care was consistently and strongly positive. This was strongly echoed in patient survey results, such as in the way nursing staff involved patients in decisions about their care.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes above the national average, for example the most recent results showed the practice had reached

Bradworthy Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector**.** The team included a GP specialist adviser, a CQC pharmacist inspector, a practice manager specialist adviser and an Expert by Experience.

Background to Bradworthy Surgery

Bradworthy Surgery, known as The New Surgery is situated in the village of Bradworthy, North Devon. It is a rural practice with approximately 2800 patients, many of whom are farming families. The catchment area for the practice covers 100 square miles. The practice serves the community, which has a higher percentage of people who are aged 65 years and older than the national average and a lower percentage of patients aged 20 – 39 than the national average. There are accessible facilities, with ground floor consulting rooms available and free parking on the village square, adjacent to the practice. There are few bus links or other public transport facilities.

There are three GPs at the practice; two male and one female. Two of the GPs are partners. Partners hold managerial and financial responsibility for running the business. GPs work on a part-time basis covering nine sessions a week over four and a half-days Mon – Fri. The GPs are supported by two practice nurses, a receptionist and three staff who also work as dispensers in the practice pharmacy.

One of the GP partners is the practice registered manager as there is no practice manager.

The practice is a teaching practice, offering placements to medical students.

The practice is open from 8:30am – 6pm Mondays, Tuesdays, Wednesdays and Fridays. The practice is open from 8:30am – 1pm on Thursdays, with an arrangement for patients to be seen at a nearby practice for emergencies on Thursday afternoons. Outside of opening hours patients are directed to the 111 service run by NHS Devon. Telephone appointments are available during opening hours.

Why we carried out this inspection

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

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 10 December 2015. During our visit we:

Detailed findings

- Spoke with a range of staff (one GP and one locum GP, two practice nurses, one receptionist and two pharmacy dispensers) and spoke with five 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 the Quality and Outcomes Framework 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 practice carried out an analysis of the significant events.
- We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, we saw one significant event regarding a patient with backache. As a result clinical assessment protocols were reviewed for cases of backache. Learning was shared with GPs to share good practice.
- There was a system in place to record and share learning about dispensing errors that leave the surgery. However, there was no system to record "near misses," so learning from these is not identified and shared.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had 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 that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. The lead GP for safeguarding was trained to safeguarding level three for child protection and the other GPs were in the process of completing the training to this required level. All nurses were trained to the required level two for child protection. Other staff had received training to level one as recommended. All staff at the practice had received training in adult safeguarding.
- 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 check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses 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 audit was performed in May 2015. We saw evidence that action was taken to address any improvements identified as a result.
- The practice outsourced their personnel recruitment services. We found there were suitable systems in place to check that this arrangement was safe. For example, that appropriate recruitment checks had been undertaken prior to employment such as proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security) although the storage of some items needed review. The practice had made arrangements for people to collect their medicines at local pick-up points and whilst they recorded what had been sent to these points there was no system to check that the patient had collected them. This meant that the practice dispensing pharmacy was unble to audit that people had collected their medicines.

Good

Are services safe?

- The practice carried out prescribing audits, with the support of the local CCG medicines team, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Prescription pads were not securely stored and systems were not in place to monitor their use. However, this was rectified on the day of the inspection.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- There were fail safe 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.

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 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.
- The practice had up to date fire risk assessments and carried out an annual fire drill. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- 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 that 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. However, not all staff demonstrated awareness of any protocol to follow in the event that the panic alert was activated.
- 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 fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

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 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 used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators were significantly better than the national average. For example the percentage of diabetic patients who in the last 12 months had their cholesterol monitored and results showed good ranges were 91.3%. This compared favourably to the national average of 81.6%. Nursing staff were able to give examples of personalised and tailored health advice given to patients who attended clinics for diabetes management to promote healthy lifestyles.
- The percentage of patients with hypertension having regular blood pressure tests was better than the national average. The practice scored 91.81%, compared to the national average of 83.11%.
- Performance for mental health related indicators was better than the national average. For example 100% of patients at the practice with an identified bipolar affective disorder, schizophrenia and other psychosis had a care plan. This compares to the national average of 86.04%. The practice had recognised a high demand for mental health consultations in the area, such as for depressive illnesses, and offered longer appointments to listen to patients' concerns.

Clinical audits demonstrated quality improvement.

- We saw examples of six clinical audits undertaken in the last 12 months. We looked at two in detail. These were complete audit cycles (examples of audits being repeated over time to identify trends). We saw that recommendations from audits had been implemented, such as setting up alerts on patient notes for recall blood tests when prescribed certain anti-high blood pressure medicines.

Information about patients' outcomes was used to make improvements. For example, the practice had reviewed male patient records to identify men who may be at risk of developing prostate cancer and urinary complications. As a result these men were invited for annual tests to monitor their risk.

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 practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those staff reviewing patients with long-term conditions, such as through smoking cessation advice training.
- Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations 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

Good

Are services effective?

(for example, treatment is effective)

scope of their work. This included appraisals, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. 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. Information such as NHS patient information leaflets were also available.
- 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 services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

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 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.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term physical or mental health condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant services.
- Smoking cessation advice was available from the practice nurses who had received specific training in this role.

The practice's uptake for the cervical screening programme was 83.33%, which was comparable to the national average of 81.88%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 89.5% to 100% and five year olds from 81.8% to 100%.

Flu vaccination rates for the over 65s were 76.1%, and at risk groups 58.59%. These were also above national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. 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.

- Not all consulting rooms had curtains available to maintain patients' privacy and dignity during examinations, investigations and treatments. Staff told us that they were able to close the consulting room door to maintain privacy. However, the addition of curtains provides patients with privacy when undressing in the consulting room when the nurse or GP is present.
- 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.

All of the seven 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 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 or average for its satisfaction scores on consultations with GPs and nurses. For example:

- 95.2% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 92.0% and national average of 88.6%.
- 91.2% of patients said the GP gave them enough time (CCG average 90.9% and national average 86.6%).
- 94.6% of patients said they had confidence and trust in the last GP they saw (CCG average 97.2% and national average 95.2%).
- 91.5% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 89.7% and national average 85.1%).
- 97.9% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 93.4% and national average 90.4%).
- 90.9% of patients said they found the receptionists at the practice helpful (CCG average 90.5% and national average 86.8%).

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages and better than the local and national averages for considering nurses good at involving them in decisions about their care. For example:

- 89.3% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 90.4% and national average of 86.0%.
- 85.6% said the last GP they saw was good at involving them in decisions about their care (CCG average 87.3% and national average 81.4%)
- 93.5% said the last nurse they saw was good at involving them in decisions about their care (CCG average 88.0% and national average 84.8%)

Although staff said there were no patients who required translation services there were translation services 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.

Patient and carer support to cope emotionally with care and treatment

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

Good

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them.

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

Outstanding ☆

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. People's individual needs and preferences were central to the planning and delivery of tailored services. The services were flexible, provided choice and ensured continuity of care.

- There were longer appointments available for patients with a learning disability or any patients who requested a longer consultation.
- Home visits were available for older patients and patients who had difficulty attending the practice.
- Same day appointments were available for children and those with serious medical conditions.
- If patients had difficulty attending the practice during normal opening hours there was flexibility within the appointments system to allow patients to suit their appointment time to when a family member could bring them in. For example, during the lunch hour when the practice was normally closed for consultations.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccinations available privately.
- There were baby changing mats available on request.
- As a rural practice there was a practice dispensary, which also delivered medicines to housebound patients.
- The practice nurses led chronic disease clinics. Patients with more than one long-term condition had all their conditions reviewed at the same time with a longer appointment time so that people did not have to make multiple visits to the practice.
- There were open access appointments to the practice nurses available each morning the practice was open. There was an open access to GP/nurse consultations on Monday evenings.
- Telephone appointments were available during the practice lunch hour.
- Patients could request an appointment with a GP or nurse outside of normal opening hours on a personal basis. For example, before the normal surgery opening hours if a patient worked in the mornings.
- Most consulting rooms were on the first floor. However, there was a ground floor consulting room for patients who were unable to manage the stairs. We observed practice staff offering patients support and assistance if they requested this when using the stairs.

Access to the service

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was mixed. For example,:

- 69.0% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 77.6% and national average of 74.9%. However, as a result of the survey the practice was now offering more flexibility in the appointment system.
- 90.3% of patients said they could get through easily to the surgery by phone (CCG average 84.4% and national average 73.3%).

The practice was open between 8:30am and 6.00pm for appointments Monday to Friday. The practice closed for face to face consultations during a lunch hour, however, there were telephone consultations available during this time and the reception remained open for patients to collect medicines. In listening to results from patient surveys the practice was now offering extended practice hours on a personalised basis or at the Monday evening drop in sessions, which closed when all patients had been seen. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

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

- The complaint 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 by posters displayed in the patients waiting area.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

We looked at the three complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way with openness and transparency with dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, by introducing a more robust system for when patients are referred to secondary care and following up patients who have not made their appointment through the local commissioning group 'choose and book' service.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas 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 which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.

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

- Staff told us the practice held monthly minuted clinical team meetings. Other staff meetings were on an informal basis and were not minuted.
- 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 in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by all the GPs 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. The practice 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. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, in reviewing the results from the patient survey and discussing options for extended opening hours.
- The practice had gathered feedback from staff through staff meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement within the practice. The practice team was forward thinking was actively engaging in staff succession planning, for example in anticipating potential staff retirements and staff recruitment strategies.