

Cannington Health Centre

Quality Report

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Date of inspection visit: 5 January 2016
Date of publication: 06/04/2016

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?		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 Cannington Health Centre on 5 January 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 a comprehensive system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- The practice was taking part in the NHS sign up to safety quality improvement project.
- 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.
- In December 2015 the practice was awarded an excellent grading by Health Education England for the training of trainee GPs.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- 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.
- Information about services and how to complain was available and easy to understand.
- Patients said they generally found it easy to make an appointment with a 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. (Duty of Candour is a legal duty to ensure providers are open and transparent with people who use services).

Summary of findings

The areas where the provider should make improvements are:

- Improve written procedures for non-dispensary staff for the collection of medicines by patients.
- Improve incident recording for medicine incidents within the dispensary to include analysis of the event and action taken to prevent further incidents.

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.

Good



- There was an effective system in place for reporting and recording significant events. However within the dispensary the system for recording incidents required improving to include an analysis of the incident and any action taken to prevent future incidents.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- 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.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average for the locality and compared to the national average.
- 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 multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- We observed a strong patient-centred culture.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- 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.

Good



- 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.
- 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.
- Patients said they found it easy to make an appointment with a 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.

Are services well-led?

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

Good



- 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.
- The practice had signed up and actively engaged in the NHS sign up to safety quality improvement tool.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of

Summary of findings

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

- 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 patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided a dispensary service which was invaluable to older people reliant on public transport.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was better than the Clinical Commissioning Group (CCG) and national average.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



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 patients who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us children and young patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



Summary of findings

- We saw positive examples of joint working with midwives, health visitors and school nurses.

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 reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those patients living with a learning disability.
- 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.
- 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.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.

Good



Summary of findings

- 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 had an action plan in place and had restructured annual reviews for patients living with a mental health diagnosis to improve care for mental health related indicators.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2015. The results showed the practice was performing above local and national averages. Survey forms were distributed to 253 patients and 126 were returned. This represented approximately 2.5% of the practice's patient list.

- 91.5% of patients found it easy to get through to this practice by phone compared to a Clinical Commissioning Group (CCG) average of 78.6% and a national average of 73.3%.
- 89.2% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 88.8% and national average 85.2%).
- 92.5% of patients described the overall experience of their GP practice as good (CCG average 88.3% and national average 84.8%).
- 92.6% of patients said they would recommend their GP practice to someone who has just moved to the local area (CCG average 82.5% and national average 77.5%).

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 20 comment cards which were all positive about the standard of care received. Patients told us staff listened to them, provided support and took time to explain aspects of their care; staff were always polite and helpful with a willingness to meet patient needs and the practice made patients feel valued and respected.

We spoke with five patients during the inspection. All five patients said they were happy with the care they received and thought staff were kind, approachable, committed and caring. One patient told us they had difficulty making a routine appointment. We spoke to the patient participation group (PPG) who advised us that they were working with the practice to resolve the difficulties some patients had.

We looked at the NHS Friends and Family Test from June 2015 to December 2015 where patients are asked if they would recommend the practice. The results showed between 89% and 100% of respondents would recommend the practice to their family and friends.

Areas for improvement

Action the service SHOULD take to improve

- Improve written procedures for non-dispensary staff for the collection of medicines by patients.
- Improve incident recording for medicine incidents within the dispensary to include analysis of the event and action taken to prevent further incidents.

Cannington Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission lead inspector. The team included a GP specialist adviser, a practice manager specialist adviser and a Care Quality Commission Pharmacist.

Background to Cannington Health Centre

The practice is located in Cannington; a village located three miles north west of Bridgwater on the edge of the Somerset coast, Quantock hills and Somerset Levels in the Sedgemoor district of the county of Somerset. Situated within Cannington village is an agricultural boy's boarding school and Bridgwater college which provides land based management courses. The village is in close proximity to a nuclear power station which is currently undergoing additional building and makes use of transient workers. The practice provides primary medical services for the surrounding rural villages and hamlets with some additional patients from Bridgwater, a nearby town.

The practice is located in a purpose built building. The building was completed in the 1970s and has been extended twice in recent years to accommodate the growing local population. Currently the practice contains six consulting rooms; two nurse treatment rooms; an examination room and a dispensary. The practice has two branch surgeries in neighbouring villages with each opening for a short period each week. During our inspection we did not visit the two branch surgeries.

The practice has a population of approximately 5264 patients. They dispense medicines to approximately 80% of

the practice population. The practice has a higher than England average of male patients aged between 10 and 19 years of age due to the proximity of the agricultural school and a higher than England average of patients aged from 50 years of age onwards. The practice is situated in an area with lower deprivation with a deprivation score of 14.6 compared to the Clinical Commissioning Group (CCG) average of 16.8 and the national average of 23.6.

The practice team includes three GP partners, (two female and one male). In addition a female nurse practitioner, two female practice nurses and a health care assistant are employed; a practice manager and administrative staff which include dispensary staff; receptionists and secretaries.

The practice is a training practice for medical students and trainee GPs. At the time of our inspection a trainee GP was being supported by the practice.

The practice had a General Medical Services contract (GMS) with NHS England to deliver general medical services. The practice provided enhanced services which included facilitating timely diagnosis and support for patients with dementia; childhood immunisations and minor surgery.

The practice (including the dispensary) is open between 8am to 6.30pm Monday to Friday. Once a week between 3pm and 4.30pm a GP provides additional appointments at two branch surgeries.

The national GP patient survey (July 2015) reported that patients were more than satisfied with the opening times and making appointments. The results were above local and national averages.

The practice has opted out of providing Out Of Hours services to their own patients. Patients can access NHS 111 and an Out Of Hours GP service is available to patients.

Detailed findings

Why we carried out this inspection

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

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

How we carried out this inspection

In advance of the inspection we reviewed the information we held about the provider and asked other organisations to share what they knew.

We carried out an announced visit on 5 January 2016. During our visit we:

- Spoke with a range of staff. For example, GPs, nurses and administrative staff.
- Spoke with patients who used the service.
- Observed how patients were being cared for.
- Reviewed the personal care or treatment records of patients.

- Reviewed Care Quality Commission 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 when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data (QOF), this relates to the most recent information available to the Care Quality Commission (CQC) at 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 practice had implemented an in depth recording and action system for alerts.
- The practice actively reported incidents to other agencies and had signed up to the NHS sign up for safety, national quality indicators. This led to a staff pledge to improve patient safety.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of quarterly meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice.

Staff recorded safety incidents relating to the dispensary and the action taken to resolve them. Staff told us they discussed these in team meetings so that all staff could learn from the incident.

The dispensary staff received medicines safety alerts and checked whether these were relevant to their service. We saw records of these alerts and the actions staff had taken to make sure patients were protected.

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 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 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 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 relevant to their role. GPs were trained to Safeguarding level 3 for child protection and had received appropriate safeguarding adult and domestic abuse training.

- A notice in the waiting room advised patient's 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 the people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained good standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There was an infection control protocol in place and staff had received up to date training. The lead nurse was the infection control clinical lead, supported by a GP and health care assistant, all of whom had received additional training. The practice nurse liaised with the local infection prevention teams to keep up to date with best practice. Annual infection control audits were undertaken and we saw evidence action was taken to address any improvements identified as a result. We saw a good system was in place to clean medical equipment used for clinical tests such as spirometers.
- 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.

Medicines Management

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group pharmacy team, to ensure prescribing was in line with best practice guidelines for safe prescribing.

Are services safe?

One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They 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 practice had a system for production of Patient Specific Directions to enable health care assistants to administer vaccines after specific training when a GP or nurse were on the premises.

Suitable arrangements were in place for storing medicines. Dispensary medicines were stored securely and unauthorised people could not access them. Medicines were stored at the required temperatures. Staff monitored the temperatures of the medicines refrigerators to make sure these medicines were safe to use.

The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard operating procedures that set out how they were managed. These were followed in the practice. Suitable secure storage was available for controlled drugs, access to them was restricted. Staff made regular checks of the controlled drugs to ensure that records were accurate. This allowed them to identify and address any discrepancies quickly. Staff were aware of how to raise concerns around controlled drugs with the controlled drugs accountable officer in their area. Arrangements were in place for the destruction of out of date controlled drugs. Staff told us they had requested a visit from an authorised person to come and destroy a number of out of date controlled drugs.

The practice was signed up to the Dispensing Services Quality Scheme, which rewards practices for providing high quality services to patients of their dispensary. Dispensary staff had received training for their role. Staff received annual appraisals and a check of their competence. This helped to ensure they were working to the correct, safe standard and protected patients from the risk of medicines errors.

Appropriate systems were in place for the safe dispensing of medicines. The GPs checked and signed prescriptions before staff dispensed them. The dispensing system in place included checks to make sure staff dispensed the correct medicines.

The staff on reception dealt with patients requesting prescriptions and collecting dispensed medicines. The practice manager showed us the skills staff needed for this work, training staff had received and evidence that senior staff checked this. Staff could access information to support them to do this safely. However, it was not clear that patients would always have the opportunity to ask for information about how to take their medicines or be able to do this privately.

We saw two reported incidents where patients had received medicines for the wrong patient. Staff told us that they always ask for a patient's address to check they were giving medicines to the right patient. The incident report did not show whether staff had taken any action to find out why these incidents had happened so the risk of further incidents was reduced.

There were no arrangements in place for delivery of dispensed medicines to patient's homes, if they were housebound and not able to have them collected. So patients who needed a medicine delivery service were not able to use the practice dispensary. The GPs took some dispensed medicines to the two satellite surgeries for collection during their weekly visits. If patients did not collect their medicines during the surgery time, they were left for collection elsewhere. Although there was no written procedure to ensure these medicines were kept and collected safely the practice provided evidence that GPs collected and returned uncollected medicines regularly.

Blank prescription forms were handled in accordance with national guidelines, as these were tracked through the practice and kept securely at all times.

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 fire drills. We saw evidence a fire drill had been booked to take place.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. We saw evidence confirming the testing due in January 2016 was booked. The practice had a variety of other risk

Are services safe?

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.
- Locum GPs were required to complete a handover form at the end of each session. The form included information to assist staff when managing risks. For example, hospital admissions and incidents.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. This was readily available within the practice.
- The practice had developed an informative manual for staff when managing emergencies or incidents. 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 to meet patient needs.
- The practice monitored 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 (2014/15) were 96.3% of the total number of points available, with 8.4% exception reporting. (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). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was better than the Clinical Commissioning Group (CCG) and national average. For example, the percentage of patients with diabetes, on the register, who have had received a flu vaccine was 95.5% of patients which was above the CCG average of 88% and national average of 94.1%.
- The percentage of patients with high blood pressure having regular blood pressure tests was 79.6%, slightly above the CCG average of 77.1% and below the national average of 83.5%.
- Performance for mental health related indicators was slightly better than the CCG averages and below national average. For example, the percentage of

patients with a mental health diagnosis who had a comprehensive, agreed care plan documented was 81.3% compared to the CCG average of 60.4% and national average of 88.4%.

- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 88.2% which was better than the CCG average of 53.6% and national average of 84%.

The practice had an action plan in place and had restructured annual reviews for patients living with a mental health diagnosis to improve performance for mental health related indicators.

Clinical audits demonstrated quality improvement.

- We looked at six clinical audits completed in the last year, where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included identification of other medicines patients were taking that could reduce the efficiency of their treatment.

Information about patients' outcomes was used to make improvements. For example, patients with diabetes received test results in advance of their annual review with personalised comments on how they were managing their diabetes.

Effective staffing

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

- The practice had a comprehensive induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Staff were required to meet competencies before they could undertake tasks unsupervised.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, succession planning within the practice nurse team meant that nurses were undertaking courses to enable them to review patients with long-term conditions.

Are services effective?

(for example, treatment is effective)

- The practice provided an in depth pack for locums with practice specific training for procedures and use of equipment.
- GP trainees and the nurse practitioner had monthly case discussions with a GP to ensure they were competent to provide care. In 2015 the practice had received an excellent grading from Health Education England for their GP training programme.
- 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 scope of their work. For example, administrative staff were offered specialised training in medical terminology; practice nurses were assessed every three years to ensure they maintained the competence to deliver care and treatment. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training including: 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. We saw evidence multi-disciplinary team meetings took place on a monthly basis and care plans were routinely reviewed and updated.

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. For example, we saw evidence that a patients mental capacity to consent was recorded for patients living with a learning disability and for those patients receiving end of life care.
- When providing care and treatment for children and young patients, 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.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on weight management, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Smoking cessation advice was available from a local support group; referrals were made to a local healthy eating group and vouchers for a local gym were provided to encourage patients to be more active.

The practice's uptake for the cervical screening programme was 80% which was above the Clinical Commissioning Group (CCG) average of 76.3% and the national average of 76.7%. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability

Are services effective?

(for example, treatment is effective)

and they ensured a female sample taker was available. 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 Clinical Commissioning Group (CCG) averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 88%

to 97% compared to the CCG range from 82% to 95%. Childhood immunisation rates for the vaccines given to five year olds from 95% to 100% compared to 92% to 97% within the CCG.

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.

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. For example, when a patient who had difficulty with reading and writing required an emergency dental appointment, staff helped them to book the appointment.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted 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 20 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. Comment cards highlighted staff responded compassionately when they needed help and provided support when required.

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

Results from the national GP patient survey (July 2015) 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:

- 93.1% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 91.6% and national average of 88.6%.
- 89.8% of patients said the GP gave them enough time (CCG average 89.8% and national average 86.6%).
- 97.9% of patients said they had confidence and trust in the last GP they saw (CCG average 97% and national average 95.2%).
- 90.8% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 88.9% and national average 85.1%).

- 96.4% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 94% and national average 90.4%).
- 95.3% of patients said they found the receptionists at the practice helpful (CCG average 89% and national average 86.8%).

We saw that staff had received training in customer services in 2015. This was as a result of responses provided in the practice survey.

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 (July 2015) showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages. For example:

- 91.8% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 90.1% and national average of 86%.
- 87.6% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 86.1% and national average 81.4%).
- 93.1% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 88.6% and national average 84.8%).

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

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.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 4% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

The practice had appointed a member of staff as a carers champion. All carers registered at the practice were entitled to an annual review. We saw that staff had changed practice and learnt lessons from a complaint by a carer.

Staff told us 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 or by giving them advice on how to find a support service.

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.

- There were longer appointments available for patients with a learning disability and those that needed this.
- Home visits were available for patients who had difficulty attending the practice.
- For patients in neighbouring villages who had difficulty attending the practice a weekly surgery was held in two village locations.
- Same day appointments were available for children, those with serious medical conditions and patients who required on the day treatment.
- Patients were able to receive travel vaccines available on the NHS. For those vaccines only available privately, patients were referred to other clinics
- There were disabled facilities, a hearing loop and translation services available.
- The practice provided a heart monitoring service for patients living within the local area including those registered at other GP practices.
- Patients had a number of ways to request their repeat prescriptions to meet their needs.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were on average available from 8.10am to 12 noon every morning and 3pm to 6pm every afternoon. Additional appointments were available each week between 3pm and 4.30pm at two village locations. In addition to pre-bookable appointments could be booked up to six weeks in advance, urgent appointments were also available for patients needed them.

Results from the national GP patient survey (July 2015) showed patient's satisfaction with how they could access care and treatment were mostly above local and national averages:

- 74.8% of patients were satisfied with the practice opening hours compared to the Clinical Commissioning Group (CCG) average of 77.2% and national average of 74.9%.
- 91.5% of patients said they could get through easily to the practice by phone (CCG average 78.6% and national average 73.3%).
- 69% of patients said they usually get to see or speak to the GP they prefer (CCG average 65.3% and national average 60%).

Patients told us on the day of the inspection 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 verbal or written 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 information was available to help patients understand the complaints system. For example, information was available on the practice website and within the waiting area.

We looked at 24 complaints received in the last 12 months and found these were satisfactorily handled in a timely way. We saw the practice was open and transparent 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, the practice implemented a system to track patient prescriptions collected by pharmacies after some patients complained that their prescription was not available to collect from their usual pharmacy.

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 room and staff areas and staff knew and understood the values.
- The patient participation group (PPG) told us about the practice ethos and staff adhered to the practice mission statement.
- 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 was supported by a comprehensive electronic document management system. The framework outlined the structures and procedures in place and ensured:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was continually monitored and 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, high quality 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.
- They 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.
- 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 told us the practice manager was very supportive and would cover absences within the team.
- We noted team away days were held. These were supported by available information, for example, patient experiences and data, to provide an annual action plan.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- The practice had employed a deputy practice manager for succession planning and to ensure that leadership within the practice continued effectively. We saw that succession planning was in place with regards to future GP recruitment.
- We saw effective leadership within the practice nurse team.

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.

Are services well-led?

Good 

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

- The practice had gathered feedback from patients through the patient participation group (PPG); local and national surveys and patient 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, the PPG had encouraged the practice to develop a patient leaflet as a result of a patient survey. The leaflet reflected the voice of patients and advised them how to get the more out of their appointments.
- The practice shared feedback with the PPG and encouraged the PPG to challenge and provide practical solutions. For example, patient complaints and results from national surveys and the friends and family test.
- The practice had gathered feedback from staff through an annual staff survey, staff away days and generally through staff meetings, appraisals and discussion. The

annual staff survey had focused on staff attitudes and openness to safety. As a result the practice developed a staff action plan which included implementing a system for staff to learn from errors or risks.

- 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 at all levels within the practice.

The practice held regular in-house GP educational meetings. In 2015 Health Education England awarded the practice 'excellent' for the training and education provided to trainee GPs.