The Tollerford Practice

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Tollerford Practice on 9 August 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
  - The practice used video conferencing to link staff working at both sites in this rural area to support effective communication between staff.
  - The provider was aware of and complied with the requirements of the duty of candour.

We saw areas of outstanding practice:

The practice employed a full time adult care co-ordinator in response to the higher than average older patient

Summary of findings

population. The adult care co-ordinator proactively sought to reduce unplanned hospital admissions. The role included signposting patients to relevant support services, reviewing care plans, carrying out home visits to facilitate reasonable adaptations and co-ordinated care between nurses, community matrons, social services and hospital clinicians. The positive impact of this work had been a reduction in unplanned hospital admissions by 8.6% since the new role commenced in 2014.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

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 were at or above average 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 other health care professionals 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.
- 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.

Summary of findings

- The practice had identified 217 patients as carers (about 4% of the practice list). The practices adult care co-ordinator organised events and sent out questionnaires to older patients to assess how much contact and support they would prefer. Written information and advice was available to direct carers to various avenues of support available to them locally.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The involvement of other organisations and the local community was integral to how services were planned and ensured that services meet patient's needs. The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs.For example, the practice supported a volunteer patient transport service called "Country Cars" which enabled patients in this rural area with poor public transport to visit the practice.
- There were innovative approaches to providing integrated patient-centred care. For example, GPs at the practice had devised a computer based system which provided information to staff on all key areas such as safeguarding, long term conditions, confidentiality, cryotherapy, cervical screening, spirometry (lung function) and a huge range of other areas. This system was accessible from every computer and provided staff with clear flowcharts which explained actions to follow for each area together with the contact details of relevant support agencies. The same system also supplied patient leaflets on these topics in any language, large font or braille.
- 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; the practice had fitted bicycle racks in response to patient feedback.
- Patients could access appointments and services in a way and at a time that suited them. For example, the practice had consulted their patient participation group with regard to providing appointments out of core hours. As a result of this the practice offered appointments on Monday evenings until 7.30pm.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was active review of complaints and how they were managed and responded to and improvements were made as a

Summary of findings

result. Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.
- The practice had systems in place to identify military veterans and ensure their priority access to secondary care in line with the national Armed Forces Covenant.
- The practice worked with the patient participation group (PPG) to develop a volunteer medication delivery service to housebound and isolated patients unable to get to the surgery to pick up their medication.
- The Practice offered open access appointments every morning to Parents with children under the age ofthree yearswithout the need for booking an appointment.

Are services well-led?

Good

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

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

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice employed a full time adult care co-ordinator in response to the higher than average older patient population. The adult care co-ordinator liaised closely with the 166 patients aged over 75 years with a proactive aim to reduce the inconvenience of unplanned hospital admissions for patients. The role included signposting patients to relevant support services, reviewing care plans, carrying out home visits to facilitate reasonable adaptations and co-ordinated care between nurses, community matrons, social services and other health professionals. The positive impact of this work had been to reduce unplanned hospital admissions by 8.6% since starting in 2014. This was accompanied by a reduction in accident and emergency attendances for patients aged over 75 years by 6.7% and their use of out of hour's services by 5.5%. Prior to the creation of this role, in 2013 there were 95 occasions where the same patients aged over 75 years attended accident and emergency three times. The work of the adult care co-ordinator reduced this to 49 in 2014 and 54 in 2015.
- The practice carried out a monthly meeting with practice GPs and nurses, district nurses, rehabilitation teams, geriatricians, social services, and elderly community mental health teams.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, in whom the last blood test was 64 mmol/mol or less in the last 12 months was 84% which was better than the national average of 77%.
- Longer appointments and home visits were available when needed.

Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had received a visit from dementia advisers, a wheelchair user, and a charity for the visually impaired to help improve facilities for vulnerable patients visiting the practice. The practice had acted upon their feedback to improve access. For example, through the use of coloured signage, braille signage, lowering the leaflet racks and reception desk and fitting dementia friendly coloured toilet seats.

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 living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 89% which was better than the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice employed a part time child care co-ordinator who had a positive impact on child safeguarding. For example, when a newly registered child patient arrived at the practice, the co-ordinator wrote to the child's previous GP to request any information. Also, when a child left the practice the co-ordinator sent a letter to the new GP with relevant information.
- The practice had a website and a webpage specifically aimed at health promotion for younger people.
- GPs from the practice provided a monthly clinic for the local secondary school on sexual health and contraceptive advice.

Summary of findings

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.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Health promotion material was available through the practice.
- The practice had a website, online appointment booking system and electronic prescribing system.

People whose circumstances may make them vulnerable

Good

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

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

People experiencing poor mental health (including people with dementia)

Good

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

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  The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 91% which was better than the national average of 89%.

Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- 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 were published in July 2016. Results showed the practice was performing in line with local and national averages. 235 survey forms were distributed and 126 were returned. This represented 2.1% of the practice's patient list of 5,800.

- 99% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 92% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 95% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 94% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 32 comment cards which were all positive about the standard of care received. Patients had written about the caring, approachable and professional staff. Patients had also written how clean and well organised the practice was.

We spoke with 15 patients during the inspection. All 15 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Outstanding practice

The practice employed a full time adult care co-ordinator in response to the higher than average older patient population. The adult care co-ordinator proactively sought to reduce unplanned hospital admissions. The role included signposting patients to relevant support services, reviewing care plans, carrying out home visits to facilitate reasonable adaptations and co-ordinated care between nurses, community matrons, social services and hospital clinicians. The positive impact of this work had been a reduction in unplanned hospital admissions by 8.6% since the new role commenced in 2014.

The Tollerford Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser, and a CQC Assistant Inspector.

Background to The Tollerford Practice

The Tollerford Practice was inspected on Tuesday 9 August 2016. This was a comprehensive inspection.

The main practice is situated in the rural village of Maiden Newton, Dorset. The practice is rated as being on the fourth least deprived decile which meant it is in a relatively affluent area of the country. Census information showed that 98% of the local population identify themselves as white British. The practice provides a general medical service to 5,800 patients of a diverse age group.

There is a team of three GPs partners and one salaried GP. Three are female and one male. Some work part time and some full time. The whole time equivalent is 3.5. Partners hold managerial and financial responsibility for running the business. The team are supported by a practice manager, one nurse prescriber, four practice nurses, two health care assistants, and additional administration staff.

Patients using the practice also have access to community nurses, mental health teams and health visitors who are based at the practice. Other health care professionals visit the practice on a regular basis.

The practice is open between the NHS contracted opening hours of 8am and 6.30pm Monday to Friday. Appointments are offered anytime within these hours. Extended hours surgeries are offered on Mondays from 6.30pm until 8pm.

Outside of these times patients are directed to contact the out of hour's service by using the NHS 111 number.

The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

The practice has a General Medical Services (GMS) contract with NHS England.

The practice provides regulated activities from two locations, a main site and a branch site. The main site is located at The Tollerford, Pound Piece, Maiden Newton, Dorset DT2 0DB. The branch site is located at Tunnel Road Surgery, 24 Tunnel Road, Beaminster, Dorset DT8 3AB. During our inspection we visited the main site in Maiden Newton; we did not visit the branch site.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

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

- Spoke with eight staff including GPs, nursing and administrative staff and spoke with 15 patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.
- Reviewed 32 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

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

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

Good

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. The practice held a monthly learning event which formed part of the staff meeting. For example, an incident occurred where a patient had ordered a medicine and the dosage had to be increased. An incident involving incorrect medicine dosages had occurred during dispensing due to a lack of communication between the dispensary and the GP. Shared learning took place. A system was put in place to reduce the risk of reoccurrence, there was a coloured dot indicating when a medicine had been checked prior to dispensing to the patient.

Another example included where the panic alarm system had been activated inadvertently and could not be switched off. The practice contacted the installation company and found the company was defunct. The practice engaged a new alarm contractor immediately and a new system was installed. The practice put in place an annual panic alarm systems check with their new supplier to prevent any reoccurrence.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three, as were the nurses and health care assistants.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). All staff at the practice had been DBS checked.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result, such as the installation of modern storage cupboards and vinyl flooring in clinical areas. The most recent infection control audit had been undertaken in September 2015.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines

audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. 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 medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard operating procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

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

Arrangements to deal with emergencies and major incidents

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

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

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice 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 99.9% of the total number of points available. Exception reporting was 3% which was in line with the national average (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 2015-16 showed:

- The percentage of patients with diabetes, on the register, in whom the last blood test was 64 mmol/mol or less in the last 12 months was 84% which was better than the national average of 77%
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 91% which was better than the national average of 89%.

There was evidence of quality improvement including clinical audit.

- There had been eight clinical audits completed in the last two years, five of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. Complete two cycle audits had been completed on methotrexate prescribing (used in the treatment of cancer) and safety measures, testosterone prescribing, changes to paediatric amoxicillin (a form of penicillin) doses, ring pessaries, and on the safe investigation and management of suspected deep vein thrombosis.
- Findings were used by the practice to improve services to patients. For example, action taken following the complete cycle audit on testosterone prescribing had resulted in alternative medicines being used which had fewer side effects.
- We saw other audits that were still in progress including monitoring of patients with diabetes, the use of asthma inhalers and patients with leg ulcers.

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 reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support,

Good

Are services effective?

(for example, treatment is effective)

one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

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

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 86%, which was comparable to the CCG average of 83% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability 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. There were failsafe 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 100% and five year olds from 94.7% to 96.5% compared to the CCG averages of 93.6% to 97.2% and 91% to 97.5%.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 32 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

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

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 96% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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. For example:

- 95% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 89% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

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

Patient and carer support to cope emotionally with care and treatment

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

Good

Are services caring?

The practice employed a full time adult care co-ordinator and a part time child care co-ordinator. These members of staff worked closely with local voluntary organisations. The adult care co-ordinator liaised closely with residential care and nursing homes and with the local hospital pre and post admission to support patients and ensure a holistic care plan was in place. This member of staff was also the patient carer's co-ordinator, providing signposting guidance and organising events to support this patient group.

The child care co-ordinator worked on case conferences and liaised with social services, health visitors and other health professionals to support children's care at the practice.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 217 patients as carers (4% of the practice list). The adult care co-ordinator organised events such as tea parties and sent out questionnaires to patients aged over 75 years to assess how much contact and support they would prefer. 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 or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

The practice had systems in place to identify military veterans and ensure they received appropriate support to cope emotionally with their experience in the service of their country in line with the national Armed Forces Covenant 2014. The practice had reviewed their military veteran's policy in April 2016 and had so far identified five military veterans. Actions taken to improve this figure included a poster in the waiting room encouraging military veterans to identify themselves to their GP.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice employed a full time adult care co-ordinator in response to the higher than average older patient population. The adult care co-ordinator liaised closely with the 166 patients aged over 75 years with a proactive aim to reduce the inconvenience of unplanned hospital admissions for patients. The role included signposting patients to relevant support services, reviewing care plans, carrying out home visits to facilitate reasonable adaptations and co-ordinated care between nurses, community matrons, social services and other health professionals. The positive impact of this work had been to reduce unplanned hospital admissions by 8.6% since starting in 2014. This was accompanied by a reduction in accident and emergency attendances for patients aged over 75 years by 6.7% and their use of out of hour's services by 5.5%. Prior to the creation of this role, in 2013 there were 95 occasions where the same patients aged over 75 years attended accident and emergency three times. The work of the adult care co-ordinator reduced this to 49 in 2014 and 54 in 2015.
- There were innovative approaches to providing integrated patient-centred care. For example, GPs at the practice had devised a computer based system which provided information to staff on all key areas such as safeguarding, long term conditions, confidentiality, cryotherapy, cervical screening, spirometry (lung function) and a huge range of other areas. This system was accessible from every computer and provided staff with clear flowcharts which explained actions to follow for each area together with the contact details of relevant support agencies. The same system also supplied patient leaflets on these topics in any language, large font or braille.
- The practice offered late evening surgeries on a Monday until 8pm for working patients who could not attend during normal opening hours. The practice also offered late evening health checks once a month from a health care assistant until 8pm.
- There were longer appointments available for patients with multiple conditions or a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with more urgent medical problems. There was an open access clinic from 11.30am until 12.30pm for children aged under three years on a daily basis. This had a positive impact on 173 patients and had attracted positive feedback from patients. Patients had written that this service relieved their anxieties about waiting for an appointment for their unwell children.
- GPs from the practice provided a monthly clinic for the local secondary school on sexual health and contraceptive advice.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were facilities for patients with disabilities and those whose first language wasn't English such as, accessible toilets, a hearing aid induction loop and translation services.
- The practice had received a visit from dementia advisers, a wheelchair user, and a charity for the visually impaired. The practice had acted upon their feedback to improve access. For example, through the use of coloured signage, braille signage, lowering the leaflet racks and reception desk and fitting dementia friendly coloured toilet seats.
- The practice worked with the patient participation group (PPG) to develop a volunteer medication delivery service to housebound and isolated patients unable to get to the surgery to pick up their medication.

Access to the service

The practice was open between the NHS contracted opening hours of 8am and 6.30pm Monday to Friday. Appointments were offered anytime within these hours. Extended hours surgeries were offered on Mondays from 6.30pm until 8pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. The practice offered a daily walk in clinic for patients aged less than three years old between 11.30am and 12.30pm.

Good

Are services responsive to people's needs?

(for example, to feedback?)

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

- 84% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- Changes to the practices telephone system resulted in 99% of patients saying they could get through easily to the practice by phone compared to the national average of 73%.

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

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The policy had been reviewed in April 2016.
- 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. How to complain posters were displayed and summary leaflets were available.

We looked at complaints received in the last 12 months and found these had been satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, when a complaint was made about the new telephone system the practice manager had investigated it promptly. The new system had been explained to the patient. The patient had been satisfied with the outcome and could see the benefits of the new system.

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. This was displayed on a poster in the reception area and read; "The Tollerford Practice aims to provide high quality health care in a responsive, respectful, supportive, courteous and cost effective manner for everyone". This went on to expand on individual areas such as putting patients first, educating staff and patients and teamwork.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. This was discussed and reviewed every two weeks.

Governance arrangements

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

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

Leadership and culture

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

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

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team training days were held every month.
- 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 used video conferencing to link staff working at both sites. This improved communication between clinicians and enabled the practice to keep to the timetable of monthly meetings for vulnerable, at risk and palliative care patients.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, a survey to patients

Are services well-led?

Good

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

aged over 75 years had been conducted in 2014-15. Of 675 questionnaires there had been 351 respondents, a return of 52%. An analysis of this survey had resulted in the creation of a successful business case for a full time adult care coordinator. In addition, the practice had carried out a patient transport survey which had resulted in the implementation of a volunteer driver medicine delivery service in this rural area.

- The practice displayed a patient feedback board entitled "You Said, We Did" in the waiting room. This explained to patients the actions the practice had taken in response to feedback. For example, the installation of bicycle racks outside the practice, changing the practice telephone system to improve the appointment system.
- The practice had gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us that the practice management had been flexible about working hours due to caring responsibilities. The practice dispensary hours had been adjusted in order to allow dispensary staff the time to cope accurately and safely with an increasing workload. All staff we spoke with told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice carried out monthly learning sessions and invited external training consultants in to train staff on a variety of topics. Recently this included fire training, carer training during carer's week and dementia training.

The practice participated in a pilot scheme which involved the testing of a technology based solution to support older patients who lived alone. The benefit of the scheme was to provide these patients with a means of easily summoning assistance from family, friends, neighbours and health professionals should the need arise.