

# The Ilchester Surgery

## Quality Report

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Date of inspection visit: 13 August 2015  
Date of publication: 24/09/2015

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 The Ilchester Surgery on 13 August 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- 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.

- Patients said they found it easy to make an appointment with a named GP and that 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.

However there were areas of practice where the provider needs to make improvements.

Importantly the provider should

- Devise a plan of clinical audits to complete depending on the needs of the population and ensure all clinical audits are completed to ensure improvements were made and there is shared learning between the team.

**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.

Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

Quality Outcome Framework data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health.

Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Clinical audits had been completed but could be increased following an assessment of patient need and ensure audits that were completed were followed through to ensure there was an improved outcome for patients.

Good



### Are services caring?

The practice is rated as good for providing caring services.

Data from the 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

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

Good



# Summary of findings

identified. Patients said they found it easy to make an appointment with a named GP and that 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 that 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.

The practice had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. 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 were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

**Good**



# 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.

Nationally reported data from the Quality Outcomes Framework showed that outcomes for patients were good for conditions commonly found in older patients. The practice offered proactive, personalised care to meet the needs of the older patients in its population and had a range of enhanced services, for example, in dementia and end of life care. They were responsive to the needs of older patients, and offered home visits and rapid access appointments for those with enhanced needs.

Good



### People with long term conditions

The practice is rated as good for the care of patients 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. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medicine 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 patients.

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

Good



### Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age patients (including those recently retired and students).

Good



# Summary of findings

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.

## **People whose circumstances may make them vulnerable**

The practice is rated as good for the care of patients 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. They had carried out annual health checks for patients with a learning disability and 100% of these patients had received an annual review. They offered longer appointments for patients with a learning disability, where necessary.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients. They had told 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, documenting 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 patients experiencing poor mental health (including patients with dementia). We saw 94% of patients experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. They carried out advance care planning for patients with a diagnosis of dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations, such as children and mental health services and Somerset initiatives such as GetSet and talking therapies. They had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.

**Good**



# Summary of findings

## What people who use the service say

From reviewing a number of information sources we found there was high satisfaction with patient experience. The information we reviewed were comments made by eight patients visiting the practice including two members of the Patient Participation Group and 53 Care Quality Commission comment cards completed by patients who visited the practice. We looked at the NHS Choices website, the national GP patient survey results and reviewed responses from the friends and family test conducted by the practice.

During our inspection we spoke with eight patients who were very complimentary about the practice. Patients commented that treatment received was very good and GPs listened to patients and patients felt involved in their treatment and never felt rushed. Patients said they were seen the same day for urgent appointments and only had to wait a couple of days to see the GP for a routine appointment.

We received 53 comment cards which had been completed by patients who visited the practice prior to our inspection and a letter from a patient. We found all 53 comment cards and the letter expressed a high level of satisfaction with all the staff at the practice, identifying they were provided with exceptional care from the GPs and nursing staff. Patients commented a number of times that the surgery was perfect, of excellent standard, the best surgery they had ever been to, and a first class service.

We reviewed NHS Choices (a forum for patients to publicly provide their views about the practice and where the practice can respond to these views). We saw there had been two patient comments made about the practice in the last year. One of these was very positive and the other was not happy with the treatment provided. The practice had responded to this patient and requested they came forward directly to raise their concerns with the practice.

The practice showed us the results from the friends and family test during the period of March to June 2015. We saw 262 patients had completed the survey and 97% of these were either extremely likely or very likely to recommend the practice to their friends and family.

We reviewed the national GP patient survey for the periods of January to March and July to September 2014. This is a national survey sent to patients by an independent company on behalf of NHS England. We saw 127 patients had completed the surveys from the 246 sent. In summary and in comparison to the Somerset Clinical Commissioning Group (CCG) and national average, 96.2% of patients were highly satisfied with their overall experience of the practice and 98.9% of patients had confidence and trust in the last nurse they saw or spoke to. The survey results showed patients were highly satisfied in comparison with national and local results with the appointment system in all areas.

## Areas for improvement

### Action the service **SHOULD** take to improve

- Devise a plan of clinical audits to complete depending on the needs of the population and ensure all clinical audits are completed to ensure improvements were made and there is shared learning between the team.

# The Ilchester Surgery

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC lead inspector who was accompanied by a GP specialist advisor.

## Background to The Ilchester Surgery

We inspected the location of Ilchester Surgery, 17 Church Street, Ilchester, Yeovil, Somerset, BA22 8LN, where all the registered regulated activities were carried out.

The practice serves approximately 3300 patients who live in Ilchester and the surrounding areas. The national general practice profile shows the practice has a higher than England average population of female patients from birth to 9 years old and 40 to 49 years. The male patient population was higher than average from birth to 19 years and 50 years to 69 years old. The practice has below the national and local average for females between 15 to 29 years and male from 25 to 49 years old. The practice is sited in one of the least deprived areas in their patient catchment area.

There were two GP partners and one salaried GP. They were currently advertising for another salaried GP as one had recently left. Regular locums were used to cover any absences in cover. There was one male and two female GPs. The GPs worked the equivalent to two full time GPs.

The nursing team consisted of; a nurse practitioner, two practice nurses and a healthcare assistant.

The practice has a General Medical Services contract with NHS England. The practice is contracted for a number of

enhanced services including extended hours access, facilitating timely diagnosis and support for patients with dementia, minor surgery, patient participation, immunisations and remote care monitoring.

Additional services are provided from the practice premises including midwife clinics twice a week, a dietician once a month and a podiatrist twice a month.

Patients were able to contact the practice between 8:30am and 6:30pm Monday to Friday. Between 8am and 8:30am the duty GP was available to deal with any patients queries. Out of these hours the practice refers their patients to NHS 111 operated by Vocare called Somerset Doctors Urgent Care.

## 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. This 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.

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.



# Detailed findings

## How we carried out this inspection

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 patient's needs?
- Is it well-led?

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

- Older patients
- Patients with long-term conditions

- Families, children and young patients
- Working age patients (including those recently retired and students)
- Patients whose circumstances may make them vulnerable
- Patients experiencing poor mental health (including patients with a form of dementia)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. Prior to our inspection we had spoken with the Somerset Clinical Commissioning Group, NHS England local area team and Healthwatch Somerset. We carried out an announced visit on the 13 August 2015. During our visit we spoke with eight staff including three GP's, the practice manager, the nurse practitioner, a practice nurse, healthcare assistant and a receptionist/administrator.

# Are services safe?

## Our findings

### Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and that there was also a form available on the practice's computer system to record significant events. The practice carried out an analysis of the significant events raised and these were discussed formally with GPs, the nurse practitioner, both practice nurses, the healthcare assistant and practice manager every quarter and informally when necessary.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, when a patient had been prescribed a medicine earlier than necessary, whilst there was no harm to the patient the practice changed how they described the frequency of how the medicine should be taken within the prescription notes in order to reduce this from happening again.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance and Medicines and Healthcare Products Agency notices. This enabled staff to understand risks and provided a clear, accurate and current picture of safety.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. One of the GP partners was appointed as safeguarding lead. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities on how to recognise and report a safeguarding concern. All staff had received safeguarding training for child protection relevant to their role, such as GPs and the nurse practitioner had completed level three training and nursing and administration staff had completed level two training. All staff had received safeguarding training for protecting vulnerable adults.
- A notice was displayed in the waiting and treatment rooms to advise patients that nurses would act as chaperones, if required. Nursing staff who acted as chaperones had received training for the role and had received a disclosure and barring check (DBS). (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).
- There were procedures in place for monitoring and managing risks to patients and staff safety. The practice had up to date fire policy, regular fire drills were carried out and fire extinguishers were serviced annually. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment, such as blood pressure monitors and spirometer was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as infection control and legionella.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice, which had been disseminated to other staff. There was an infection control protocol in place. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medicine audits were carried out with the support of the local Clinical Commissioning Group pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- Recruitment checks were carried out and the two files we reviewed showed that appropriate recruitment

## Are services safe?

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.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty at any one time. A selection of locums were used to cover some annual leave and other events, where necessary.

### **Arrangements to deal with emergencies and major incidents**

The practice had arrangements in place to manage medical emergencies. All staff received annual basic life support

training and there were appropriate emergency medicines available in the treatment room. The practice had risk assessed the need for medicines for severe pain and had decided there was a low risk to patients and would not stock it. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice carried out assessments and treatment in line 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 ensure all clinical staff were kept up to date with relevant guidance. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored these guidelines through regular discussion, selective audits and changes in procedures. For example, NICE guidelines regarding Atrial Fibrillation from 2014 were discussed with the GPs and led to a change in a template being devised to check patients with this condition.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF) (This is a system intended to improve the quality of general practice and reward good practice) and Somerset Practice Quality Scheme (SPQS) (This is a locally based scheme aimed at improving services based on local patient's needs). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 80.9% of the total number of points available, with 3.2% exception reporting. The QOF results were lower than average because practice had opted out of the QOF to take part in SPQS.

Data from 2014/2015 showed;

- Performance for patients with a diagnosis of diabetes related indicators was 90.8% which was above the national average.
- 88.82% of patients with a diagnosis of hypertension had regular blood pressure tests which was better than the national average of 83.11%.
- Performance for those patients with mental health related indicators was better or similar to the national average. The QOF reported the practice was lower than average for these patients having a care plan in place.

The practice had reviewed patient records and found 77% had a care plan, the others had been reviewed but did not have a formal care plan, however these were in the process of being completed.

- 90% of patients with a diagnosis of dementia had been reviewed in the last 12 months, which was above national average of 83.82%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and patient's outcomes. There had been three clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored. We found that findings from completed audits were not always used by the practice to improve services. For example, a calcium and vitamin D audit was completed to assess whether patients had received appropriate monitoring, the first audit was completed in 2014 and found 36% of patients required further monitoring. The practice repeated this audit in 2015 and found an improvement as only 8% of patients required further monitoring. The practice intended to repeat this audit on an annual basis. Another audit had been completed on a condition called Gout in 2013 and 2015. This audit had detailed the analysis but no conclusion or actions for the practice to follow up and did not show if any improvements had been made since the last audit. The Gout audit had been completed by the community pharmacist and had not been discussed with others in the team. The GPs recognised this was an area to improve upon and would be discussing as a team what clinical audits they should complete over the next year depending on patient need.

Information about patient outcomes was used to make improvements such as;

- The gold standards framework for end of life care was used and currently had five patients registered on the palliative care register. The practice held regular monthly meeting with all GPs, the nurse practitioner, the palliative care nurse and a district nurse to discuss the care and support needs of patients and their families.
- The practice participated in a scheme to reduce admissions to hospital. They had formulated care plans with patients who were assessed as a high risk in order to provide a support plan working alongside community teams.

# Are services effective?

## (for example, treatment is effective)

- The practice was part of a locally based project in South Somerset, called the Symphony project, which was aiming to provide enhanced support to patients with three or more diagnosed conditions. (The Symphony Project intends to redesign the way in which patients with multiple needs are cared for; integrating primary care, acute care, social care, community services, mental health services, housing, education, voluntary sector and the local authorities).
- The practice used the INRstar system to effectively treat patients in-house for anticoagulation dosage and review of patients rather than blood test results being sent to hospital for a dosage review.

### Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding children and vulnerable adults, fire procedures, basic life support and health and safety awareness. Staff had access to and made use of in-house training and policies and procedures.

### 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 risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets was also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patient's 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 that multi-disciplinary team meetings took place on a monthly basis and care plans were routinely reviewed and updated.

### Consent to care and treatment

Patients' consent to care and treatment was always sought 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, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

### Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. 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 their diet, alcohol and smoking cessation. Patients were then signposted to the relevant support services. A dietician and a podiatrist were available on the premises once at least once month. Smoking cessation advice was available over a period of 12 weeks through two advisors based in the practice. We were told 21 out of 27 patients had completed the programme and had been successful, only two out of the 27 had not been successful and the other four had not completed the programme for various reasons.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 87%, which was comparable to the national average of 81.88%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. In the last year 193 eligible patients had attended a national screening programme for bowel cancer and 328 eligible patients had undergone breast cancer screening.

Childhood immunisation rates for the vaccinations given were mainly higher than the Clinical Commissioning Group

## Are services effective?

(for example, treatment is effective)

(CCG) average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 89% to 100% and five year olds from 92.3% to 100%. Flu vaccination rates for the over 65s were 76%, and at risk groups 58%. These were also above national average.

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

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone and patients were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations.

Conversations taking place in consulting rooms could be overheard and the practice had addressed this by playing music in the waiting room. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could discuss their needs with them in a private area of the practice.

All of the 53 patient CQC comment cards we received were highly 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 also spoke with two members of the patient participation group (PPG) on the day of our inspection. 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 were happy with how they were treated and that this was with compassion, dignity and respect. The practice was either average or higher than average in comparison nationally and Somerset Clinical Commissioning Group (CCG) for its satisfaction scores on consultations with GPs and nursing staff. For example:

- 92.3% said the GP was good at listening to them compared to the CCG average of 91.6% and national average of 88.6%.
- 89.5% said the GP gave them enough time compared to the CCG average of 89.8% and national average of 86.8%.
- 93.3% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95.3%

- 91.8% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88.9% and national average of 85.1%.
- 97% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 94% and national average of 90.4%.
- 92.5% patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and national average of 86.9%.

### Care planning and involvement in decisions about care and treatment

Patients we spoke with and comment cards received told us that health issues were discussed with them and 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 were never rushed during consultations to make an informed decision about the choice of treatment available to them.

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

- 89.5% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90.1% and national average of 86.3%.
- 95.8% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92.9% and national average of 89.7%.
- 87.1% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86.1% and national average of 81.5%.
- 93.4% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88.6% and national average of 84.9%.

Staff told us that translation services were available for patients who did not have English as a first language.

### Patient/carers support to cope emotionally with care and treatment

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

There was a practice register of all patients who were carers and there were 75 carers registered, approximately 2% of

## Are services caring?

the practice patient list. The practice's computer system alerted practice staff if a patient was a carer. We observed the practice had a dedicated carer's information board displayed in the waiting area, which provided information on local support groups, carers meetings and free training that was available. The practice had a carer's champion, who had recently started in post, and they had recently

attended a carer's champion meeting with an organisation known as compass carers to improve their knowledge and understanding of the role and what local services were available for carers in the area.

GPs spoken with told us that if families had suffered bereavement they would usually contact them by telephone to provide advice and support.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice worked with the Somerset Clinical Commissioning Group (CCG) to plan services and to improve outcomes for patients in the area. For example, the practice signposts patients who would benefit from attending the new GetSet initiative, which supports young families such as parent support groups and advice and support on health eating, school attendance and information on benefits.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- The practice was aware of patients who were unable to normally see a GP during routine opening hours. These patients were offered appointments to suit their needs where possible.
- There were longer appointments available for patients with a learning disability, those with complex health conditions or patients determined by the GP.
- Home visits were available for patients who would benefit from them.
- All patients were seen on the same day if they had an urgent need to see the GP this included children and those with serious medical conditions.
- The practice had accessible facilities for patients including an accessible toilet, hearing loop, translation services and different sized seating available. The front doors were not automatic and the reception area did not have a lowered desk but receptionists were aware of patients that may need assistance and supported them, where necessary.
- Patients with complex needs, for example, mental illness were referred to specialist services including GetSet which is a new Somerset Clinical Commissioning Group initiative and to counselling services.

### Access to the service

The practice was open between 8:30am and 6:30pm Monday to Friday and a duty GP was available by telephone from 8am to 8:30am Monday to Friday. Routine appointments were from 8:30am to 10:20am every morning and 3:10pm to 5pm daily. After routine appointments

sessions urgent/telephone and home visit appointments could be made. Extended hours surgeries were offered at the following times; 6:30pm to 7:10pm two evenings a week.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was higher than local CCG and national averages and patients we spoke with on the day told us they felt they were lucky to be a patient at this practice as they were able to get appointments when they needed them. For example:

- 84.9% of patients were satisfied with the practice's opening hours compared to the CCG average of 77.8% and national average of 73.8%.
- 95.4% patients said they could get through easily to the surgery by phone compared to the CCG average of 78.6% and national average of 74.4%.
- 90.3% patients described their experience of making an appointment as good compared to the CCG average of 79.2% and national average of 73.8%.
- 85.7% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 70.1% and national average of 65.2%.

### Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system including a copy of the complaints procedure in the waiting area and information on the practice website. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We saw five complaints had been received in the last 12 months and found these had been satisfactorily handled, dealt with in a timely way and there was openness and transparency with dealing with the complaint.

All complaints were discussed formally every quarter or within the weekly Monday meeting, which included the GPs, nurse practitioner, both practice nurses, healthcare assistant and the practice manager. Lessons were learnt from concerns and complaints, and action was taken to improve the quality of care.

# 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. Staff knew and understood the values and vision of the practice. The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- There was a comprehensive understanding of the performance of the practice
- There was a programme of clinical and internal audit which was used to monitor quality and to make improvements. However, this could be further developed by increasing clinical audit cycles depending on patient need and discussing audits regularly at team meetings.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

### Leadership, openness and transparency

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 that they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held and we saw minutes from meetings held. Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings or individually to the partners or practice manager. Staff felt confident in raising concerns and felt supported if they did. Staff said they felt respected, valued and supported,

particularly by the partners in the practice and the practice manager. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients. They proactively gained patients' feedback and engaged patients in the delivery of the service. They had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, there was minimal negative patient feedback and so minor improvements had been made, such as moving the information on display in the waiting area to make it more child friendly at the child's height level. The practice had also provided hand antibacterial gel for patients to use after using the appointments touch screen.

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

### Innovation

There was a strong 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. Following a patient comment where they were struggling to find a podiatry service to support them with toenail cutting. The practice manager gained advice from Age UK and asked other local practices in the area if they were offering any services. After establishing there was not a local service in the area, they contacted South Somerset health federation. Since 2011 the practice had supported a podiatrist to run a clinic twice a month for up to 12 patients per session. The practice provided facilities for this at a reduced cost for the podiatrist, so patients received a reduced charge for the services. The podiatrist planned on increasing their

## Are services well-led?

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sessions to three a month due to an increase in attendance. The success of the service was shared with other practices in the area who now provide this service in their own practices.