Nettlebed Surgery

Quality Report

Wanbourne Lane,
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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.

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Overall summary

Nettlebed Surgery is a GP practice located in the village of Nettlebed, Oxfordshire. The practice provides primary medical services to other major areas, which include Sonning Common, Checkendon, Stonor, Pishill and Assendons. The practice has over 3400 registered patients and is a dispensing practice providing dispensing services to 90% of their registered patients. The practice team consists of two GP partners, a salaried GP, three practice nurses, a dispenser, a practice manager and an administration team. This was the first inspection since registration.

The patients we spoke with were complimentary of the services they received from the practice. The feedback received through patient comment cards was also positive.

The practice provided services which were safe. Systems were in place for reporting and responding to incidents. All safety alerts were dealt with by the GPs and nurses and reception team. The practice had comprehensive safeguarding policies and procedures in place to protect vulnerable patients.

The practice provided services which were effective. Care and treatment to patients was delivered in line with recognised best practice. The practice achieved high results against the national Quality and Outcomes Framework (QOF), for 2012/13. These included the clinical, organisational, additional services and patient experience domains. The QOF was introduced in 2004 as part of the general medical services contract and is a voluntary scheme for GP practices in the UK. 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.

The practice was responsive to meeting patient's needs. A range of clinics and services were offered to patients, which included family planning, antenatal, child immunisation and nurse specialist clinics for long-term conditions. Interpreters were used for patients who did not speak English. Patients we spoke with told us appointments were easy to arrange. Staff were caring and kind and treated patients with respect and dignity.

All staff demonstrated a caring approach. Patients were positive about the care they received. The practice had measures in place to preserve patient privacy and confidentiality.

The practice was well led. There was also clear evidence of accountability for clinical practice seen. The practice had appointed leads in various areas, such as safeguarding, infection control, clinical and information governance. The practice had achieved 100% score in the QOF results in 2012/13 for the patient experience domain.

The practice had systems in place to support specific population groups: older people, people with long term conditions, mothers with babies, children and young people, the working-age population and those recently retired, people in vulnerable circumstances who may have poor access to primary care, people experiencing mental health problems. Patients in all these groups were seen by the practice.

Home visits were arranged for frail and elderly patients. GPs and Nurses signposted elderly patients to various activities provided in the local village. The practice held regular clinics for long terms conditions such as diabetes and asthma. This was to ensure conditions were monitored to help manage symptoms and prevent long term problems. The practice ran various clinics to support the mothers, babies and young children patient group. These included antenatal care, family planning and child immunisation clinics. The practice supported patients who were not able to attend due to work commitments, by offering telephone advice. There were no barriers for patients in vulnerable circumstances. Patients wishing to register at the practice were always accepted. Home visits were provided to patients with mobility difficulties. Patients with mental health care needs had regular appointments with the practice nurse for tests to manage their medicines. The practice held regular counselling clinics.

The practice provides services from:

Nettlebed Surgery, Wanbourne Lane,

Nettlebed, Henley-On-Thames, Oxfordshire, RG9 5AJ.

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Systems were in place for reporting and responding to incidents. All safety alerts were dealt with by the GPs and nurses and reception team. The practice had comprehensive safeguarding policies and procedures in place to protect vulnerable patients. A safeguarding lead had been appointed who had undertaken appropriate safeguarding training. Medicine management policies were in place and staff were familiar with these. Vaccines were stored appropriately in dedicated vaccine fridges. These fridges were subject to daily temperature checks to ensure the vaccines were stored at the correct temperatures. The practice was clean and tidy. There were comprehensive infection control and Control of Substances Hazardous to Health (COSHH) policies and procedures. The practice had suitable arrangements to deal with foreseeable emergencies.

Are services effective?

Care and treatment to patients was delivered in line with recognised best practice. The practice achieved high results against the national Quality and Outcomes Framework (QOF), for 2012/13. These included the clinical, organisational, additional services and patient experience domains. The QOF was introduced in 2004 as part of the general medical services contract and is a voluntary scheme for GP practices in the UK. Through this scheme the practice is rewarded for how well they care for patients. The patients benefited from a stable staff team because staff retention was high. The practice liaised with secondary care services and could access hospital information in timely manner. Access to specialist support was available promptly. A range of literature was accessible in the practice waiting room and on the practice website aimed at patients for health promotion and self-care.

Are services caring?

The practice demonstrated a caring approach. Patients were positive about the care they received. The practice had good measures in place to preserve patient privacy and confidentiality. The consultation rooms were suitably equipped and laid out to protect patient's privacy and dignity. Patients were able to discuss their treatment with the GP or nurse and told us they did not feel rushed during a consultation.

Are services responsive to people's needs?

The practice was responsive to patient needs. The consulting rooms were situated on the ground and first floor of the surgery. The first

Summary of findings

floor consulting rooms could be reached via a lift, making them accessible to patients with reduced mobility. A range of clinics and services were offered to patients, which included family planning, antenatal, child immunisation and nurse specialist clinics for long-term conditions. Interpreters were used for patients who did not speak English. Patients we spoke with told us appointments were easy to arrange. They told us they were able to obtain urgent appointments on the same day. There were a range of appointments available to patients every weekday between the hours of 8am and 6:30pm. Patient's comments and complaints were listened to and acted upon. Patients were provided with information on how to make a complaint.

Are services well-led?

The practice was well-led. We saw clear evidence of accountability for clinical practice. The practice had appointed leads in various areas, such as safeguarding, infection control, clinical and information governance. The practice had achieved 100% score in the QOF results in 2012/13 for the patient experience domain. The practice delivered well on patient access, patient survey and the quality of the consultation was high. The practice had a patient participation group in place. Regular team meetings were held and included weekly GPs meetings and three-monthly meetings for all the other staff. All staff discussed complaints and significant events in team meetings.

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

Home visits were arranged for elderly and frail patients. GPs and nurses signposted elderly patients to various activities provided in the local village. For example, a local befriending service in the village was popular with elderly patients. The practice supported elderly patients at a regular exercise and get mobile clinic.

All patients over 75 years of age had a named GP and care plan in place. The practice had held a Carer Aware Week in September 2013. This identified carers and made them aware of the support that was available to them through the local carer's centres, Oxfordshire County Council and via the practice.

People with long-term conditions

The practice held regular clinics for long terms conditions such as diabetes and asthma. This was to ensure conditions were monitored to help manage symptoms and prevent long term problems. GPs and nurses in the practice signposted these patients to local support groups. Disease registers were maintained that identified patients with long term conditions. There were recall systems in place to ensure patients with long term conditions received appropriate monitoring and support. Self-management plans for conditions such as diabetes were provided by the practice nurse when patients had appointments at the practice. The practice worked closely with the in-house dispensing team and was alerted by the team if any medication concerns for this patient group. Practice nurses were supported with advance level spirometry training and attended regular Chronic Obstructive Pulmonary Disease (COPD) group training. COPD refers to group of lung diseases and Spirometry test is used to diagnose lung conditions.

All patients suffering from COPD had self-management plans and if the patient's symptoms worsened they were provided with the home rescue treatment. GPs made referrals to a specialist when required, and these took place on the same day the patient was seen by the GP or nurse. All patients with long term conditions had a six monthly medicine review.

Mothers, babies, children and young people

The practice ran various weekly clinics to support this patient group. These included antenatal care, family planning and child immunisation clinics. A regular mother and baby clinic was provided by the Chiltern Villages Health Visiting Team at the practice

premises. These offered support, advice, information and weight checking to new mothers for their babies. We saw Chlamydia kits and information leaflets were available at the practice. Access to these kits gave patients easier access to a test for sexually transmitted infections. The practice also provided a Chlamydia screening programme to 18-24 year olds and offered specific appointments to do the test within the practice.

GPs and nurses were trained to ensure complete confidentiality. Mothers were offered home birth choice, and were given relevant information and support. Same day appointments were made available to all young babies and children. The practice had a dedicated children protection lead for the practice. All GPs and nurse had a sound knowledge of the Gillick competency considerations, when dealing with young patients. Gillick competence is used to decide whether a person (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental consent or knowledge.

The working-age population and those recently retired

The practice provided a range of appointments between 8:30am to 6pm. The practice supported patients who were not able to attend due to work commitments, by offering telephone and email advice.

Patients were able to make same day urgent appointments and routine appointments with any GP within 24 hours. The practice had recently introduced an online appointment booking system, which allowed patients to easily view, book and cancel appointments via internet. In addition, telephone appointments were offered for advice on medication, prescription and test results.

People in vulnerable circumstances who may have poor access to primary care

People wishing to register at the practice were always accepted. Home visits were provided to patients with mobility difficulties. Interpreters were used for patients who did not speak English. The practice also utilised language skills within the practice team, to support patients who did not understand English. The GPs and nurses also used electronic resources to provide information in different languages when required. The GP partner had completed training in domestic violence and shared knowledge to the rest of the team during team meetings.

People experiencing poor mental health

Patients with mental health care needs were registered at the practice. Some patients with mental health needs had regular appointments with the practice nurse for tests to manage their medicines. The practice held regular counselling clinics. The

Summary of findings

practice completed physical health checks for patients with serious mental illness. The GPs were aware of their role and responsibility if a patient was required to be admitted into hospital. The GPs role would usually entail arranging or carrying out an initial assessment for possible compulsory admission to hospital. .	

Summary of findings

What people who use the service say

We spoke with 12 patients which also included members of the patient participation group (PPG) on the day of the inspection and received feedback from 28 patients via comment cards. A PPG is made up of a group of volunteer patients and practice staff who meet regularly to discuss the services on offer and how improvements can be made for the benefits of the local patient population and the practice. The patients were very positive about the care and treatment they received. In particular, patients were very satisfied with the access to the service. Patients were satisfied with the different ways in which they could access the service, which included the new online appointment system.

Patients told us they were able to express their views and were involved in making decisions about their care and treatment. Many of the patients we spoke with had been registered with the practice for a long time and told us they did not mind travelling the long distance from their homes. Patients were very positive about the practice relationship with the local secondary care providers, and gave us examples of when appropriate referrals were made shortly after the patient was seen by GP. For example, one patient told us the GPs were very pro-active and efficient at following up hospital referrals. Patients told us their privacy and dignity was maintained and they were treated with respect by all the staff. Some patients described how it helped that the reception area was closed off from the waiting area, which meant privacy and confidentiality could be maintained. Patients commented the practice was always very clean, hygienic and tidy.

We spoke with four members of PPG, all of whom were long term patients and had been seen by different GPs over the years. Patients commented the practice was very patient orientated and were happy with the dispensing service. Patients told us this was vital for the community. The PPG members did raise the fact that all the GPs were female and that could be an issue for some male patients. For example, one member of the group told us some of their family members and friends would not come to this practice, due only female GPs being available.

The feedback from the comment cards was also positive. Patients were very complimentary of the staff, the appointment system and the dispensing service provided by the practice. During our visit, we saw the analysis of a patient survey completed in November 2013. The feedback from the survey was positive. In particular most patients were pleased with the waiting room and the attitude of the reception staff.

The practice results for the national GP patient survey 2013 were higher than clinical commissioning group (CCG) and national average. 96% patients said they would recommend their GP surgery and 94% patients rated their ability to get through on phone as very easy or easy. 99 % patients said their experience of making an appointment as good or very good and 98% patients rated their practice as good or very good.

Areas for improvement

Action the service SHOULD take to improve

- To ensure medicines and food are not kept together in fridges.
- To ensure risk assessments are documented to inform which members of staff required a Disclosure Barring Service (DBS) check and which members did not.

Outstanding practice

Our inspection team highlighted the following areas of good practice:

- The practice demonstrated an outstanding approach in providing a continuity of care for patients.
- The practice had held a Carer Aware Week. This identified carers and made them aware of the support

that was available to them through the local carer's centres, Oxfordshire County Council and via the practice. Carer's were also able to ascertain advice on different aspects of care.

Nettlebed Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and a GP specialist advisor. The team included a second CQC Inspector, a practice manager specialist advisor and expert by experience. Experts by experience are members of the team who have received care and experienced treatment from similar services.

Background to Nettlebed Surgery

Nettlebed Surgery was established over 30 years ago and occupies a purpose built premises in the middle of the village. The practice provides primary medical services to over 3400 patients, with an older than average practice population. Local demographic data indicates the practice serves a population which is one of the more affluent areas in England. Nettlebed surgery has a low number of patients registered who are under 18 years of age patients and have a high proportion of over 65 year old registered with them.

Care and treatment is delivered by a number of GPs, practice nurses and by a health visitor. In addition, the practice is supported by the district midwives and nurses. The practice also provides other private medical services in-house, such as physiotherapy and counselling. Outside normal surgery hours patients were able to access emergency care from an Out of Hours (OOH) provider.

The practice provides services from:

Nettlebed Surgery

Wanbourne Lane

Nettlebed

Henley-on-Thames

Oxfordshire

RG9 5AJ

Why we carried out this inspection

We inspected this service as part of our new inspection programme to test our approach going forward. This provider had not been inspected before and that was why we included them.

How we carried out this inspection

Prior to the inspection, we reviewed wide range of intelligence we hold about the practice. Organisations such as local Healthwatch, NHS England, clinical commissioning group (CCG) provided us with any information they had. We carried out an announced visit on 14 July 2014. During our visit we spoke with practice staff team, which included GPs, a nurse, dispenser, and the administration team. We spoke with 12 patients who used the service and reviewed 28 completed patient comment cards. We observed interactions between patients and staff in the waiting and reception area and in the office where staff received incoming calls. We reviewed policies and procedures the practice had in place.

To get to the heart of patients experiences of care, we always ask the following five questions of every service and provider:

- Is it safe?

Detailed findings

- 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
- Mothers, babies, children and young people
- The working-age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing a mental health problems

Are services safe?

Our findings

Systems were in place for reporting and responding to incidents. All safety alerts were dealt with by the GPs and nurses and reception team. The practice had comprehensive safeguarding policies and procedures in place to protect vulnerable patients. A safeguarding lead had been appointed who had undertaken appropriate safeguarding training. Medicine management policies were in place and staff were familiar with these. Vaccines were stored appropriately in dedicated vaccine fridges. These fridges were subject to daily temperature checks to ensure the vaccines were stored at the correct temperatures. The practice was clean and tidy. There were comprehensive infection control and Control of Substances Hazardous to Health (COSHH) policies and procedures. The practice had suitable arrangements to deal with foreseeable emergencies.

Safe Track Record

Systems were in place for reporting and responding to incidents. All safety alerts were dealt with by the GPs, nurses and reception team. Patients we spoke with told us they felt safe when attending the practice. The practice had chaperone policy in place. A chaperone is an individual who is present as a third person during intimate examination by a healthcare professional of a patient of the opposite sex.

Learning and improvement from safety incidents

All staff discussed complaints and significant events in team meetings. This allowed the practice to learn from incidents that had taken place and identify any action to improve quality and safety.

Significant events were discussed with relevant staff at the time of the event and periodic reviews of significant events took place regularly. We saw from meeting minutes there were clear actions to improve and learn from complaints and significant events where possible. For example, the significant event meeting dated August 2013, where the 111 telephone system was discussed. This was the system which provided telephone advice for patients to access local health care services, for needs which require urgent medical attention but are not life threatening. The practice had identified when the patients dialled the 111 service they were connected to a transport service, in error. The practice discussed this issue with the 111 provider and sought advice from the Local Medical Committees (LMC) to address this matter.

Reliable safety systems and processes including safeguarding

The practice had comprehensive safeguarding policies and procedures in place to protect vulnerable patients. A safeguarding lead had been appointed and had undertaken appropriate safeguarding training. Staff told us the safeguarding lead shared any new information, changes and learning with them during team meetings. We found the administration team had not received any safeguarding training. However, staff were able to tell us what they would do if they suspected abuse and were familiar with the practice safeguarding policies. Staff told us that they would raise a safeguarding concern either with the lead GP or with the practice manager

The practice had a whistleblowing policy in place. Staff we spoke with told us they would not hesitate to report poor practice or concerns. Whistleblowing is when a worker reports suspected wrongdoing at work, if they had any reason to. This could be for example, if anyone at work was neglecting their duties.

Monitoring Safety & Responding to Risk

Staff told us they could raise the alarm should they need immediate assistance. We were told consulting and treatment rooms had a panic alarm fitted. We were told there was a policy on zero tolerance of abuse towards staff. The practice had violent patient scheme protocols and these were cascaded to all staff to ensure their safety and well-being.

Staff told us medical safety alerts were shared with the GPs team when they were received and action taken where appropriate. A GP partner gave us an example where risks were identified and immediate action taken.

Recall systems were in place to support patients who required regular reviews of their medical condition. Follow up procedures were in evidence to remind these patients of the importance of their medical checks and offer them another appointment. The practice had a comprehensive risk management and health and safety policies and procedures in place. We saw these were supported by risk assessments. For example a fire safety risk assessment had

been carried out in October 2013. We saw evidence maintenance schedules for clinical equipment had been reviewed regularly. This showed equipment had been regularly reviewed and appropriate action was taken to address faulty equipment and associated risks were managed.

Medicines Management

Vaccines were stored appropriately in dedicated vaccine fridges. These fridges were subject to daily temperature checks to ensure the vaccines were stored at the correct temperatures. This was supported by the fridge temperature logs made available to us. On the day of inspection we noted that in one of the fridges medicine and food was kept together. The constant opening of the fridge could lead to temperature variations, which could affect the efficacy of the medicines stored.

We found all medicines and stored vaccines were within expiry date and there were appropriate stock levels. Medicines management policies were in place and staff were familiar with these. We saw detailed standard operating procedures (SOP) for using certain medicines and equipment.

Prescription pads were stored safely and securely. When boxes of prescriptions were delivered they were signed for and taken to secure storage immediately. The practice did not hold large stocks of blank prescriptions because they were not required. All prescriptions were signed by the GP before they issued to the patient. There was a system in place for reviewing repeat prescriptions and we were told that patients who failed to attend for their prescription review were followed up and reminded to attend their review.

There were medicine and equipment bags ready for GPs to take on home visits, although these were rarely used. GPs were responsible for the security and checking of their medicines in their medicines bags. We saw evidence that the bags were regularly checked to ensure the contents were intact and in date. We looked at how controlled drugs were managed. Controlled drugs are medicines that require extra checks and special storage arrangements because of their potential for misuse. Records showed how controlled drugs were stored, checked and recorded safely. These included registers for controlled drugs, the destruction of returned medicines and out of date medicines.

Cleanliness & Infection Control

We observed the practice was clean and tidy. There were comprehensive infection control and Control of Substances Hazardous to Health (COSHH) policies and procedures in place. The practice nurse and a GP were appointed infection control leads. The practice nurse carried out regular infection control audits and shared learning with staff during practice meetings. We reviewed the cleaning schedules. These showed the specific areas the cleaning company were required to clean. At the time of the visit, the noticed the practice cleaning schedule did not make reference to cleaning of the curtains in the treatment rooms. The curtains appeared visibly clean. Following the inspection, the practice had sent evidence to confirm cleaning schedules had been put in place for the curtains in all treatment rooms. These required the curtains to be cleaned once every 6 months. We found contract arrangements were in place to enable the safe removal and disposal of any waste from the practice.

We saw there were hand sanitizers in the waiting area, toilets and in consulting rooms. We noted there were hand hygiene guidelines in photographic format in the toilet facilities for patients and staff to follow. Personal protective equipment such as gloves were available.

Staffing & Recruitment

The practice had recruitment policies and procedures in place. We reviewed the personnel files of three staff members, of which the most recent staff was recruited in October 2010. This included the administration staff and the dispenser. We found some of the information required by the regulation was missing from these staff records. For example, we saw no evidence of an identity check, or a criminal record checks, via the Disclosure and Barring Service (DBS) or a recent photograph of the patient notes summariser. The risk assessment to decide whether a DBS check was required for this staff role had not been documented. The GPs and Nurses had a DBS check in place. We were also unable to evidence references had been sought for two staff members. The files included a Curriculum Vitae, health checks, employment contract, record of interview and detailed job description. All new staff members were required to complete a probationary period, in which suitability and credentials were determined.

Dealing with Emergencies

Are services safe?

Appropriate arrangements were in place to meet the needs of patients safely in an emergency situation. Staff had access to emergency medicines and to a defibrillator and oxygen. The practice used the service continuity planning framework, provided by the Royal College of General Practitioners and British Medical Association. A business continuity plan described the action required when dealing with emergencies that could interrupt the smooth running of the practice. We saw the document outlined the nominated staff responsibilities for each floor, and staff were provided with emergency contact details. We saw the framework also included the protocols to use if there was a lift emergency. The practice had action plans in place for fire evacuation for each area of the practice.

Equipment

An 'Emergency drugs and Anaphylaxis list and checking procedures' was in place. The practice nurse was responsible for checking resuscitation equipment and medicines. The equipment was checked and recorded regularly to ensure it was in working order.

Are services effective?

(for example, treatment is effective)

Our findings

Care and treatment to patients was delivered in line with recognised best practice. The practice achieved high results against the national Quality and Outcomes Framework (QOF), for 2012/13. These included the clinical, organisational, additional services and patient experience domains. The QOF was introduced in 2004 as part of the general medical services contract and is a voluntary scheme for GP practices in the UK. Through this scheme the practice is rewarded for how well they care for patients. The patients benefited from a stable staff team because staff retention was high. The practice liaised with secondary care services and could access hospital information in timely manner. Access to specialist support was available promptly. A range of literature was accessible in the practice waiting room and on the practice website aimed at patients for health promotion and self-care.

Effective needs assessment, care & treatment in line with standards

The care and treatment provided to patients was delivered in line with recognised best practice. Staff were informed of new legislation and guidance and changes were cascaded to all GPs in team meetings. This offered staff the opportunity to discuss the changes, how these affected the staff and patients and where staff were able to raise any queries or concerns.

Management, monitoring and improving outcomes for people

The practice achieved high results against the national Quality and Outcomes Framework (QOF), for 2012/13. These included the clinical, organisational, additional services and patient experience domains. The QOF was introduced in 2004 as part of the general medical services contract and is a voluntary scheme for GP practices in the UK. Through this scheme the practice is rewarded for how well they care for patients. Individual GPs had areas of special interest. For example, specialist interest such as dispensing, QOF and clinical and information governance. GPs took a lead role in their area of interest and shared good practice amongst colleagues to improve outcomes for patients and provide a consistent service.

The practice completed wide range of clinical and operational audits in recent years. These included infection control audits, minor surgery audits and the dispensing service audits. Areas of improvement identified were actioned accordingly.

Effective Staffing, equipment and facilities

All new staff were provided with appropriate training, relevant to their role. For example, the senior receptionist delivered support and training to all new reception staff. The staff received training during their initial three months period and could be extended if needed. One staff member told us they shadowed more experienced staff before they were allowed to work on an unsupervised basis. Team meetings were the forums used to cascade information and training to the administration team. Continuing professional development and training was available to GPs and nurses. Training needs were identified during staff appraisals. Staff told us the practice was supportive of staff training and if a course/qualification was identified this would be arranged for them. For example, the practice nurse had identified a prescribing course and was supported to complete this course.

GP partners told us staff had been working at the practice for a long time, and staff performance and training and development needs were reviewed annually though the appraisal.

The practice had systems in place to monitor staff training. A training document was made available to us, which showed the training staff had completed and when refresher training was next due.

The patients benefited from a stable staff team because staff retention was high. This was supported by staff we spoke with who told us the practice had good staffing levels. The practice did not use locum GPs as they preferred to cross cover internally. The practice had support from neighbouring practices, who had offered to help when required. Staffing levels were frequently reviewed by the practice manager, to ensure they had enough staff members with appropriate skills.

Working with other services

The practice worked closely with secondary care services and could access hospital information and support in a timely manner. Access to specialist support was available promptly. The GPs told us if a decision to make a referral

Are services effective?

(for example, treatment is effective)

was made, this was made on the same day the patient was seen. This was supported by the patients we spoke with, who told us referrals to the hospital or other local services were made swiftly. Several patients told us they had been referred to a specialist or for investigation and were satisfied with the speed of the referral.

The practice demonstrated a multi-disciplinary approach to care and treatment, which had benefited patients. The practice worked with the district nursing team and midwives. Staff told us there was a clinical meeting every month and the community team was invited. This included the district nurses and palliative nurses. These meetings were used to share information, support people in receipt of palliative care and to keep hospital admissions as low as possible.

The GPs worked closely with the histopathology department and sent all specimens to them. The histopathology department receives tissue specimens from patients, taken at either surgical operations, outpatient or GP clinics, or at post-mortem examination.

Health Promotion & Prevention

The practice achieved 100% for QOF 2012/13 in the patient information domain. A range of literature was accessible in the practice waiting room and on the practice website aimed at patients for health promotion and self-care. Health promotion and prevention was promoted through consultations.

Are services caring?

Our findings

The practice demonstrated a caring approach. Patients were positive about the care they received. The practice had good measures in place to preserve patient privacy and confidentiality. The consultation rooms were suitably equipped and laid out to protect patient's privacy and dignity. Patients were able to discuss their treatment with the GP or nurse and told us they did not feel rushed during a consultation.

Respect, Dignity, Compassion & Empathy

Patients told us they were treated with respect and dignity. Patients described staff as caring, helpful and efficient. Patients who gave feedback via comments cards told us the reception staff members were approachable, friendly, polite and helpful. We observed that staff spoke to patients in a respectful way during our visit. We watched and listened to how patients and staff interacted during the day and found this to be positive and friendly.

The practice had measures in place to preserve patient privacy and confidentiality. For example, the waiting and reception was separated by a glass partition. We noted there was a notice asking patients not to enter there if another patient was being dealt with by reception. All consultations took place in private rooms. The consultation rooms were suitably equipped and laid out to protect patient's privacy and dignity. During our observation we noted music was played in the background to distract attention from other patients listening to conversations. Long queues were avoided at reception, which reduced conversations being overheard.

The staff handbook highlighted the importance of patient confidentiality and staff responsibility to ensure patient medical records were not moved from the premises. The design and layout of the reception area meant patient records could not be viewed by those attending the practice, and records were maintained securely and confidentially. The practice complied with data protection and confidentiality legislation and guidance.

Involvement in decisions and consent

We spoke with 12 patients on the day of our inspection. Patients told us the GP and nurses always explained what they were going to do and why. Patients were able to discuss their treatment with the GP or nurse and told us they never felt rushed during a consultation.

Patients said they were involved in the decisions about their treatment and care. Staff told us in order to ensure patients made informed decisions; they would provide written information to patients. We noted there was variety of health information in the waiting area.

All GPs had sound knowledge of the Mental Capacity Act 2005 and its relevance to general practice. GPs we spoke with told us they had access to guidance and information for the MCA 2005. They were able to describe what steps to take if a patient was deemed to lack capacity. Patients who lacked capacity to make their needs fully known had their interests protected, for example by a family member, or a carer who supported them. We were told that patients were able to express their views and were involved in making decisions about their care and treatment. One GP we spoke with told us they obtained written consent for minor surgery procedures.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

The practice was responsive to patient needs. The consulting rooms were situated on the ground and first floor of the surgery. The first floor consulting rooms could be reached via a lift, making them accessible to patients with reduced mobility. A range of clinics and services were offered to patients, which included family planning, antenatal, child immunisation and nurse specialist clinics for long-term conditions. Interpreters were used for patients who did not speak English. Patients we spoke with told us appointments were easy to arrange. They told us they were able to obtain urgent appointments on the same day. There were a range of appointments available to patients every weekday between the hours of 8am and 6:30pm. Patient's comments and complaints were listened to and acted upon. Patients were provided with information on how to make a complaint.

Responding to people's needs

We saw access to the practice was suitable for patients with mobility difficulties and for patients with children in prams. A GP we spoke with told us a home visit was arranged for a patient who had transportation issues. This showed practice was sensitive and responsive to meeting patient needs. All the treatment and consultations rooms were on the ground floor. The practice had access to a translation service should patients require it.

The practice had systems in place with secondary care providers to ensure information was available when a referral was made or when results where available. Any action requested by the hospital or Out of Hours (OOH) service was communicated to the practice.

Meeting people's needs

A range of clinics and services were offered to patients, which included family planning, antenatal, children's immunisation, and nurse specialist clinics for long-term conditions.

Interpreters were used for patients who were did not speak English. The practice also utilised language skills within the practice team, to support patients who did not understand English. For example a member of staff assisted with consultations where patients spoke German. The GPs and nurses staff also used electronic sources to provide information in different languages when required. The practice offered a full range of primary medical services and was able to provide dispensing services to those patients on the practice list who lived more than one mile (1.6km) from their nearest pharmacy premises. The practice provides dispensing service to 90% registered patients. Patients were able to get their prescriptions dispensed at the same time as visiting the GP. Patients were able to have regular contact with the dispensing team to discuss medicine and any related issues.

Access to the service

Patients we spoke with told us appointments were easy to arrange. They told us they were able to obtain urgent appointments on the same day. There were a range of appointments available to patients every weekday between the hours of 8am and 6:30pm. Patients were able to book appointments in person, by telephone or online.

The practice leaflet and website gave detailed information about the opening hours and the GPs that were on duty throughout the week. Information on the how to access medical treatment outside the opening hours, was also displayed at the practice front entrance. The practice offered an online appointment booking system for routine appointments and an online repeat prescription service. Home visits were offered to the frail and elderly to avoid them having to make difficult journeys to the practice.

Concerns and complaints

Patient's comments and complaints were listened to and acted upon. Information on how to make a complaint was provided on the practice website and practice leaflet. We noted a complaint could be raised by speaking with a GP, contacting the practice manager or any other staff member. The practice had a clear complaints and procedure and this was displayed in the waiting area. This allowed patients to make an anonymous complaint as they were able to provide the information discreetly.

A GP we spoke with told us when concerns were raised to reception; an appointment would be made with the GP concerned. The issues would be discussed and reviewed and this would then be recorded as a significant event. The practice kept a record of all complaints received. The complaints we reviewed had been investigated by the practice manager and responded to, where possible, to the patient's satisfaction.

Are services responsive to people's needs?

(for example, to feedback?)

The practice had systems in place to review complaints received by the practice and ensured they learnt from them. All complaints were reviewed at an annual meeting. The minutes of these meetings demonstrated a discussion of the complaints and the relevant learning points. For example, a patient had complaint they could not get through the telephone. This was discussed by the staff and GP partners and a decision was made to increase reception staffing levels.

The practice patient participation group (PPG) was set up in summer 2011, with the objective that patients would be involved in decisions about the range and quality of services provided by the practice. For example, the PPG had discussed the need for disabled touch door access in and out of the waiting room and this was actioned. The practice had opted for a 'virtual' PPG so all members were able to participate without the need to travel to meetings. This was particularly taken into consideration due to the practice being located in a rural community. The group discussion were mainly conducted via email. This benefited the patients with a disability and required less time commitment for those who were working or had young families.

Are services well-led?

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

Our findings

The practice was well-led. We saw clear evidence of accountability for clinical practice. The practice had appointed leads in various areas, such as safeguarding, infection control, clinical and information governance. The practice had achieved 100% score in the QOF results in 2012/13 for the patient experience domain. The practice delivered well on patient access, patient survey and the quality of the consultation was high. The practice had a patient participation group in place. Regular team meetings were held and included weekly GPs meetings and three-monthly meetings for all the other staff. All staff discussed complaints and significant events in team meetings.

Leadership & Culture

Staff we spoke with told us the management adopted an open culture. They told us the practice manager was approachable and responded to staff concerns and feedback. Staff were kept informed of developments within the practice through team meetings. We found decisions relating to patient care and treatment were made by the appropriate staff at the appropriate level. There was also clear evidence of accountability for practice seen.

Governance Arrangements

Staff had clear areas of responsibilities and knew who to approach for advice when required. The GP partners were leaders for the practice had designated responsibilities. For example, one GP partner was responsible for dispensary, Quality and Outcomes Framework (QOF) and the other partner was responsible for staff support, recruitment, learning and development matters. The practice had appointed leads in various areas, such as safeguarding, infection control, clinical and information governance. The practice had comprehensive policies and procedures and were accessible by all staff electronically.

Systems to monitor and improve quality & improvement (leadership)

The practice used the clinical and operational audits to inform and improve patient care. The audits identified any risks or areas of improvement and these were actioned accordingly. All the staff we spoke with told us they would whistleblow to appropriate bodies, if there was a concern or risk to patients.

The practice had system in place to review practice methods and improve them continuously.

We reviewed the report and analysis for the Patient Survey 2013/14 and saw areas had been identified that needed improvement and action plans were in place. For example, the signage in the practice was reviewed and amendments were made. The practice had reviewed how the practice website could be improved and made changes accordingly. For example, large buttons were installed on the practice website for easier access to the online appointment system.

Patient Experience & Involvement

The practice used a number of mechanisms to encourage and obtain patient feedback. This included, through the patient participation group (PPG), practice website feedback, NHS choices, through consultations and a suggestion box.

The practice achieved high results against the national Quality and Outcomes Framework (QOF), for 2012/13. The practice delivered well on patient access, patient survey and the quality of the consultation was high. Other high scores included 95% for organisational domain and 91% clinical domain. In addition the practice results for the national GP patient survey 2013 were higher than CCG and national average. 96% patients said they would recommend their GP surgery and 94% patients rated their ability to get through on phone as very easy or easy. 99% patients said their experience of making an appointment as good or very good and 98% patients rated their practice as good or very good.

Practice seeks and acts on feedback from users, public and staff

We spoke with the PPG members on the day of our visit. All the PPG members were complimentary of the practice staff and the services provided. They told us they had recently been involved in a face to face to meeting with the GP partner and practice manager. Members told us they appreciated the honest explanation of changes in NHS and the impact this had on the practice. However, the members told us they would like to meet in person more often and were very keen to have further involvement. Patients were kept up to date and involved on issues related to their experience. The practice website was used to give patients information about the practice and about any changes being made through the government.

Are services well-led?

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

The practice did seek and act on feedback from patients. The practice had recently sought feedback via patient survey. The results had been analysed and any changes or areas improvement identified by patients were actioned. For example, we saw one patient had commented they could not find information about the online appointment booking system and the repeat medication request on the practice website. As a result, the practice installed direct links to these services on the home page of the website, for better visibility and accessibility.

Management lead through learning & improvement

The management team adopted a team working environment and told us the practice had regular events, which included team building. Regular team meetings took place, which included weekly GPs meetings and three monthly meetings for all the other staff. Staff told us they discussed recent significant events, complaints and any changes to the best practice guidelines. Discussions on various subjects took place and training and key learning points were shared. We reviewed the reception meeting minutes dated February 2014, and saw topics such as complaints and reception training were discussed. In addition, meetings and regular appraisals were used as forum for staff to give feedback on the service provided by the practice and areas they could improve on. The staff we spoke with told us they felt supported and valued. The also described the opportunities they had to discuss issues and improve working practices and systems.

Identification & Management of Risk

The practice was pro-active in identifying, assessing and managing risk. For example, systems were in place to identify and manage risks when processing medicine requests. All repeat prescriptions were processed by the reception team. If the information recorded by reception was unclear and not interpretable then the dispensing team would seek clarity from the patient before processing the prescription. In situations where items not on repeat prescriptions were requested, the dispenser sought advice from the GP before dispensing the medicine. The dispensing team would pre-empt a medication review when an issue with prescriptions was identified.

The practice had systems in place to monitor quality of the dispensing service provided to patients. The practice had signed up to the Dispensary Standards Quality Scheme (DSQS) and participated in this scheme annually. The DSQS is a quality standard set by the NHS for dispensing practices. To achieve this standard practices needs to conform to safe and organised working practices in the dispensary. The practice carried out regular dispensary service audits. We reviewed the 'Auditing of Dispensing Service 2013/14' and saw this assessed the nature and quality of advice provided to patient as part of the dispensing service. The audit demonstrated there was high levels of satisfaction with the dispensary, the services offered and the advice given by the dispenser. The audit results were shared and discussed with all practice staff.

The practice had a comprehensive risk management and health and safety policies and procedures in place and risk assessments were carried out. The business continuity plan identified the range of risks the practice could face that would prevent the delivery of care and treatment. The plan identified how these risks would be mitigated and actions needed to restore services to patients.