

Tawstock Medical Centre

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Tawstock Medical Centre on 27 October 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- The practice reviewed all new cancer diagnosis and deaths at a monthly multi-disciplinary meetings to review patient care and treatment and to establish if lessons could be learnt.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice had a significant positive impact on the patient population. For example, feedback from patients about the service provided was continually positive. The practice had well above average national patient survey results; patient feedback through 17 comment cards and patients we spoke with on the day were very positive about the care and treatment they received. The NHS Friends and Family Test showed that between 96% and 100% of patients would recommend the practice.
- 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 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 to meet their needs.
- Nurses received monthly supervision with a GP and additional mentorship from an external source.

Summary of findings

- There was a clear leadership structure and staff said they felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw areas of outstanding practice:

- The practice showed innovative approaches to improving patient's wellbeing and physical health by engaging other organisations to improve access to support groups and resources locally that met

patient needs. For example, engaging a registered charity to set up a weekly group for patients to learn how to cook and eat for better health. Engaging a local GP federation to pilot a scheme to maximise healthy lifestyles through physical activity. Working with schools to develop a consent form so health information was shared to improve support for children and parents.

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.

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

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (2014-15) showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey (July 2015) showed patients rated the practice higher than others for almost all aspects of care.
- Feedback from patients about their care and treatment was consistently and strongly positive.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Summary of findings

- Views of external stakeholders were very positive and aligned with our findings.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice had instigated a pilot project between the local GP Federation and the University of the West of England to promote physical activity and healthy lifestyles for patients with long term conditions.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff stated they felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

Good



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits early in the day in case of a need for hospitalisation. Urgent appointments were available for those with enhanced needs.
- Hospital appointments were booked during consultations with patients so patients received appropriate and timely hospital reviews.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Practice performance for patients with long term conditions exceeded the Clinical Commissioning Group and NHS England averages.
- Longer appointments and home visits were available when needed. Patients received a telephone reminder the day before their GP appointment.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice promoted healthy living initiatives. For example, a physical activity coordinator project and referral to a healthy cooking support group.

Families, children and young people

The practice is rated as good for the care of families, children and young people.

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us children and young people were treated in an age-appropriate way and were recognised as individuals. We saw evidence to confirm this.
- The practice had above average attendance for cervical screening. Patients were telephoned the day before to their appointment as a reminder.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless patients and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice worked with a drug and alcohol charity to provide specialist clinics at the practice for this group of patients.

Good



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- Performance data for patients with a mental health diagnosis was above local and national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. The mental health nurse for older people met monthly with the GPs.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice provided daily consultation rooms for a health organisation to provide talking therapies to the local community.
- The practice had been proactive in referring children and young people to a registered charity providing early intervention and prevention services for children and young people experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The results from the national GP patient survey in July 2015 showed the practice was performing in line with local and national averages. A total of 304 survey forms were distributed and 132 forms were returned. This represented approximately 2.5% of the practice's patient list.

- 92.3% of patients found it easy to get through to this practice by phone compared to a Clinical Commissioning Group (CCG) average of 78.6% and a national average of 73.3%.
- 92.6% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 88.8% and national average 85.2%).
- 96.7% of patients described the overall experience of their GP practice as good or very good (CCG average 88.3% and national average 84.8%).
- 92.7% of patients said they would recommend their GP practice to someone who has just moved to the local area (CCG average 82.5% and national average 77.5%).

As part of our inspection we asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 17 comment cards which were all positive about the standard of care received. Patients told us staff were supportive, compassionate and understanding and they were always treated with respect. Patients said that the care received was excellent.

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

We looked at NHS Choices and saw three positive reviews since April 2014. We looked at the NHS Friends and Family Test from March to August 2015, where patients are asked if they would recommend the practice. The results showed that between 96% and 100% of respondents would recommend the practice to their family and friends.

Outstanding practice

The practice showed innovative approaches to improving patient's wellbeing and physical health by engaging other organisations to improve access to support groups and resources locally that met patient needs. For example, engaging a registered charity to set up a weekly group for patients to learn how to cook and eat for better health.

Engaging a local GP federation to pilot a scheme to maximise healthy lifestyles through physical activity. Working with schools to develop a consent form so health information was shared to improve support for children and parents.

Tawstock Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and a practice nurse specialist advisor.

Background to Tawstock Medical Centre

Tawstock Medical Centre is located in Chard, Somerset. The town is located 14 miles south from Taunton, the county town and close to the Devon and Dorset county borders. The practice provides general medical services across three counties (Somerset, Devon and Dorset) with additional patients located up to 20 miles out of the immediate practice area.

The practice was established in 1994 by two of the current GPs. In 2014 the practice relocated into a purpose built premises with high specifications. Since then the practice has seen an increase in the practice population of 15%.

The practice has a population of approximately 5,280 patients. The practice has a higher than England average of patients aged between 60 and 74 years. The practice has a deprivation score of 17.3 showing that the area has a higher deprivation compared to the Clinical Commissioning Group average of 16.8 and a lower deprivation than the national average of 23.6. Within the practice population 20% of patients live in a neighbourhood identified as one of the 20% most deprived in England.

The practice team includes two GP partners, one male and one female. In addition there were three female salaried GPs; a locum GP; two practice nurses and two health care

assistants; practice manager and administrative staff which includes receptionists; secretaries and an IT and finance lead. The practice employs two apprentices undertaking a NVQ level three business and administration qualification.

The practice is a training practice for medical students and GP trainees with one GP providing training support. At the time of our inspection a GP trainee was being supported by the practice.

The practice had a Primary Medical Services contract (PMS) with NHS England to deliver general medical services. The practice provided enhanced services which included extended hours for appointments; facilitating timely diagnosis and support for patients with dementia; learning disabilities and minor surgery.

The practice is open between 8.30am to 6.30pm Monday to Friday. Extended hours surgeries are offered on Saturdays between 8.30am 10.45am. The practice provided 27 GP sessions per week between 8.30am to 12.30pm and 2pm to 6pm Monday to Friday and Saturdays between 8.30am and 10.45am. The national GP patient survey (July 2015) reported that patients were satisfied with the opening times and making appointments. The results were above local and national averages.

The practice has opted out of providing Out Of Hours services to their own patients. Patients can access NHS 111 and Somerset Urgent Care Doctors provide an Out Of Hours GP service.

Why we carried out this inspection

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

Detailed findings

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

How we carried out this inspection

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

We carried out an announced visit on 27 October 2015. During our visit we:

- Spoke with a range of staff. For example, GPs, nurses and administrative staff.
- Spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and family members
- Reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Spoke with other nurses, midwives and a psychological wellbeing practitioner who were seeing patients at the practice during our 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 people's needs?
- Is it well-led?

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared within the practice and with other organisations to make sure action were taken to improve safety in the practice. For example, we saw the practice undertook a significant event analysis following a patient complaint. Actions were taken to review best practice guidelines and their infection control policy.

We saw that all end of life care deaths and new cancer diagnosis were discussed at a monthly multi-disciplinary meeting to review patient care and treatment and to establish if lessons could be learnt.

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. We saw evidence that the GPs made appropriate referrals when they had concern for a patient; attended safeguarding meetings when possible and always provided reports where necessary for other

agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3 for children.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of the people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene and had a robust cleaning schedule in place. 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. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). However, we saw that blank prescription forms were left unattended in unlocked consulting rooms resulting in blank prescriptions not being kept secure at all times. We spoke with the practice manager and we received documentation shortly after our inspection that confirmed that the practice had held a meeting and agreed new protocols that doors would remain locked when the room was unattended.
- The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy team, to ensure prescribing was in line with best practice guidelines for safe prescribing. For example, the CCG pharmacist looked at medicines prescribing for pregnant women weekly. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

Are services safe?

The practice had a system for production of Patient Specific Directions to enable health care assistants to administer vaccinations after specific training when a GP or nurse was on the premises.

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and appropriate checks through the Disclosure and Barring Service. However we saw some recruitment files had missing documentation. We spoke to the practice manager and received evidence shortly after our inspection of a new process put in place to remedy this.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of

substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. For example, new and updated guidance was an agenda item at each monthly meeting; the practice used an electronic document management system which recorded when staff read new guidance. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patient's needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

Since April 2015 the practice participated in a local quality and outcomes framework, Somerset Practice Quality Scheme (SPQS) rather than the Quality and Outcomes Framework (QOF). The practice used the information collected for the SPQS and performance against national screening programmes to monitor outcomes for patients. Prior to 2015 the practice used QOF, a system intended to improve the quality of general practice and reward good practice. We looked at the for QOF data for 2014/15 where the practice achieved 98.8% of the total number of points available, with 8.5% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data showed:

- Performance for diabetes related indicators was 91.9%, which were 12.8 percentage points above the Clinical Commissioning Group (CCG) and 2.7 percentage points above the national average.
- The percentage of patients with hypertension having regular blood pressure tests was 86.8% which was 7.2% points above the CCG and 2.7% points above national average.

- Overall performance for mental health related indicators was 100% which was 28.9 percentage points above the CCG and 7.2 percentage points above the national average.

Clinical audits demonstrated quality improvement.

- We looked at four clinical audits completed in the last two years; all of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services.

Information about patients' outcomes was used to make improvements. For example, specialist nurses and a cardiologist were invited to the practice to talk about the most up to date best practice in the management of patients with atrial fibrillation (a heart condition that causes an irregular and often abnormally fast heart rate). The cardiologist undertook individual consultations with this patient group to review treatment.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those staff who reviewed patients with long-term conditions, the practice currently funding specialised diplomas. We saw that the two new practice nurses were undertaking intensive training in these conditions.
- Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice

Are services effective?

(for example, treatment is effective)

development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions; one-to-one meetings; appraisals; coaching and mentoring; clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months. Nurses received monthly supervision with a GP and additional mentorship from an external business.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments; care plans; medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services; when they were referred to other services or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place monthly and that care plans were routinely reviewed and updated.

The practice's nurses worked with the community nurses to jointly manage wound care and share best practice and experience.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

When providing care and treatment for children and young patients, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits.
- The practice had comprehensive minor surgery consent forms for each procedure undertaken in the practice. The consent forms informed patients of possible complications and provided post-surgery advice.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives; carers; those at risk of developing a long-term condition; vulnerable children in need of support and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant support service.
- We saw that the practice referred patients to a weight management programme.
- Smoking cessation advice was available from the health care assistant who had specialist training and a local support group.
- The practice was involved in a pilot to increase physical activity in patients with long term conditions. The practice had also been instrumental in engaging a local charity to run weekly healthy cooking sessions for patients in this population group.

The practice's uptake for the cervical screening programme was 85.9% which was 4.9 percentage points above the Clinical Commissioning Group (CCG) average and 4.1 percentage points above the national average. There was a policy to offer telephone reminders for patients the day before their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 98% and five year olds from 92% to 98%.

Flu vaccination rates for patients over the age of 65 years were 82.68% and for patients in a risk groups was 82.56% These were above national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Staff had undertaken equality and diversity training and Lesbian, Gay, Bisexual, Trans and Queer (LGBTQ) training around diversity of sexual or gender identities in patients.
- Alerts were used on patient records to remind staff about the patient's individual wishes. For example, one patient with anxieties waited in their car until the GP collected them.

All of the 17 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was significantly better for its satisfaction scores about consultations with GPs and nurses when compared to local and national averages. For example:

- 98.4% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 91.6% and national average of 88.6%.
- 96% of patients said the GP gave them enough time (CCG average 89.8% and national average 86.6%).
- 100% of patients said they had confidence and trust in the last GP they saw (CCG average 97% and national average 95.2%).
- 93.4% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 88.9% and national average 85.1%).
- 100% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 94% and national average 90.4%).
- 95.5% of patients said they found the receptionists at the practice helpful (CCG average 89% and national average 86.8%).

Care planning and involvement in decisions about care and treatment

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

We saw that advanced care plans were completed for patients receiving end of life care. Care plans for patients with a learning disability and the top 2% of patients at risk of hospital admission were in place.

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

- 93.5% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 90.1% and national average of 86%.
- 95.2% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 86.1% and national average 81.4%)

Are services caring?

- 98.6% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 88.6% and national average 84.8%)

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

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. If patients were upset they were offered a quiet area in the practice where they could wait for their appointment.

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

GPs left personal phone numbers at the homes of patients receiving end of life care so visiting nurses or families could have direct contact with them out of hours. We saw that GPs would visit patients on days off or during bank holidays.

Staff told us if families had suffered bereavement their usual GP contacted them. This call was followed by a home bereavement visit at a flexible time to meet the family's needs or by giving them advice about how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, practice staff attend and participate in CCG IT and medicines management meetings. The practice manager chaired the GP federation practice management group. The practice had instigated a pilot project between the local GP Federation and University of the West of England to promote physical activity and healthy lifestyles for patients with long term conditions.

- The practice offered a 'Commuter's Clinic' on Saturday mornings for working patients who could not attend appointments during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for patients who had difficulty attending the practice.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available from the NHS. Patients who required additional vaccinations not available from the NHS were referred to private clinics.
- There were disabled facilities, a hearing loop and translation services were available.
- The practice provided blood pressure monitoring equipment for patients to utilise at home.
- Patients with a long term disease or those requiring a cervical smear were phoned the day before their appointment as a reminder. The practice had decreased the number of patients not attending appointments through this process.
- The practice provided a weekly drug and alcohol service for over 50 patients from the local community. One GP ran the clinic with local charity specialist support workers. The clinic had improved patient outcomes through increased attendance by reducing travel time; improved joint working with health and social care professionals and local charities and provided the patients with general medical care.

- The practice had worked with local schools to develop a consent form for parents to allow the GPs to discuss health concerns or conditions and absences directly with the school so that the child(ren) had improved support.
- GPs helped patients book the most appropriate and quickest hospital appointments by accessing the choose and book system during the patients consultation.
- The practice provided consultation rooms daily for a talking therapies service. This allowed patients convenient access to the service and a choice of appointment days.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. Appointments were from 8.30am to 12.30pm and 2pm to 6pm daily. Extended practice hours were offered on Saturday mornings between 8.30am and 10.45am. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them. We saw same day appointments were available, with patients offered a choice of telephone or face to face consultations.

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

- 86.4% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 77.2%% and national average of 74.9%.
- 92.3% of patients said they could get through easily to the practice by phone (CCG average 78.6% and national average 73.3%).
- 79.5% of patients said they usually get to see or speak to the GP they prefer (CCG average 65.3% and national average 60%).

Patients told us on the day of the inspection that they were able to get appointments when they needed them. Due to the increase in list size the practice reviewed the availability of appointments daily to ensure that patient demand was being met.

Listening and learning from concerns and complaints

Are services responsive to people's needs?

(for example, to feedback?)

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

- The complaint policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available in the waiting room and on the practice website to help patients understand the complaints system. The practice also provided a comments box in the waiting room. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at five of the complaints received in the last 12 months and found these were satisfactorily handled and

dealt with in a timely way with openness and transparency. We saw the practice responded quickly to complaints. For example, when a patient complained the practice manager went to the patient's house to take details. The practice undertook a yearly audit of complaints. These included any feedback that raised concerns about a patient's experience. The audit was discussed at practice meetings.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a patient complained as not all the recent blood test results were provided by the receptionist. The practice changed the process so that GPs now comment on the test results so that reception know what information they should tell the patient. The practice shared learning from concerns and complaints with the patient participation group.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and was regularly monitored. The business plan covered the forthcoming 18 months.
- Staff told us that there was always room for them to improve and they had an ethos to treat patients as they would like to be treated.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. The electronic document management system included an audit trail to track policies and show which staff had read them.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The partners in the practice had the experience and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care

with each partner holding specific roles and responsibilities. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular practice meetings and staff group meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did. We noted frequent team away days were held.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- The partners had a focus on developing staff skills through learning opportunities so staff could provide a good service to patients.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an

Are services well-led?

Good 

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

active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the 2014/15 patient survey showed some patients were dissatisfied with the call wait at busy times. The practice responded by providing an additional member of staff to answer phones during busy periods.

- The practice involved the PPG in discussions about the commissioning of services.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.
- The practice provided patients with a quarterly newsletter which included up to date information about patient services.

Continuous improvement

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.

The practice recently invited a GP who had pioneered physical activities within communities to a practice meeting. This led to one GP engaging with the patient participation group and GP federation to identify ways of encouraging physical activities in patients. A pilot project between the federation and a local university resulted in the recruitment of a physical activity advisor to visit

the practice weekly to engage patients with long term conditions to maximise healthy lifestyles.

The practice had engaged a registered charity to set up a weekly group, aimed at patients with or at risk of diabetes; high blood pressure and heart disease to learn how to cook and eat for better health. This was a new venture so patient benefits from the initiative had not been analysed.

The practice had been proactive in referring children and young patients to a registered charity who provided early intervention and prevention service to support and improve their emotional wellbeing. This resulted in the charity commencing a support group within the town.