

Ryalls Park Medical Centre - Yeovil

Quality Report

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Yeovil,
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Website: www.ryallsparkmc.nhs.uk

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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 Ryalls Park Medical Centre on 28 April 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health. All these patients had received a telephone call from a health coach within three days of their admission.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP, although found it difficult to get through on the telephone. There was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

The practice held a meeting (a 'Huddle') twice every day, with the whole team involved. They used this time to look at current information that had been received, how

Summary of findings

it may impact on patient care and how best to address patients' needs on the day. This information was also used to decide whether more appointments needed to be made available on the day; for forward planning of appointments; and to check any new information received against other agency records to ensure no patients were missed. Actions were agreed, patient records were updated during the meeting and information was shared with other members of the community multi-disciplinary teams.

The areas where the provider should make improvement are:

- The practice should continue to improve telephone access . The last patient survey showed only 54% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events. Staff explained there was a no blame culture when events occurred.
- Lessons were shared and reviewed to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- Recruitment procedures and checks were completed and documented efficiently to ensure that staff were suitable and competent.
- There were appropriate arrangements for the efficient management of medicines.
- Health and safety risk assessments, for example, a fire risk assessment had been performed and were up to date.
- The practice was clean, tidy and hygienic. We found that suitable records and arrangements were in place that ensured the cleanliness of the practice was maintained to a high standard.

Are services effective?

The practice is rated as good for providing effective services.

Good



- The practice used the Somerset Practice Quality Scheme (SPQS) and to a lesser extent the Quality and Outcomes Framework (QOF) to measure its performance. The data for this practice showed it was performing in line with national standards. We saw that SPQS data was regularly discussed at monthly meetings and action plans were produced to maintain or improve outcomes.
- 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.

Summary of findings

- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the provision of extended hours between 6.30pm and 8pm was spread over 3.25 hours per week depending on patients' needs and to meet patient demand identified at the daily meetings.
- Patients said they found it easy to make an appointment with a named GP, although they found it difficult to get through on the telephone. There was continuity of care, with urgent appointments available the same day.
- The practice held two whole team meetings every morning called a 'Huddle'. This was where any new information received into the practice from outside agencies, for example the emergency department at the district hospital or the Out of Hours service, was considered and planned for. This could be a home visit, a telephone call to the patient or a referral to another member of a community team.
- 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.

Summary of findings

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a focus by the practice on continuous improvement of the quality of care and treatment provided which meant improved patient outcomes. All aspects of administration within the organisation were clearly followed, detailed and structured.
- The leadership, governance and supportive culture of the practice was used to drive and improve the delivery of good quality person-centred care.

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. All patients over 75 had a named GP. The most vulnerable frail elderly patients had care plans in place. Over 75 health checks were provided.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. Health coaches offered support to patients who had recently been discharged from hospital, had a chronic condition, or were vulnerable or isolated.
- The twice daily 'huddle' meeting ensured timely and co-ordinated care was provided. Integrated health and social care meetings incorporating mental health and the voluntary sector occurred monthly to discuss issues arising from the wider primary care team. Meetings involved a range of professionals including the district nurses, community matrons, practice nurses, GPs, social services and the anticipatory nursing team.

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 the management of patients at risk of hospital admission who were identified as a priority. The practice worked closely with the community specialists.
- Health coaches offered support to patients who had recently been discharged from hospital, had a chronic condition, or were vulnerable or isolated. Health coaches provided lifestyle advice, assistance with day to day tasks, access and referral to community services, support and care packages and personalised care plans for those at risk.
- GPs met daily to review any hospital admission of patients with long term conditions, focusing on emergency admissions to hospital and hospital discharges. The practice prescribed anticipatory medicines for those with long term conditions, such as standby antibiotics for those patients with chronic respiratory disease and 'just in case medicines' for palliative care patients.

Summary of findings

- Patients with long term conditions benefitted from continuity of care with their GP or nurse. All these patients had a named GP and a structured annual review to check their health and medicines needs were being met.
- All discharge summaries were reviewed on the day they were received ensuring medicines were adjusted and appropriate primary care follow-up was arranged.

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice offered after school appointments with the nurses and doctors.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- Children and babies who were unwell were always seen on the same day.
- Health coaches offered support to patients and their families of any age. They provided lifestyle advice, assistance with day to day tasks, access and referral to community services, support and care packages and personalised care plans for those at risk.

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).

Good



- The practice encouraged the use of the on line services to make it easier to book appointments, order repeat prescriptions and look at records.
- The practice encouraged screening for working age people such as mammograms, aortic aneurism screening, bowel screening, cervical screening and promoted self-examination.
- Practice staff followed up any patients who have not responded to screening invitations so that they knew they were welcome to make contact if they wished to re-engage.

Summary of findings

- Saturday morning clinics were offered to patients to attend for annual health reviews.

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 people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. Health coaches offered support to patients who were vulnerable or isolated. Health coaches provided lifestyle advice, assistance with day to day tasks, access and referral to community services, support and care packages and personalised care plans for those at risk.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



People experiencing poor mental health (including people with dementia)

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

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health. All these patients had received a telephone call from a health coach within three days of their admission.

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What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 260 survey forms were distributed and 129 were returned. This represented 2% of the practice's patient list.

- 54% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 76% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 80% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 75% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received five comment cards, three were positive about the standard of care received and two described having to wait too long to be seen. Six patients had used the NHS Choices website to give the practice an overall rating of 3.5 out of 5 stars. Telephone access, appointments, dignity and respect and involvement in decisions were rated at 3.5 stars and providing accurate information was rated at 4 stars out of 5. All concerns or complaints were individually addressed by the practice to try and resolve the issues.

The practice engaged in the Friends and Family Test survey. From October 2015 to April 2016 78% of patients advised they would be extremely likely / likely to recommend the practice to family and friends.

Ryalls Park Medical Centre - Yeovil

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a second CQC inspector.

Background to Ryalls Park Medical Centre - Yeovil

Ryalls Park Medical Centre is located in the town of Yeovil.

The practices have an NHSE general (GMS) contract to provide health services to approximately 6200 patients. The practice is open between 8am and 6.30pm Monday to Friday. In addition, pre-bookable appointments can be booked on line and up to eight weeks in advance. Telephone appointments are also available with additional slots for GPs to see these patients if required. Extended hours are offered between 6.30pm and 8pm spread over 3.25 hours per week dependent of patients need.

The practice has opted out of providing out-of-hours services to their own patients and refers them to an out of hour's provider via the NHS 111 service. This information is displayed on the outside of the practice, on their website, and in the patient information leaflet.

Information published by Public Health England rates the level of deprivation within the practice population group as six on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. There was no data available to us at this time regarding ethnicity

of patients but the practice stated that the majority of their patients were White British. The mix of patient's gender (male/female) is almost 50% each. 1.9% of the patients are aged over 85 years old which is lower than the local average (CCG) of 3.3% and the similar to the national average of 2.3%.

There are a total of five partners GPs working at the practice who hold managerial and financial responsibility for running the business and one salaried GP. This equates to 3.1 whole time equivalent GPs. Three GPs are male and three are female. The GPs are supported by a practice manager, two practice nurses, one health care assistant, three health coaches and a further ten administration and reception staff.

This report relates to the regulatory activities being carried out at:

Marsh Lane

Yeovil

Somerset

BA21 3BA

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

Detailed findings

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

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 28 April 2016. During our visit we:

- Spoke with a range of staff (including GPs, nurses, management and administrative staff) and spoke with patients who used the service, including members of the patient participation group.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of 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.'

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

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

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people with dementia).

Please note 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.

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a patient had received a letter intended for another patient but had been sent to them by mistake. They were concerned of a breach in confidentiality. The patient was given an apology, the matter was investigated and it was found that no personal information had been inappropriately shared. All staff were supported and reminded to complete one task at a time in an uncluttered workspace.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead

member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. 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. We saw the most recent audit was carried out on 12 April 2016 and identified that no actions were needed.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.

Are services safe?

- We reviewed three personnel files and found that all appropriate recruitment checks had been undertaken prior to employment. Proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service were undertaken.

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 an up to date fire risk assessment and had carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was an electronic rota

system in place for all the different staffing groups to ensure enough staff were on duty. Staff told us they felt there were enough staff employed at the time of inspection.

Arrangements to deal with emergencies and major incidents

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

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice participated in a local quality and outcomes framework, Somerset Practice Quality Scheme (SPQS) rather than the Quality and Outcomes Framework (QOF). SPQS is a federation led initiative being piloted in the Somerset area covering locally centred performance data. (QOF is a system intended to improve the quality of general practice and reward good practice). Prior to 2015 the practice used QOF and we looked at the most recent data for 2014/15. The practice achieved 52% of the total number of points available, which was lower than the clinical commissioning group (CCG) average of 80% and the national average of 95%. There was a 3% exception reporting rate which was better than both the CCG average of 7% and the national average of 9%. (Exception reporting is the removal of patients from the QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

The practice used the information collected for the SPQS and performance against national screening programmes to monitor outcomes for patients. The GPs told us clinical audits were often linked to medicines management information, safety alerts or as a result of information from the SPQS or QOF. For example, we were told the practice was auditing fast track (two week wait) referrals to identify any patterns and any learning that could improve patient care.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Staff had attended a conflict management session to address a training need which had been identified as a result of an incident with a patient.
- The staff received regular training to allow them to either acquire new skills or update and enhance their skills.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

Are services effective?

(for example, treatment is effective)

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

The practice was proactive in planning for the future. They worked with four other practices trying to establish trends and recognising when care could be shared. For example, they looked at patients in care homes who required a flu vaccination and shared out the provision of this to provide more efficient, consistent care.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. We were told that where required patients had personal asthma care action plans. Patients were signposted to other relevant services.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 78%, which was slightly lower than the CCG average of 81% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 97% and five year olds from 70% to 99%.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

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

We spoke with three members of the patient participation group (PPG). They told us the practice was searching for ways to improve, for example by employing health coaches. Members of the PPG felt they were empowered to bring forward issues. They told us that the practice's attitude towards the PPG was, encouraging and welcoming. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.

- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 80% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

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

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information was also available in other languages and the practice had access to an interpreter service in order to manage patient whose first language was not English. Information about support groups was also available on the practice website.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 148 patients as carers (2.4% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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.

- The practice held a meeting at 8.15am and 11am every day, (a 'Huddle') with the whole team involved. Other health professionals were invited to attend such as community and palliative care nurses. They used this time to look at current information that had been received, how it may impact on patient care and how best to address patients' needs on the day. Records and information were viewed on a large screen and updated during the meeting. For example, information received from the Out of Hours service, the Emergency Department at the district hospital and hospital discharges were considered so that the patient may be offered an appointment or a home visit. This information was also used to decide whether or not more appointments needed to be made available on the day or for forward planning of appointments.
- The meeting was also used to check any new information received against other agency records to ensure no patients were missed, this included vulnerable adults and children on the safeguarding register. If any concerns were found this was shared with other members of the community multi-disciplinary teams.
- The practice offered extended hours between 6.30pm and 8pm spread over 3.25 hours per week depending on the needs of patients.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.

- The waiting area was clean, warm and furnished appropriately. There was enough space and the decoration was in good order. Toys for children were also available.
- Appointment and disease management audits highlighted a deficit in working age patients attending for annual reviews. The practice arranged for clinics to be run on a Saturday and working age people had been identified in order to be invited to attend.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Extended hours appointments were offered 6.30pm and 8pm spread over 3.25 hours per week depending on patients need and in response to patient demand identified at the daily huddle meetings.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 71% of patients were satisfied with the practice's opening hours compared to the national average of 80%.
- 54% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

We spoke to the practice about telephone access. We were told that the practice was exploring ways to make improvements, however, there were challenges in changing to a new telephone system.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. There was a suggestion box and feedback questionnaire at the reception area.

Are services responsive to people's needs? (for example, to feedback?)

The practice had received 12 complaints between March 2015 and March 2016. We found the practice had also recorded negative feedback from the friends and family test comments, verbal feedback and from formal complaints. We saw that all complaints had been satisfactorily handled, dealt with in a timely way, with openness and transparency. Patients were given apologies where appropriate and informed at all stages of the complaint. Lessons were learnt from individual concerns and complaints and shared with all staff.

The practice saw complaints as an opportunity to improve the quality of care. For example, a patient who was hard of hearing complained that despite telling the practice they were unable to receive telephone calls the practice still kept trying to contact them this way and as a result an appointment had been missed. An apology was given to the patient and all staff were reminded. Clear notes were made on the patient's record that communication must be written and not verbal.

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 were regularly monitored.

Governance arrangements

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

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

Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with

patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings.
- The whole staff team met daily (in 'huddle' meetings) to discuss any issues which may affect patient care that day.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. We were told that staff felt there were good working relationships within 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.

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

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

The practice had 131 online members of the patient participation group (PPG) and 16 members whom they met with face to face. This number had continued to grow. The practice had gathered feedback from patients through the PPG and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG were involved in working with the practice to improve the ease of making appointments. This was done by raising awareness with patients by adding it to the newsletter, in the waiting room and on the website.

Are services well-led?

Good 

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

Continuous improvement

There was a focus by the practice on continuous improvement of the quality of care and treatment provided, which meant improved patient outcomes. For example, the employment of health coaches who offered support to patients of any age and their families, who had

recently been discharged from hospital, had a chronic condition or were vulnerable or felt isolated. Health coaches provided lifestyle advice, assistance with day to day tasks, access and referral to community services, support and care packages and personalised care plans for those at risk.