The Old School Surgery

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Old School Surgery on 20 April 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised. For example, timely prevention of a disclosure of confidential information over the phone was shared with all staff to highlight the issue.
- 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.
- The practice had a policy of reviewing patients with long-term conditions every six months.
- Feedback from patients about their care was consistently and strongly positive.
- The practice worked with other local providers to share best practice.
- 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.

We saw an area of outstanding practice:

- The practice took pride in the communitarian aspects of their work which they considered very important. For example, the senior GP had been writing monthly articles for the parish magazine for over 20 years. There was a strong culture of empowering patients and putting them at the centre of decisions about their care and treatment. We saw this reflected in their relationships, behaviour, attitudes and written material such as letters and the articles written for the parish magazine.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were 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.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- We also saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients.
- The practice had a strong ethos of learning, including using data about their practice to review the effectiveness of their care and treatment.
- We saw evidence they were early adopters of good practice initiatives, which they piloted to ensure there were benefits to their patients.
- They had a range of specialised diagnostic equipment which reduced the need to refer patients to specialists, speeded up the diagnostic process and enabled them to give more information to patients which empowered them in the discussion about the best treatment approach.
- The practice had arranged an afternoon pickup of specimens going to the testing laboratory in order to improve their flexibility and speed up the diagnostic process.

Summary of findings

- The practice took pride in the communitarian aspects of their work which they considered very important. For example, they had a community defibrillator on the wall in their car park and had arranged community training sessions in basic life support and use of the defibrillator.
- 100% of patients with diabetes on the register had an influenza immunisation in the preceding 12 months (04/2014 to 03/2015) compared to the national average of 94%.
- The practice had received a Platinum award for their work on smoking cessation from the local authority.
- They had joined a local fuel poverty referral pilot program run by the local authority and other partners. Patients identified as being at risk were referred to the organisation by the practice.
- 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.

Are services caring?

Good

The practice is rated as good for providing caring services.

- The practice had a strong and visible ethos of empowering patients to be active participants in the management of their care. This was visible in the behaviour and attitudes of staff as well as their written and verbal communication.
- We observed a strong patient-centred culture.
- Data from the National GP Patient Survey showed patients rated the practice higher than others for almost all aspects of care. For example, 96% 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%.
- Feedback from patients about their care and treatment was consistently and strongly positive.
- We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on.
- Views of external stakeholders were very positive and aligned with our findings.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Patients can access appointments and services in a way and at a time that suits them. The practice policy was to give patients a same day appointment if that was what they wanted.

Summary of findings

- The practice operated a system which any member of staff, including reception staff, could activate for patients with particularly acute needs to speed up the practice response times over and above their commitment to seeing patients on the same day if that's what they wanted.
- Patients could book telephone consultations via the on-line booking system.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care.
- 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.

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There 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 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.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- 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

Good

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

- They offered a delivery of weekly dosette medicine boxes for the most vulnerable patients. The boxes were delivered by practice staff which had the additional benefit of ensuring these patients were seen at least once a week.
- 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 and urgent appointments for those with enhanced needs.

People with long term conditions

Good

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

- The practice had a policy of reviewing patients with long-term conditions every six months.
- 91% of patients on the register with diabetes had a record of a foot examination in the last 12 months (04/2014 to 03/2015), compared to a national average of 88%.
- Longer appointments and home visits were available when needed.
- All patients with long-term condition had a named GP and a structured six month 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.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young patients who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 86% of patients with asthma on the register had an asthma review in the preceding 12 months that included an assessment of asthma control, compared to the national average of 75%

Summary of findings

- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 83% of women aged 25 to 64 had a cervical screening test in the preceding five years compared to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The local community midwife held a clinic at the practice every week.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Extended surgery hours were offered on Tuesday from 6.30pm to 7pm.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including travellers and those with a learning disability. We were told they had a number of canal boat travellers registered at the practice.
- 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.
- 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.

Summary of findings

People experiencing poor mental health (including people with dementia)

Good

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

- 100% of patients with a psychosis had a comprehensive agreed care plan documented in their record in the preceding 12 months (04/2014 to 03/2015), which was better than the national average of 88%.
- 88% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months (04/2014 to 03/2015), which was better than the national average of 84%.
- 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.
- A counsellor attended the practice for up to four sessions a week.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- They worked in partnership with other organisations to support patients with substance misuse problems.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing better than national averages in many areas. Two hundred and thirty survey forms were distributed and 128 were returned. This was a response rate of 56% and represented just under 4% of the practice's patient list.

- 94% of patients found it easy to get through to this surgery by phone compared to a clinical commissioning group (CCG) average of 78% and national average of 73%.
- 98% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 84% and national average of 76%.
- 96% of patients described the overall experience of their GP surgery as fairly good or very good compared to the CCG average of 89% and national average of 85%.
- 98% of patients said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to CCG average of 84% and 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 40 comment cards which were all positive about the standard of care received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. They felt they were listened to and given detailed advice.

We spoke with eight patients during the inspection. All eight patients said they were very or extremely happy with the care they received and thought staff were approachable, committed and caring. They used words like brilliant and marvellous to describe the service provided.

The latest friends and family survey results showed that of 506 people responded, and 499 (99%) said they were likely or extremely likely to recommend the practice to their friends and family if they needed similar care or treatment.

Outstanding practice

- The practice took pride in the communitarian aspects of their work which they considered very important. For example, the senior GP had been writing monthly articles for the parish magazine for over 20 years. There was a strong culture of empowering patients and putting them at the centre of decisions about their care and treatment. We saw this reflected in their relationships, behaviour, attitudes and written material such as letters and the articles written for the parish magazine.

The Old School Surgery

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 practice nurse specialist adviser.

Background to The Old School Surgery

The Old School Surgery is located in a converted village school building close to the centre of the village of Great Bedwyn, near Marlborough in Wiltshire. All the consulting rooms are on the ground floor.

They also deliver services from a branch surgery in a neighbouring village of Vernham Dean one afternoon a week. We did not visit this site during our inspection.

The practice delivers its services under a Personal Medical Services contract (A PMS contract is a contract between NHS England and general practices for delivering general medical services) to approximately 3,500 patients at the following addresses:

- Church Street, Great Bedwyn, Marlborough, Wiltshire, SN8 3PF.
- Vernham Dean Millennium Hall, Vernham Dean, Hampshire, SP11 0JY

The practice has its own dispensary and is a training practice although at the time of our inspection they had no trainees with them.

There are two GP partners and two salaried GPs. One is male and three are female. There are two practice nurses, four dispensary staff, a care coordinator, a team of six receptionists and administrators who support the practice manager and two cleaners.

The practice had a higher number of patients aged between 40 and 80 than average. The general Index of Multiple Deprivation (IMD) population profile for the geographic area of the practice is in the second least deprivation decile. (An area itself is not deprived: it is the circumstances and lifestyles of the people living there that affect its deprivation score.). Average male and female life expectancy for the area is 81 and 86 years, which is broadly in line with the national average of 79 and 83 years respectively.

The practice has opted out of providing out of hours services to their patients. The out of hours service is provided by MEDIVIVO and is accessed by calling NHS 111.

This practice had not been previously inspected.

Why we carried out this inspection

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

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 20 April 2016. During our visit we:

- Spoke with a range of staff, including three GPs, both nurses, three dispensary staff and four members of the reception and administration team.
- Spoke with eight patients who used the service.
- 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 patients' needs?
- Is it well-led?

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The 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 to make sure action was taken to improve safety in the practice. For example, when a receptionist prevented a breach in confidentiality about specific medicines being taken by a patient, the confidential nature of this information was used to highlight the possibility of potential problems to all practice staff. The practice had monthly meetings with four local practices during which they shared learning points from safety incidents and complaints.

When there were 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. 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 relevant to their role. GPs were trained to safeguarding level three for children with all staff having completed safeguarding vulnerable adults training..
- Notices in the waiting room and consulting rooms 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 patients 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 and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Good

Are services safe?

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

Arrangements to deal with emergencies and major incidents

The practice had robust structures and 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.
- There was a community defibrillator mounted on the wall in the practice car park that was purchased and maintained by the practice.
- 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.
- There was a back-up generator capable of running the computer systems in the event of a power failure.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan we saw did not include emergency contact numbers for staff and other services. When we pointed this out, the practice immediately corrected it and sent us an updated version the next day.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their treatment approaches. GPs spoke with pride about a range of specialised diagnostic equipment they had. They reduced the need to refer patients to specialists, enabled quicker diagnosis and gave them more information which they could give to patients which empowered them in the discussion about the best treatment approach. For example, they had 48 blood pressure machines to give out to patients on home loan and a portable machine for the detection and diagnosis of atrial fibrillation. They also had a paediatric pulse oximeter, 24-hour BP machine, 48-hour ECG machines, Dermatoscopes, nitric oxide testing for identifying paediatric asthma and four channel Doppler machine for testing circulation in the arms and legs. All these were purchased by the practice with the aim of speeding up diagnosis and negating the need for patients to travel to the local district hospital some distance away.

We saw evidence that they were early adopters of good practice initiatives, which they piloted to ensure there were benefits to their patients. For example, they purchased equipment to perform C-reactive protein tests (a blood test used amongst other things, for the early diagnosis of chest infections) as there was evidence this could help accurate diagnosis and reduce antibiotic prescribing. They kept data on each patient tested which they had used to evidence reduced hospital admissions and antibiotic prescribing.

In order to improve their flexibility and speed up the diagnostic process the practice had arranged an afternoon pickup of specimens going to the testing laboratory (in addition to the standard morning pick-up) and had additional arrangements in place for specimens to be picked up and delivered by taxi in exceptional circumstances. We were told the use of additional services were funded by the practice

They were familiar with current best practice guidance accessing guidelines from the National Institute for Health and Care Excellence (NICE). We found from our discussions with the GPs and nurses that staff completed, in line with NICE guidelines, thorough assessments of patients' needs and these were reviewed when appropriate. For example, we were told that patients with long term conditions such as diabetes were invited into the practice to have their medicines reviewed for effectiveness every six months.

- 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 patients

The practice took every opportunity to monitor and improve their performance and the outcomes for patients.

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97% of the total number of points available, with 9.5% exception reporting which was slightly lower than the clinical commissioning group (CCG) average of 11%. (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). Data from 2014/15 showed;

- Performance for diabetes related indicators was similar to the national average. For example, the percentage of patients on the diabetes register with a record of a foot examination and risk classification within the preceding 12 months (04/2014 to 03/2015) was 91% compared to the national average of 88%.
- The percentage of patients with hypertension having regular blood pressure tests was 82% compared to the national average of 84%.
- Performance for most mental health related indicators was better than the national average. For example, 100% of patients with psychosis had their alcohol consumption recorded in the preceding 12 months (04/2014 to 03/2015) compared to the national average of 90%.

Good

Are services effective?

(for example, treatment is effective)

QOF data suggested the practice did not hold regular multidisciplinary case review meetings for patients on the palliative care register. This was discussed with the practice during the inspection. We found that being a small practice they often went through periods where they did not have any patients on the palliative care register and we saw evidence to confirm that these meetings occurred when required in 2015/16.

Clinical audits demonstrated quality improvement.

- There had been nine clinical audits undertaken in the last two years. Four 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. For example, we saw evidence of an audit carried out to ensure patients were given correct instructions regarding storage of medicines that needed to be refrigerated, such as insulin. They then used the data collected to review and improve their procedures.
- The practice had embedded an ethos of quality improvement activities of many types into their everyday activities, not relying exclusively on clinical audit to review patient care or the effectiveness of their practice. For example, we saw evidence of "search and do" where the database was interrogated to find patients whose treatment needed altering, without reaching the level of clinical audit., and the collection of outcome data, such as the work on the C-reactive protein (CRP) testing.
- We saw evidence that the CRP testing had supported a reduction in antibiotic prescribing in the last year.

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. It 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. 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 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 except for the two cleaners, however, we noted both cleaners received joint supervision. When we pointed this out the practice immediately took steps to start this process.
- The practice nurse and senior receptionist attended meetings with peers from four other local practices to share best practice and learning.
- 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.
- The practice worked closely with two care coordinators, who supported the care of patients with complex needs. Care coordinators support patients with more complex needs or have conditions which puts them at risk.They may visit patients in their home and help coordinate the support provided by other agencies.

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. Information such as NHS patient information leaflets were also available.

Good

Are services effective?

(for example, treatment is effective)

- 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, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

The practice actively monitored and reviewed how they recorded patients consent to improve how patients were involved in making decisions about their care and treatment. For example, as a teaching practice they sought patients consent for a consultation by a trainee to be recorded by video so it could be reviewed for learning purposes later. We saw that the consent form sought consent both before and after the consultation.

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

- All clinical staff had a good understanding of the Mental Capacity Act and Gillick competency principles. (Gillick competency principles are used to decide whether patients aged 16 and under are competent to make their own decisions.)
- 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 or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits.

Supporting patients to live healthier lives

The practice took pride in the communitarian aspects of their work which they considered very important.

They had a community defibillator on the wall in their car park and had arranged community training sessions in basic life support and use of the defibrillator.

- The practice had been writing regular monthly articles published in four local parish magazines for the last 20 years. These articles gave a range of advice and information on a wide range of medical topics as well as surgery news.
- They provided a minor injury service and we saw data that showed they had low A&E attendance figures.

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, those requiring advice on their diet and alcohol cessation. Patients were then signposted to the relevant service.
- Smoking cessation advice was available from the practice and the practice had received a platinum award for their work on smoking cessation from the local authority.
- They had joined a local fuel poverty referral pilot program run by the local authority and other partners. Patients identified as being at risk were referred to the organisation by the practice.

The practice's uptake for the cervical screening programme in 2014/15 was 83% which was comparable to the CCG average of 85% and the national average of 83%. There was a policy of writing to patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The patient uptake for this service in the last two and a half years was 60% compared to the CCG average of 63% and national average of 58%. The practice also encouraged eligible female patients to attend for breast cancer screening. The rate of uptake of this screening programme in the last three years was 71% compared to the CCG average of 77% and national average of 72%. They wrote letters to those who did not take up a screening program and inviting them to discuss any issues they had with the GP.

100% of patients with diabetes on the register had an influenza immunisation in the preceding 12 months (04/2014 to 03/2015) compared to the national average of 94%.

Good

Are services effective?

(for example, treatment is effective)

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.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

There was a strong, visible, person-centred culture. Staff were highly motivated and inspired to offer care that is kind and promotes patients' dignity. Relationships between patients who use the service, those close to them and staff were strong, caring and supportive. These relationships were highly valued by all staff and promoted by the partners.

The practice had a strong and visible ethos of empowering patients to be active participants in the management of their care. This was visible in the behaviour and attitudes of staff as well as their written and verbal communication.

- 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.
- They had a water cooler dispensing water for patients in the waiting room.

Feedback from patients who used the service, those who are close to them and stakeholders was continually positive about the way staff treated patients. Patients thought that staff 'go the extra mile' and the care they received exceeded their expectations.

All of the 40 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. They felt they were listened to and given detailed advice.

We spoke with three members of the patient participation group. They told us they were highly satisfied with the care provided by the practice and said their dignity and privacy was respected.

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 91% and national average of 89%.
- 94% of patients said the GP gave them enough time compared to the CCG average of 90% and 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 national average of 95%.
- 96% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 85%.
- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and national average of 87%.

The practice had a policy of not holding clinics for specific conditions. They felt that because they served a small community, the chances of patients meeting people in the surgery they knew at the time a dedicated surgery was being run was very high and this had the potential to cause a loss of confidentiality. They include appointments for specific conditions in the normal surgery structure.

Care planning and involvement in decisions about care and treatment

Patients told us they felt fully 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. Results from the national GP patient survey showed patients responded

Good

Are services caring?

positively to questions about their involvement in planning and making decisions about their care and treatment. Results were better than local and national averages. For example:

- 95% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 96% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 82%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

The most recent friends and family survey results shows that out of 506 people, 499 or 99%, said they were likely or extremely likely to recommend the practice to their friends and family if they needed similar care or treatment.

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

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 41 patients as being carers which was about 1% of the practice list. Written information was available to direct carers to the various avenues of support available to them.

The practice offered carers clinics where carers could be seen by a nurse and a support worker who was able to give advice and support on a range of issues such as benefits and finances. The practice had been awarded a gold plus award for caring for carers by a local charity working in partnership with the local authority.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. For example, the practice participated in a scheme, in partnership with four other small rural practices, to pay for individual nursing home places for patients, funded from the saving they made by having less patients admitted to acute hospital units.

Patients individual needs and preferences were central to the planning and delivery of tailored services. The services were flexible, provided choice and ensured continuity of care.

There was a proactive approach to understanding the needs of different groups of patients and to deliver care in a way that meets these needs and promotes equality. This included patients who were in vulnerable circumstances or who had complex needs.

- Patients could access appointments and services in a way and at a time that suited them.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- The practice policy was to give patients a same day appointment if that was what they wanted even if the appointment was not urgent.
- Some appointments were pre-bookable up to 12 weeks in advance.
- Patients could book telephone consultations via the on-line booking system.
- The practice offered a range of online services including appointments. Twenty-nine percent of patients had registered for online services.
- They offered a mobile text service to confirm and remind patients of appointments.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately. They were a registered yellow fever centre.
- We were told they had a number of canal boat travellers registered at the practice.
- They offered a delivery of weekly dosette medicine boxes for the most vulnerable patients. The boxes were delivered by practice staff which had the additional benefit of ensuring these patients were seen at least once a week.
- There were disabled facilities and translation services available. The practice had recently purchased a hearing loop.
- They worked in partnership with another agency to provide care and treatment for patients with drug problems adopting a shared approach and ensuring patients were offered psychological and social support, training opportunities alongside the medical treatment. These patients had their care reviewed by the GP every three months. GPs had attended specialised training to enable them to carry out this treatment.

Access to the service

The practice was open between 8.30am and 6.30pm Monday, Tuesday & Wednesday. On Thursday they opened 8.30am to midday and on Friday from 9am to 6.30pm. Extended surgery hours were offered on Tuesday from 6.30pm to 7pm. Appointments with a GP were from 9am to 5pm on Monday, Wednesday and Friday, 9am to 7pm on Tuesday and 9am to midday on Thursday.

The practice closed on Thursday afternoons during which time the service was provided by a neighbouring practice under a reciprocal arrangement.

The practice operated a system which any member of staff, including reception staff, could activate for patients with particularly acute needs. The aim of this system was to speed up the practice response times over and above their commitment to seeing patients on the same day if that's what they wanted. We were told that this could mean getting them to be seen by a GP or nurse between other scheduled appointments as a priority.

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

- 88% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) of 80% and national average of 78%.
- 94% of patients said they could get through easily to the surgery by phone compared to the CCG average of 80% and national average of 73%.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 41% of patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 42% and national average of 36%.

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

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- 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.

We looked at three complaints received in the last 12 months and found they were dealt with in a timely way, with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

The practice was very aware of the challenges of being a small rural practice where the nearest district general hospital and emergency services were about 40 minutes away by car. We saw many examples of how they had developed their service to meet these issues. They were early adopters of specialist diagnostic equipment where this would reduce the need for patients to travel for further tests or treatments. They saw the additional diagnostic data these tests provided as an important element in empowering patients with good information as part of the consultation and decision making process.

This vision and the associated values where understood by all staff we spoke to. The practice had a clear strategy and supporting business plans which reflected the vision and values.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. There was a good document management and change control system which ensures policies were reviewed on time and any changes made recorded.

These 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 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, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. 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.

There was a strong culture of empowering patients and putting them at the centre of decisions about their care and treatment. We saw this reflected in their relationships, behaviour, attitudes and written material such as letters and the articles written for the parish magazine.

The GP partners encouraged a culture of openness and honesty. They were aware of and complied with the requirements of the Duty of Candour.

The practice had systems in place for knowing about notifiable safety incidents. When there were 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 team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- We noted the practice held social events for all staff and often invited colleagues from other agencies they worked with to join them.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. 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.

Are services well-led?

Good

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received.
- There was an active PPG which had recently started meeting regularly following a new influx of members and a new chairperson. The practice had encouraged the group to affiliate to the national association for patient participation. In addition there was a virtual group of about 200 members.
- 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.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. There was a clear proactive approach to seeking out and embedding new ways of providing care and treatment. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

We saw numerous examples of their commitment to supporting learning. For example,

- They provided support training for established GPs who had run into difficulties and require remediation.
- They supported the practice nurse and senior receptionist attending meetings with peers from four other local practices to share best practice and learning.