Bampton 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?	Outstanding
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 Bampton Surgery on 19 November 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice 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.
- Clinical staff knew their patients very well and offered good continuity of care.

We saw some areas of outstanding practice:

- Services for older people were tailored to individual need, for example with detailed, regularly reviewed care plans for people with serious illnesses and/or palliative care considerations.

Summary of findings

- The practice had initiated additional support for dementia patients by liaising with a local charity to jointly fund and start a weekly cognitive stimulation therapy group.
- The uptake of childhood immunisations was excellent, with staff conversing with families to promote childhood vaccination programmes.
- Medicines reviews for patients were performed six monthly as standard at the practice to ensure prescribing was appropriate and safe and patients received the most effective treatment based on their diagnosis.
- Appointments were readily available. There were standard 15 minute appointments (the norm is 10 minutes) to allow time to listen to patients and involve them in their care. Longer appointments were available for complex needs or annual health checks.
- The practice had adapted and developed a range of templates with reference to NICE guidelines. This standardised care across the practice and ensured patients received a comprehensive and holistic review of long-term health conditions.
- Patient satisfaction with the practice was very high across the board with indicators such as appointment access, considerate care and treatment, when compared with both the local CCG and national averages.

The areas where the provider should make improvement are:

- Provide all GPs with child safeguarding training to the recommended level three.
- Seek reassurances that practice nurses are aware of the practice's Mental Capacity Act (MCA) (2005) protocol, and review the provision of MCA training where relevant to their roles.
- Consider the appropriateness of risk assessing staff working unsupervised out of practice hours in relation to the storage of confidential patient paper records.
- Consider how to better engage with pregnant women with the loss of some community midwifery services.

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 are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are 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 people safe and safeguarded from abuse.
- The practice was working towards ensuring all GPs had completed child safeguarding training to the recommended level three.
- Not all nurses were aware of the practice's Mental Capacity Act (MCA) (2005) protocol.
- Cleaning staff had not been risk assessed in relation to working unsupervised out of practice hours and access to confidential patient paper records.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality.
- The practice had adapted and developed a range of templates with reference to NICE guidelines. This standardised care across the practice and ensured patients received a comprehensive and holistic review of long-term health conditions.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs. For example, vulnerable patients such as those with dementia were case managed by a named GP and discussed at multi-disciplinary meetings held on, at least, a monthly basis.

Summary of findings

- The care of older patients, particularly those diagnosed with dementia or patients who required palliative care, was well managed and produced effective outcomes for patients.

Are services caring?

Good

The practice is rated as good for providing caring services.

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

Are services responsive to people's needs?

Outstanding

The practice is rated as outstanding for providing responsive services.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- Appointments were readily available. There were standard 15 minute appointments (the norm is 10 minutes) to allow time to listen to patients and involve them in their care. Longer appointments were available for complex needs or annual health checks.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example in the effective running of annual flu vaccination clinics to promote maximum attendance of eligible patients.
- People can access appointments and services in a way and at a time that suits them. For example there were early morning GP sessions on four weekday mornings a week and the practice reception remained open over the lunch hour for patients to book appointments or request repeat prescriptions.

Summary of findings

- Repeat medicine requests were managed and sent to nominated pharmacies on the same day.
- Due to the rurality of the practice, being about 25 miles from the nearest general hospitals, practice clinical staff were trained to and performed many procedures which would normally be regarded as the responsibility of secondary care. For example, wound management, some blood tests, injections and cancer monitoring.
- With the recent loss of some community midwifery services based at the practice consideration should be given to how to engage most effectively with pregnant women registered at the practice.

Are services well-led?

Good

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

- It 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 provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.
- The practice actively sought feedback from patients and had an active patient participation group (PPG).

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

Outstanding ☆

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

- The practice offered personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice staff had excellent knowledge of individual older patients health needs.
- There was ground floor access to the practice building and disabled parking bays.
- Clinicians escorted patients to consulting rooms.
- Treatment rooms had been extensively modified with low level bariatric scales available.
- There were weekly scheduled visits to a local nursing and a residential home. Each GP took responsibility for all the residents ensuring good communication and continuity of care. We received feedback from the local nursing home, which cited excellent communication with the practice and praised the effectiveness of care and support to people at the nursing home registered with the practice.
- GP partners were very experienced in palliative care. Community based end of life nursing teams attended a monthly clinical team meeting at the practice to discuss patients in their care.
- Palliative care patients were regularly visited out of hours and at weekends by the GPs ensuring continuity of care.
- Case management and admissions avoidance enhanced service were fully implemented with monthly meetings, care plans and same day telephone access.
- There was wide use of future care planning and treatment escalation plans.
- Controlled medicines and emergency injectable medicines were available for use by GPs on home visits, to ensure patients received timely pain management.
- There were arrangements with pharmacists to deliver medicines and blister packs if required.
- There were annual 'flu clinics with open appointments held in a local hall over three day period to allow flexibility for patients and carers.

Summary of findings

People with long term conditions

Outstanding 

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

- Nursing staff had lead roles in some chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice performed better than the national average for monitoring patients with diabetes and managing their health. (Latest figures available were taken from the 01/04/2013 – 31/03/2014 periods).
- Longer appointments and home visits were available when needed.
- All these patients had a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Clinical updates regularly discussed in monthly clinical meetings to ensure practice protocols were quickly adopted.
- Personalised care plans were widely used to engage patients and assist self-management.
- The practice had adapted and developed a range of templates with reference to NICE guidelines. This standardised care across the practice and ensured patients received a comprehensive and holistic review of long-term health conditions.

Families, children and young people

Good 

The practice is rated as good for families, children and young people. We noted some elements of outstanding care and treatment for this population group particularly around how patients were responded to.

- There were systems in place to identify and follow up children living in disadvantaged circumstances. This included children who were at risk, for example, children and young people who had a high number of A&E attendances.
- There were processes in place to identify foster children newly registered with the practice. These children were reviewed by GPs as standard practice even if there were no medical concerns.
- Immunisation rates were very 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.

Summary of findings

- The percentage of women aged 25 – 64 whose notes recorded that a cervical screening test had been performed in the preceding five years was 85.19%. This was better than the national average of 81.88% (figures available from 01/04/2013 – 31/03/2014). The practice had a system for contacting women who had not attended their invited cervical smear appointment.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice was accessible for buggies. There was a breast feeding area and a child age appropriate section in the patient waiting room.
- The practice had a baby welcome pack for new parents registering their baby. The pack was designed by the practice as a way of supporting parents to make an informed choice in advance of scheduled immunisation appointments.
- Mixed gender GPs were available.
- Administrative staff were trained to ensure requests for post coital contraception were dealt with timely and sensitively.
- Leaflets regarding sexual health, sexually transmitted diseases and domestic violence were discretely available in the patient toilet.
- Local midwifery services had been reduced; the practice was considering how this impacted upon services they could provide to pregnant women.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students). We noted some elements of outstanding care and treatment for this population group particularly around how patients were responded to.

- 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. There were extended hours appointments 07:30am – 08:00am on four weekday mornings.
- Appointments were available from 08:00am with GPs and from 08:20am with nurses for the convenience of patients travelling to work.
- The practice offered online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Emergency medicines were dispensed at the practice if the local pharmacy was not open.

Summary of findings

- There was an answerphone for 24 hour prescription requests and cancelling appointments.
- NHS health checks were offered to eligible patients over 40 years.

People whose circumstances may make them vulnerable

Good

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 those with a learning disability. There was a 30 minute annual learning disability review with GP for these patients. The review could take place at the person's home if this was more convenient.
- The practice offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Case managed patients had the same day telephone access and were reviewed monthly.
- The practice had a carer's registration and information pack for patients who cared for relatives.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). We noted some elements of outstanding care and treatment for this population group particularly around how patients were responded to.

- All patients at the practice with diagnosed mental health needs had a care plan. People vulnerable to alcohol dependency were also monitored. (Figures from the same period 01/04/2013 – 31/03/2014).
- Performance for mental health related indicators was better than the national average with 100% performance at the practice compared with national figures ranges of between 86.04% - 88.61%.

Summary of findings

- There were 30 minute comprehensive mental health and dementia annual reviews with the GPs. Fifteen minute GP appointments were available as standard.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It 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. Local depression and anxiety service leaflets were available in the patient waiting room and were available for printing on demand.
- It 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 people with mental health needs and dementia.
- The practice had recently set up a local weekly cognitive stimulation therapy group aimed at patients with dementia and/or mental health conditions.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015. The results showed the practice was performing better than local and national averages. Two hundred and thirty nine survey forms were distributed and 139 were returned. This reflected approximately 3.4% of the patient list. Patient feedback was very positive about the practice, for example:

- 96% of patients found it easy to get through to this surgery by phone compared to a CCG average of 84.4% and a national average of 73.3%.
- 97.6% of patients found the receptionists at this surgery helpful (CCG average 90.5%, national average 86.8%).
- 92.7% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 91%, national average 85.2%).
- 99% of patients said the last appointment they got was convenient (CCG average 95.1%, national average 91.8%).
- 97.7% of patients described their experience of making an appointment as good (CCG average 83.3%, national average 73.3%).
- 87% of patients usually waited 15 minutes or less after their appointment time to be seen (CCG average 71.2%, national average 64.8%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 80 comment cards and two letters about the practice which were all positive about the standard of care received and services provided. People praised the attitude, skill and approachability of the practice staff team.

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

Results from the Friends and Family Test survey were reviewed by the practice and shared with the patient participation group. Between January and October 2015, 94% of patients indicated they were extremely likely or likely to recommend the practice to friends and family.

Areas for improvement

Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- Provide all GPs with child safeguarding training to the recommended level three.
- Seek reassurances that practice nurses are aware of the practice's Mental Capacity Act (MCA) (2005) protocol, and review the provision of MCA training where relevant to their roles.
- Consider the appropriateness of risk assessing staff working unsupervised out of practice hours in relation to the storage of confidential patient paper records.
- Consider how to better engage with pregnant women with the loss of some community midwifery services.

Outstanding practice

We saw some areas of outstanding practice:

Summary of findings

- Services for older people were tailored to individual need, for example with detailed, regularly reviewed care plans for people with serious illnesses and/or palliative care considerations.
- The practice had initiated additional support for dementia patients by liaising with a local charity to jointly fund and start a weekly cognitive stimulation therapy group.
- The uptake of childhood immunisations was excellent, with staff conversing with families to promote childhood vaccination programmes.
- Medicines reviews for patients were performed six monthly as standard at the practice to ensure prescribing was appropriate and safe and patients received the most effective treatment based on their diagnosis.
- Appointments were readily available. There were standard 15 minute appointments (the norm is 10 minutes) to allow time to listen to patients and involve them in their care. Longer appointments were available for complex needs or annual health checks.
- The practice had adapted and developed a range of templates with reference to NICE guidelines. This standardised care across the practice and ensured patients received a comprehensive and holistic review of long-term health conditions.
- Patient satisfaction with the practice was very high across the board with indicators such as appointment access, considerate care and treatment, when compared with both the local CCG and national averages.

Bampton 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 advisor, a second CQC inspector, a practice manager specialist advisor and an expert by experience.

Background to Bampton Surgery

Bampton Surgery is located in Bampton, Devon. It is a rural practice where patients' backgrounds include farming, tourism, commuting groups and the retired population. Sixty-five per cent of the patients are aged 45 years and over. The practice has more older patients aged 65 years and over (both female and male) that both the CCG and the national average. The practice has approximately 4000 registered patients.

The practice has two full-time male GP partners. There are also two part-time female salaried GPs who provide an additional six GP sessions per week. There are two practice nurses employed at the practice providing 14 sessions per week between them.

Bampton Surgery is a teaching practice that takes medical students. It is also a training practice for foundation doctors.

The practice is open between 08:00 am – 18:30pm Monday to Friday for appointments. Extended hours surgeries are offered from 07:30am – 08:00am on four days week days a week for working people.

When the practice is closed there is a telephone service to a NHS out of hours provider.

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.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 19 November 2015. During our visit we:

- Spoke with a range of staff (this included four GPs, two nurses employed by the practice, the practice manager and deputy practice manager, three reception/ administration staff) and spoke with patients who used the service.
- We also spoke with two community nursing staff who had office space at the practice and the practice cleaner.
- Observed how people were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.

Detailed findings

- 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the 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 also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events, including near misses.

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, the practice reviewed and revised its appointment processes for booking childhood immunisations following an error where a child was unharmed but received two vaccinations.

When there were unintended or unexpected safety incidents, people 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 people 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. Not all GPs were trained to safeguarding level three for children, which is the recommended level. However, GPs had very good knowledge of local safeguarding procedures.
- All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (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).
- Chaperoning service notices were discreetly displayed in consulting rooms. After discussion with the practice manager they agreed that an easily identifiable notice of chaperoning services would be made available in the patient waiting room. This would allow patients time to decide whether they wanted to request a chaperone before their appointment started.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses 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 vaccinations, 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 CCG 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 had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- Medicines reviews for patients were performed six monthly as standard at the practice.
- Repeat dispensing was monitored via audit (such as annual asthma medicines prescribing).
- We reviewed one personnel file for a permanent staff member and checks undertaken for locum GP staff. We found that 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.

Monitoring risks to patients

Risks to patients were assessed and well managed.

Good

Are services safe?

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. 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 also 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.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had defibrillators available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to 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 peoples' needs.
- The practice had adapted and developed a range of templates with reference to NICE guidelines. This standardised care across the practice and ensured patients received a comprehensive and holistic review of long-term health conditions.
- 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 used the information collected for the Quality 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). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators was better or similar to the national average. For example, 88.21% of patients on the diabetes register had received a foot examination in the last 12 months compared to the national average of 88.35%. There was a figure of 97.01% for patients on the diabetes register at the practice who had received an influenza immunisation compared to the national average of 93.46%.
- The percentage of patients with hypertension having regular blood pressure tests was better than the national average with 89.96% at the practice compared with the national average of 83.11%.
- Performance for mental health related indicators was better than the national average with 100% performance at the practice compared with national figures ranges of between 86.04% - 88.61%.
- The dementia diagnosis rate was above the national average. The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 97.56%, comparing favourably against the national average of 84.01%. Vulnerable patients, such as those with dementia, were case managed by a named GP and discussed at multi-disciplinary meetings, held on, at least, a monthly basis.

Clinical audits demonstrated quality improvement.

- There had been 15 clinical audits completed in the last twelve months. There were examples of completed audits where the improvements made were implemented and monitored.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included a review of electronic patient records to improve how information about dementia diagnosis was captured during clinical consultations. This included asking patients if they had any concerns about their memory.

Information about patients' outcomes was used to make improvements, such as the purchasing of a centrifuge for the practice to speed up the processing of some blood tests.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, 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 e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- Efficient administrative services meant that results, prescription requests and incoming mail were all dealt with by GP partners on the same working day. GP partners deputised for the part-time salaried GPs so that any results and requests to them were not delayed.

Good

Are services effective?

(for example, treatment is effective)

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the 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. For example, the practice had a baby welcome pack for new parents registering their baby. This gave parents information about the six week check, health visitor services and leaflets detailing all immunisations up to 12 months of age. The pack was designed by the practice as a way of supporting parents to make an informed choice in advance of scheduled immunisation appointments.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.
- The practice had produced a carer's support pack. This included information about how carers could access local support for themselves or a cared-for person.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are 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. The practice benefitted from providing office space to community nursing teams. Evidence showed patient needs were regularly discussed, planned and reviewed.

Consent to care and treatment

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

- GPs understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Not all nurses had received training in the Mental Capacity Act (MCA), or were all aware of the practice's MCA protocol. Nursing staff said they consulted with GPs for advice if they had doubts about an adult patient's capacity to consent to treatment.
- 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 assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

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 and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 85.19%, which was above the national average of 81.88%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were above CCG. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92.9% to 100% (CCG average ranges 80.0% - 98.2%) and five year olds from 96.7% to 100% (CCG average

Good

Are services effective?

(for example, treatment is effective)

ranges 91.0% - 97.1%). Dedicated flu clinics were held in the surgery for children to fit around school times. Invitation letters and leaflets were posted to eligible families and the local primary school agreed to distribute practice fliers, designed to remind parents of the clinic dates.

By confirming eligibility for the Meningitis B catch-up programme and drawing up an individual schedule for each baby, the practice reduced any likelihood of an immunisation administration error. The practice staff contacted mothers to explain the Meningitis B catch-up programme in advance of an appointment and provided them with written information to make an informed choice. There was 100% take-up of this vaccination programme.

There were processes in place to identify foster children newly registered with the practice. These children were reviewed by GPs as standard practice even if there were no medical concerns.

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

Flu vaccination rates for the over 65s and at risk groups was 77.76%, which was better than national average of 73.24%.

Sexual health testing kits (such as for chlamydia) were available on request from nurses or GPs.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that 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 80 patient CQC comment cards and two additional letters 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. Patients told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We also spoke with seven members of the patient participation group. There were 20 active members of the group; this included one teenager who was able to speak up for the needs of younger patients. The group met every three months and met with the two GP partners and the practice manager. The group said they were very positive regarding how well the practice responded to patient feedback and suggestions.

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 doctors and nurses. For example:

- 97.6% of patients said the GP was good at listening to them compared to the CCG average of 92.0% and national average of 88.6%.
- 97.6% of patients said the GP gave them enough time (CCG average 90.9%, national average 86.6%).
- 99.1% of patients said they had confidence and trust in the last GP they saw (CCG average 97.2%, national average 95.2%)
- 97.3% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 89.7%, national average 85.1%).
- 98.6% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 93.4%, national average 90.4%).
- 97.6% of patients said they found the receptionists at the practice helpful (CCG average 90.5%, national average 86.8%)

Care planning and involvement in decisions about care and treatment

Patients told us that they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patients who were vulnerable, such as those with long-term health needs, or those on the palliative care register, patients identified as having dementia and their carer had personalised care plans. The care plans were reviewed at the monthly multi-disciplinary team meetings held at the practice.

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

- 97.9% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90.4% and national average of 86.0%.
- 97.0% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 87.3%, national average 81.4%).

Staff told us that translation services were available for patients who did not have English as a first language. However, staff told us that they did not have any patients registered who could not communicate in English.

Patient and carer support to cope emotionally with care and treatment

Good

Are services caring?

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 carers and offered support services to these patients. 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.

Outstanding ☆

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 offered early morning appointments from 07:30am – 08:00am on four weekdays a week for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Due to the rurality of the practice, being about 25 miles from the nearest general hospitals, practice clinical staff were trained to and performed many procedures which would normally be regarded as the responsibility of secondary care. For example, wound management, some blood tests, injections and cancer monitoring. This meant that patients could access services in their locality, provided by the practice.
- Repeat medicine requests were managed and sent to nominated pharmacies on the same day.
- There were disabled facilities and translation services available.
- The practice was level ground floor access.
- There were baby changing facilities and a private area for breast feeding.
- The practice had initiated additional support for dementia patients by liaising with a local charity to jointly fund and start a weekly cognitive stimulation therapy group.

Access to the service

The practice was open between 08:00am and 18:30pm Monday to Friday for appointments. The practice does not close for lunch. Extended hours surgeries were offered four mornings a week. 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.

Appointments were readily available. There were standard 15 minute appointments (the norm is 10 minutes) to allow time to listen to patients and involve them in their care. Longer appointments were available for complex needs or annual health checks.

The weekly midwifery services provided at the practice on behalf of the local hospitals had recently been withdrawn. Pregnant women were now seen by a GP at the practice for an antenatal assessment and then referred for antenatal care.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 90.4% of patients were satisfied with the practice's opening hours compared to the CCG average of 77.6% and national average of 74.9%.
- 96.0% of patients said they could get through easily to the surgery by phone (CCG average 84.4%, national average 73.3%).
- 97.7% of patients described their experience of making an appointment as good (CCG average 83.3%, national average 73.3%.
- 87.0% of patients said they usually waited 15 minutes or less after their appointment time (CCG average 71.2%, national average 64.8%).

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 were posters displayed at the practice and information on the website informing patients how to raise concerns/ complaints.

We looked at the five verbal complaints received over the last 12 months and found these were satisfactorily handled and dealt with in a timely way with openness and transparency when dealing with the complaint. Lessons

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, this included contacting the patient if they were unhappy with a consultation to see how the interaction could be improved in the future. The practice also kept of log of compliments, which were shared with the individuals and the whole staff team. The practice told us there had been no written complaints received at the practice for nearly two years.

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 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.
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements.
- The practice employed a cleaner who worked outside of surgery hours. They had signed a confidentiality agreement, however, their unsupervised work had not been risk assessed in terms of the secure storage of patient paper records.

Leadership, openness and transparency

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

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

When there were unexpected or unintended safety incidents:

- The practice gave affected people 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 that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, following feedback and analysis from patients the PPG had liaised with the practice on behalf of patients to find ways of improving telephone access to the surgery (notably at peak call times). This had resulted in an additional phone line being installed and a second receptionist rostered to take calls at peak times. Patients were requested to phone in the afternoon for results, to minimise the number of calls during morning peak call times.
- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example following staff feedback the

Are services well-led?

Good

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

practice manager said formal weekly meetings were established for the administration team. 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. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example considering how future Government plans for seven day GP access could be most effectively managed across the locality of six small GP rural practices that delivered services in the area.