

Great Witley Surgery

Quality Report

The Surgery
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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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Great Witley Surgery on 12 January 2016. The practice provides primary medical services to approximately 6,500 people who live in the surrounding area. The practice covers approximately 120 square miles of rural area. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report and follow through incidents and near misses. Opportunities for learning from incidents were shared with staff during meetings and action taken to prevent similar recurrences.
- There were safe systems in place for dispensing prescribed medicines to patients.
- Patients said they were treated with compassion, dignity and respect and they were involved in their

care and decisions about their treatment. They told us they were satisfied with the standards of care they received. Information was provided to help patients understand the services and care available to them.

- Practice staff worked closely with other organisations and external professionals in planning how services were provided to ensure that they meet people's needs. People with complex needs had care plans in place that were regularly reviewed.
- As a consequence of feedback from patients and the Patient Participation Group (PPG) practice staff had made improvements to the way it delivered services. The PPG were proactive in representing patients and assisting the practice in making improvements.
- Senior staff had a clear vision for taking the practice forward which had quality and safety as its priority. Plans for the future were in place to improve patient access to the premises. There was a clear leadership structure and staff felt supported by management. It was evident that there was a strongly motivated staff team.

We saw some areas of outstanding practice including:

Summary of findings

- Patients who had been assessed as presenting a suicide risk were given a card with a telephone number that took them straight through to the GP who was on call. Patients were able to access to the on call GP from 8am until 6.30 pm each weekday. On average 20 green cards were in circulation and GPs received contact once a month.
- Practice staff had made efforts to reach out to patients who lived in isolated areas. They hosted a

Christmas lunch in December 2015 in the adjacent village hall for 50 identified patients. The patients were also provided with entertainment and a Christmas gift. Practice staff told us that patients said they had benefitted personally from the event and that they were prepared to hold the event again.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to staff in supporting improvement. Information about safety was recorded, monitored, addressed and actions taken were monitored. Risks to patients were assessed, well managed and communicated widely enough to support improvement. Most patients collected their prescribed medicines from the practice, branch practice or a local store. They told us they were satisfied with this service and we saw that safe practices were ensured for dispensing.

Good



Are services effective?

The practice is rated good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and they told us they used it routinely. Staff worked with other health care teams and there were systems in place to ensure appropriate information was shared. Staff had received training appropriate to their roles. There was evidence of appraisals and personal development plans for all staff. Arrangements were in place to review and monitor patients with long term conditions and those in high risk groups.

Good



Are services caring?

The practice is rated good for providing caring services. Patients' views gathered at inspection demonstrated they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We saw that staff treated patients with kindness and respect, and ensured their confidentiality was maintained. The National GP Patient Survey dated July 2015 and the practice's own survey dated summer 2015 showed that patients were involved in decisions about their care and were happy with the standards of care they received.

Good



Are services responsive to people's needs?

The practice is rated outstanding for providing responsive services. It reviewed the needs of its local population and engaged with NHS England and the local Clinical Commissioning Group (CCG) to provide improvements to secure improvements to services where these were identified. Services were planned and delivered to take into account the needs of different patient groups. Patients told us it was easy to make urgent appoints on the same day.

Outstanding



Summary of findings

The national patient survey dated 2014-15 informed that 96% of respondents described their experience of making appointments as positive. The practice had good facilities and was well equipped to assess and treat patients in meeting their needs. Information about how to complain was available in the practice leaflet. This was also available in pictorial format to assist patients with a learning disability in understanding their rights about making a complaint. Records showed that senior staff responded appropriately and promptly to issues raised.

The practice provided additional services in response to the needs of the population group. For example, patients who received end of life care were able access the practice during all opening hours and to have a home visit from a GP at all times including when the practice was closed. Patients who presented a suicide risk were also given telephone access to the on call GP from 8am until 6.30pm Monday to Friday. Clinical staff carried out assessments to identify early diagnosis of dementia to enable them to put appropriate care and treatment plans in place. All patients who were considered to be high risk were screened for diabetes.

Are services well-led?

The practice is rated as good for being well-led. Staff were clear about the values of the practice being patient centred. There were governance systems in place to monitor, review and drive improvement within the practice. There were formal clinical meetings, governance meetings and full team meetings to share best practice or lessons learnt. The practice had a number of policies and procedures to govern activity. Practice staff proactively sought feedback from patients, which they acted on. Regular performance reviews were carried out and staff attended training courses, meetings and events to improve their skills.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated good for the care of older people. There were higher than average numbers of older patients registered with the practice. The practice offered personalised care to meet the needs of the older people in its population and offered home visits to those who were unable to access the practice. Rapid access appointments were provided for those with enhanced or complex needs. The practice had regular contact with district nurses and other professionals to discuss any concerns or changes that were needed to patient care. Older patients were offered annual health checks and where necessary, care, treatment and support arrangements were implemented.

Good



People with long term conditions

The practice is rated good for the care of people with long-term conditions. These patients had regular health reviews with either the GP and/or the nurse to check their health and medicines. Longer appointments were available when patients were seen by nurses to ensure they received comprehensive reviews. Where necessary these patients had a personalised care plan in place and were regularly monitored to check that their health and care needs were being met.

Good



The practice nurse who specialised in diabetes held monthly evening sessions for patients who felt they were at risk of developing diabetes. They could attend for a health check and receive advice about healthy living to prevent its onset. The uptake of this service was good. The practice had a lower than average prevalence of diabetes. All patient considered at high risk were screened for diabetes. Patients who were diagnosed with type two diabetes (managed with diet or medicines) were given an information pack about how to manage their condition.

There was a schedule of planned visits for patients who had long term conditions and were unable to access the practice. Patients who were very ill and not expected to live were given 24 hour GP access to ensure they received appropriate and up to date care and treatment. We were provided with evidence of the this service.

Families, children and young people

The practice is rated good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. Records showed that clinical staff had responded and liaised with

Good



Summary of findings

other health and social care professionals when they identified concerns. A health visitor was invited to the regular multidisciplinary meetings to discuss any safeguarding issues as well as those children who had long term conditions. There were no extended opening hours but patients could hold a telephone conversation with a GP to receive advice. Children were given same day appointments and there was emphasis on children receiving their required vaccinations.

Working age people (including those recently retired and students)

The practice is rated good for the care of working-age people (including those recently retired and students). The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs of this age group. All eligible patients had been given contraceptive advice, treatment and cervical screening.

Good



People whose circumstances may make them vulnerable

The practice is rated outstanding 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. It had carried out annual health checks and longer appointments were available for all people with a learning disability. Written guidance about healthy lifestyles were available in pictorial format to assist patients understanding of them. Staff had been trained and were aware of their responsibilities regarding the actions they should take if they had concerns about a patient and how to contact relevant agencies who were responsible for carrying out investigations.

Practice staff had made efforts to reach out to patients who lived in isolated areas. They hosted a Christmas lunch in December 2015 in the adjacent village hall for 50 identified patients. The patients were also provided with entertainment and a Christmas gift. Practice staff told us that patients said they had benefitted personally from the event and that they were prepared to hold the event again.

Outstanding



People experiencing poor mental health (including people with dementia)

The practice is rated good for the care of people experiencing poor mental health (including people with dementia). Staff were trained to recognise patients presenting with mental health conditions and to carry out comprehensive assessments. Practice staff regularly

Good



Summary of findings

worked with multidisciplinary teams in the case management of patients who experienced poor mental health. Clinical staff carried out assessments care planning for patients with dementia and those experiencing mental health illness.

Referral mechanisms were in place for when staff identified deterioration in patient's mental health. Patients who had been assessed as presenting a suicide risk were given a 'green card' that included the contact details of the on call GP to enable patients to receive immediate assistance at all times.

Clinical staff carried out dementia screening for patients who were at risk of developing dementia to ensure early diagnosis. The practice had achieved maximum points during 2014-15 for dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing above local and national averages. There were 141 responses, this equated to 57% of the questionnaires that had been sent out.

- 97% of patients found the receptionists at this surgery helpful compared with a CCG average of 89% and a national average of 87%.
- 84% of patients reported that they waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 64% and a national average of 65%.
- 83% of patients felt they did not normally have to wait too long to be seen compared with a CCG average of 60% and a national average of 58%.
- 97% of patients said last time they spoke with a GP they were good at giving them enough time compared with a CCG average of 90% and a national average of 87%.

- 94% of patients said they found it easy to get through to this surgery by phone compared with a CCG average of 76% and a national average of 73%.
- 97% of patients felt that the last appointment they got was convenient compared with a CCG average of 92% and a national average of 92%.

During our inspection we spoke with seven patients. All patients told us they were satisfied with the service they received and many described the service as brilliant. As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 15 comment cards and all of the comments were positive about the standard of care they received. Some of the written comments described the service as superb, excellent and outstanding.

Outstanding practice

- Patients who had been assessed as presenting a suicide risk were given a card with a telephone number that took them straight through to the GP who was on call. Patients were able to access the on call GP from 8am until 6.30pm each weekday. On average 20 green cards were in circulation and GPs received contact once a month.
- Practice staff had made efforts to reach out to patients who lived in isolated areas. They hosted a Christmas lunch in December 2015 in the adjacent village hall for 50 identified patients. The patients were also provided with entertainment and a Christmas gift. Practice staff told us that patients said they had benefitted personally from the event and that they were prepared to hold the event again.

Great Witley 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 and a CQC pharmacist.

Background to Great Witley Surgery

Great Witley Surgery serves approximately 6,500 patients. Patients are registered at the practice from the surrounding villages which covers approximately 120 square miles. There is a branch practice for ease of access for patients. Martley Surgery is located at 45 St Peters Drive, Martley, WR6 6QZ. We visited Martley Surgery to review the dispensing service. The practice holds a General Medical Services contract and provides GP services commissioned by NHS England.

The practice is managed by four GP partners (two male, two female) and there are two salaried GPs who between them provide 40 clinical sessions per week. They are supported clinically by three practice nurses and two health care assistants (HCA). The practice nurses have specialist skills, such as diabetes, anticoagulant therapy and chronic obstructive pulmonary disease (COPD) (long term chest conditions). They also provide cervical screening and contraceptive advice. The HCAs provide a phlebotomy (blood samples) service and health checks. The dispensing team leader oversees and works with six dispensing staff and one of the HCAs is also a trained dispenser. The practice manager is supported by five receptionists, one receptionist/HCA and two medical secretaries.

The practice provided enhanced services such as; minor surgery, treatment of minor injuries and early diagnosis of dementia.

The practice is a designated training practice for trainee GPs. These are qualified doctors who are learning the role of a GP. They currently have one qualified doctor (registrar) who is working at the practice and receiving GP training. The doctor is providing nine clinical sessions a week.

Patients who live in excess of one mile from a pharmacy are eligible to have their prescribed medicines dispensed from the practice. This equates to the majority of registered patients. Medicines can be collected from the practice, the branch surgery or a local post office. Patients who are unable to access any of these outlets have their dispensed medicines delivered to their homes one Friday of each month.

The opening times are:

- Great Witley Surgery 8am until 6.30pm daily.
- Martley Surgery 8.45am until 11am Monday, Wednesday and Thursday.

Consultation times are:

- Great Witley surgery 8.30am until 10.30am daily, 3.30pm until 6pm Monday, Tuesday, Wednesday, 2pm until 4pm Thursday and 4pm until 6pm Friday.
- Martley Surgery 8.45am until 11am Monday, Wednesday and Thursday.

Urgent appointments are available on the day and if necessary the session size is increased to accommodate all same day requests. Routine appointments can be pre-booked in advance in person, by telephone or online. Telephone consultations and home visits are available daily as required.

Detailed findings

The practice has opted out of providing GP services to patients out of hours such as nights and weekends. During these times GP services are provided by a service commissioned by South Worcestershire Clinical Commissioning Group (CCG). When the practice is closed, there is a recorded message giving out of hours' details.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This 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.

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.

How we carried out this inspection

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

- Is it safe?
- Is it effective?
- Is it caring?

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

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

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

Before inspecting, 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 inspection on 12 January 2016. During our inspection we spoke with a range of staff including four GPs, two practice nurses, one HCA, two dispensing staff, the practice manager and four receptionists. We spoke with seven patients who used the service and six members of the Patient Participation Group (PPG). PPG's work with practice staff in an effective way that may lead to improved services. We observed how people were being cared for and talked with family members and reviewed the personal care or treatment records of patients. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record

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. Lessons were shared to make sure action was taken to improve safety in the practice. For example, we saw one significant event that occurred regarding the anticoagulant (blood clotting assessment) service. It had been documented clearly and there was evidence it had been discussed and action had been taken to prevent a similar occurrence.

Overview of safety systems and processes

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. The policies were appropriate and accessible to all staff. They included contact details of external professionals 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 provided reports for other agencies. We saw evidence of a referral that had been made to the organisation who was responsible for investigating concerns. Clinical staff kept a register of all patients that they considered to be at risk and regularly reviewed it. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in each consulting room, advising patients of their right to have a chaperone. All clinical staff who acted as chaperones were trained for the role and had undergone a disclosure and barring check (DBS). (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). Risk assessments had been carried out for any non-clinical staff who carried out chaperoning duties that justified

why a DBS check was not required. Some patients we spoke with were aware that they could request a chaperone. Staff we spoke with demonstrated that they had good knowledge about the role of chaperoning.

- 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 regular fire drills were carried out. 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, clinical waste and legionella. Legionella is a term used for a particular bacteria which can contaminate water systems in buildings.
- Staff we spoke with told us they had enough equipment to enable them to carry out diagnostic assessments and treatments. We saw that medical equipment had been re-calibrated in line with manufacturer's instructions.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be visibly clean and tidy. A practice nurse was the infection control clinical lead. They had attended relevant training to improve their knowledge and skills and to keep up to date with best practice. Annual audits had been carried out for each surgery and there was evidence that identified improvements had been addressed promptly. Patients we spoke with told us the surgeries were always found to be clean and tidy. All staff had attended an infection control training course.
- We reviewed three personnel files and 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.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We were shown a written protocol that advised on the minimum numbers of staff who should be on duty for each grade of staff. The number of patients registered at the practice had steadily increased to 6,500 and this was being closely

Are services safe?

monitored for required staffing levels. All staff absences were covered by other staff working extra shifts and patients' appointments were arranged accordingly. When GPs were unable to cover the entire gaps locum GPs were used who were familiar with the practice.

Medicines Management

- The practice had a large dispensary at the main site and a smaller dispensary at the branch practice (Martley) offering a limited dispensing service. Patients could also collect their medicines from a local post office. Systems were in place to ensure all prescriptions were signed before the medicines were dispensed and handed out to patients, and we saw this working in practice.
- A monthly delivery service was available for patients who were unable to access either of the surgeries. The practice had signed up to the Dispensing Services Quality Scheme (DSQS), which rewards practices for providing high quality services to patients. We saw evidence that dispensary staff had appropriate qualifications, received annual appraisals and annual competency checks.
- The surgery used a barcode reader for second-checking in the dispensary to help reduce any dispensing errors, and controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) were checked by a second trained dispenser or GP. There was a robust process for recording significant events that all dispensary staff we spoke with were aware of. We saw evidence that the practice had reviewed actions from past significant events occurring in the dispensary. Systems were in

place to handle high risk medicines, to help make sure that any necessary monitoring and tests had been done and were up to date. Systems were in place to ensure all prescriptions were signed before the medicines were dispensed and handed out to patients, and we saw this working in practice.

- Systems were in place to check that medicines were within their expiry date and suitable for use. Expired and unwanted medicines were disposed of in line with waste regulations. Records showed fridge temperature checks were carried out daily which ensured medicines, including vaccines, were stored at the appropriate temperature

Arrangements to deal with emergencies and major incidents

All staff received annual basic life support training and there were emergency medicines available in the treatment room. There was a formal medical emergency protocol in place and when we discussed medical emergencies with staff, they were aware of what they should do.

There was 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. A copy of this was held off site to ensure that appropriate response would be instigated in the event of eventualities such as loss of computer and essential utilities.

Regular fire drills were carried out so that staff could respond promptly and appropriately in the event of a fire.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with the National Institute of Health and Care Excellence (NICE) best practice guidelines and had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. For example, NICE guidance for patients with atrial fibrillation (irregular heart beat).

Management, monitoring and improving outcomes for people

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 recently published results dated 2014-15 showed;

- The dementia review rate of 100% was 1.2% above the CCG and 5.5% above the national average. The exception rate was 9.4%.
- The mental health review rate of 100% was 5.3% above the CCG average and 7.2% above the national average. The exception rate was 3.8%.
- Performance for asthma related indicators was 100% which was 1.5% above the CCG average and 2.6% above the national average. The exception rate was 3.0%.
- Performance for patients with a learning disability was 100% which was the same as the CCG average and 0.2% above the national average. There was no exception rate for this condition.
- Performance for diabetes related indicators was 98.8% which was 5.0% above the CCG average and 9.6% above the national average.
- Performance for chronic obstructive pulmonary disease (COPD) related indicators were 100% which was 1.9% above the CCG average and 4.0% above the national average. The exception rate was 4.8%.
- The percentage of patients with hypertension having regular blood pressure screening was 100% which was 1.7% above the CCG average and 2.0% above the national average. There was no exception rate for this condition.

The practice had an overall exception reporting of 9.9%, which was 1.6% higher than the local Clinical Commissioning Group (CCG) average and 0.7% less the national average. Exception reporting is the exclusion of patients from the list who meet specific criteria. For example, patients who choose not to engage in screening processes.

We asked a GP about the higher than average exception rating. The GP told us that some patients had declined recommended prescribed medicines for disorders such as, high cholesterol levels.

Multidisciplinary meetings were held every two months to discuss the care needs of patients with complex needs and those who were identified of being at risk of harm. The meetings were attended by a district nurse, health visitor, social worker and a hospice community nurse.

We were shown examples of clinical audits completed by GPs. The audits identified where improvements to patients care were to be made. The changes in treatments led to improved patient care. For example, a medicine for the prevention of osteoporotic (brittle bones in older people) fracture. Another audit seen concerned minor surgery. The audits included dates for when they would be repeated to ensure that the changes made had been sustained.

Effective staffing

The practice had an induction programme for newly appointed members of staff that covered such topics as fire safety, health and safety and confidentiality. Staff received training that included safeguarding vulnerable children and adults, basic life support and information governance awareness. There was a training schedule in place to demonstrate that staff had annually repeated training courses such as; the Mental Capacity Act (2005) and fire safety. A practice nurse told us that staff were allocated on line training sessions each month that they needed to complete and a receptionist had the responsibility of reminding staff of this. When we spoke with the practice manager they confirmed the arrangement. The practice was closed for half a day each quarter to accommodate training that was organised by senior staff. The practice staff attended regular practice meeting to share and obtain knowledge and information about training events. Registered nurses had received further education and support to keep their knowledge and skills up to date.

Are services effective?

(for example, treatment is effective)

All GPs were up to date with their yearly continuing professional development requirements and they had been or were in the process of being revalidated. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation

has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England). There was an annual appraisal system in place to ensure that all members of staff had formal appraisals. All staff had received an appraisal within the last 12 months.

Coordinating patient care and information sharing

Staff had information they needed to deliver effective care and treatment to patients who used services and put systems in place to capture medicine review dates. Staff were able to access all the information they needed to plan and deliver care and treatment 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, hospital information and test results.

We saw evidence that multi-disciplinary team meetings took place every two months and that care plans were routinely reviewed and updated. Practice staff and external professionals shared relevant information about patients who had complex needs or were receiving palliative (end of life) care to ensure they delivered seamless patient care. This included when people moved between services, including when they were referred, or after they were discharged from hospital.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Consent forms for surgical procedures were used and scanned in to the patients' medical records.

GPs and nurses we spoke with were aware of the Mental Capacity Act 2005 and their duties in fulfilling it. Clinical staff were aware of the different types of consent could be taken including verbal and written. They had knowledge of

the Gillick competence test and children wishing to make decisions before care and treatment was given. This is a test used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

Health promotion and prevention

The practice website provided a wealth of information about minor illnesses and long term conditions. The information boards in the waiting area provided the contact details of support groups for a range of conditions. There were also leaflets that patients could take away with them. There was also a TV screen that gave advice.

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 were identified or suspected.

Patients who had complex needs or had been identified as requiring extra time were given longer appointments to ensure they were fully assessed and received appropriate treatment.

Written information about healthy living was presented in pictorial format for patients who had a learning disability to assist their understanding of this.

All patients who had attended the practice and requested contraception advice had received it. The uptake for cervical screening was 100%, this was 0.4% above the CCG average and 3.9% above the national average.

The practice nurses were training to provide advice to patients on smoking cessation. The QOF data 2014-15 informed that they had achieved 89.1%, this was 7.2% below the CCG average and 6.0% below the national average.

A practice nurse who specialised in diabetes held a monthly evening session for patients to attend by appointment. The purpose was to encourage patients who were considered to be at risk of developing diabetes to be assessed. They were advised about healthy living styles to assist in reducing the prevalence of diabetes. The practice had a lower than national average prevalence of diabetes. The prevalence was 4.22% in comparison with 6.4% nationally.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private. Staff told us that if necessary they could invite patients to move into an unoccupied room to enhance their privacy for holding confidential discussions. We observed that patients could not be overheard when they were behind the closed doors of consulting rooms.

Patients we spoke with and the six Patient Participation Group (PPG) members told us that staff were friendly, caring and helpful. They said that all staff treated them with dignity and respect. The comments received from the 15 comment cards matched what patients told us. We observed that staff were courteous towards patients.

Results from the national GP patient survey from July 2015 showed that patients felt they were treated with compassion. The results were above average for patient satisfaction. For example:

- 99% of patients said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 97% of patients said the GP gave them enough time compared to the CCG average of 90% and national average of 87%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%
- 98% of patients said the last GP they saw or spoke with was good at treating them with care and concern compared to the CCG average of 89% and national average of 85%.
- 96% of patients said the last nurse they spoke with or saw was good at treating them with care and concern compared to the CCG average of 92% and national average of 90%.

- 99% of patients said they had confidence and trust in the last nurse they saw or spoke with compared to the CCG average of 97% and national average of 97%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us they felt involved in decision making about the care and treatment they received. They also said they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choices of treatments available to them. The information in the comment cards was aligned to these views.

The results for the national GP survey showed that patients responses were above the local CCG and national averages:

- 96% of patients said the last GP they saw or spoke with were good at explaining tests and treatment compared to the CCG average of 90% and national average of 86%.
- 97% of patients said the last GP they saw or spoke with was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 81%.

Staff told us that translation services were available for patients who did not have English as their first language but they had not needed to use it.

Patient/carer support to cope emotionally with care and treatment

Notices in the waiting area and leaflets told patients how to access a number of support groups and organisations.

The practice's computer system alerted clinical staff if a patient was also a carer. Written information was available within the practice and on the website that directed carers to the various avenues of support available to them.

Staff told us that if families suffered bereavement, the GP contacted them by phone. This call was either followed up by a patient consultation and/or advice on how to find a support group.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Practice staff reviewed the needs of its population and engaged with the local CCG to secure improvements where these were identified. An identified area for potential improvement concerned the dispensing service. Through the Federation (practices who had formed a group to identify areas for improving and supporting each other) group they had submitted a bid to the CCG for the allocation of a pharmacist to the practice. The senior partner told us the bid had been approved.

Enhanced services were available at the practice. For example, minor surgery, end of life care, alcohol reduction and minor injuries.

Patients who had been assessed as presenting a suicide risk were given a card with a telephone number that took them straight through to the GP who was on call. This service was available from 8am until 6.30pm each weekday. The on call GP received a phone call requesting support approximately once a month.

The practice had a 24 hour GP access service for patients who were receiving palliative care (very ill and not expected to live). GPs visited patients in their home at any time. This arrangement was confirmed by a patient we spoke with told us that a GP had visited their relative on a Sunday. The visit had not been requested. Staff told us they had a good working relationship with palliative care staff.

Long term conditions were managed in accordance with evidenced based guidelines and local protocols. Clinical staff had templates for annual reviews. The electronic records were linked to allow for consultations to include symptoms of other conditions so that comprehensive monitoring was carried out.

All high risk patients were screened for diabetes. Those who were diagnosed with type two (diet or medication controlled) diabetes were provided with an information pack about the condition and how to manage it effectively.

Clinical staff carried out planned home visits for frail patients to monitor them and ensure their care was appropriate and up to date.

Clinical staff carried out dementia screening in order to detect early diagnosis and enable patients care needs to be met in a timely way.

Services were planned and delivered to take into account the needs of different patient groups. For example;

- Telephone advice was provided for patients who could not attend during normal opening hours.
- There were longer appointments available for people with complex needs.
- Home visits were available for elderly patients and those who were unable to access the practice.
- Urgent access appointments were available for children and those with serious or complex medical conditions.
- On the day requested appointments were always accommodated regardless of the fact that the session lists were full.

Practice staff had made efforts to reach out to patients who lived in isolated areas. They hosted a Christmas lunch in December 2015 in the adjacent village hall for 50 identified patients. The patients were also provided with entertainment and a Christmas gift. Practice staff told us that patients said they had benefitted personally from the event and that they were prepared to hold the event again.

Access to the service

The opening times were:

- Great Witley Surgery 8am until 6.30pm daily.
- Martley Surgery 8.45am until 11am Monday, Wednesday and Thursday.

Consultation times were:

- Great Witley surgery 8.30am until 10.30am daily, 3.30pm until 6pm Monday, Tuesday, Wednesday, 2pm until 4pm Thursday and 4pm until 6pm Friday.
- Martley Surgery 8.45am until 11am Monday, Wednesday and Thursday.

Urgent appointments were available on the day and if necessary the session size was increased to accommodate all same day requests. Appointments were pre-bookable and on the day could be pre-booked in advance in person, by telephone or online. Telephone consultations and home



Are services responsive to people's needs?

(for example, to feedback?)

visits were available daily as required. The out of hours service contact details were on a telephone message when the practice was closed, on the website, in the practice leaflet and displayed in the waiting area.

Results from the national GP patient survey July 2015 showed that patients' satisfaction with how they could access care and treatment were above local and national averages and people we spoke with on the day were able to get appointments when they needed them. For example:

- 94% of patients said they could get through easily to the surgery by phone compared to the CCG average of 76% and national average of 73%.
- 96% of patients described their experience of making an appointment as positive compared to the CCG average of 78% and national average of 73%.
- 81% of patients reported they were satisfied with the opening hours compared to the CCG average of 77% and national average of 75%.

There was a nearby static caravan park and the occupants were registered with the practice.

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.
- Patients who wished to make a complaint were given a leaflet to help them to understand and assist them with the process.
- The complaints leaflet was also available in pictorial format to further assist patients who had a learning disability in understanding how to make a complaint.
- There was a designated senior staff member who was responsible for handling complaints.

We looked at the complaints received in the last 12 months. There was one complaint. We saw that it had been dealt with honesty and openness. Lessons were learnt from concerns and complaints and action was taken as a result to improve patient's outcomes.

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

Senior staff had a vision to deliver quality care and promote positive outcomes for patients. There was a statement of purpose with clear aims and objectives which staff understood.

Senior staff were engaging with the CCG and staff were actively striving to make on-going improvements.

The number of patients who were registered at the practice had gradually increased and there were submissions of application to the County Council for new home developments. Senior staff acknowledged that the premises had become too small and discussions were in place for a new build of the practice. The senior partner told us that once this was achieved they had plans to open a 'dementia café' to provide networking and support for this patient group.

Staff had successfully submitted a bid for a pharmacist to be allocated to the practice to assist in appropriate prescribing and dispensing.

Governance arrangements

There was a robust governance structure which supported the delivery of the strategy patient care. This ensured that;

- Analysis of complaints received and significant events to identify trends. Learning from them and making improvements.
- The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed it was performing above the CCG and national standards.
- There was a staffing structure and staff were aware of their roles and responsibilities. There were lead responsibilities such as, safeguarding and infection control.
- There was a programme of continuous clinical and internal audits to ensure quality was monitored and improved upon.
- Staff identified risks and recorded how they would be managed to mitigate them.
- Regular practice meetings and annual staff appraisals facilitated in the quality monitoring of the service.

- Clear methods of communication were applied that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information

Leadership, openness and transparency

The partners and the practice manager had the experience, capacity and capability to run the practice effectively and identify where improvements were needed. They prioritised safe and high quality patient care. The partners were visible in the practice and staff told us that they were approachable and staff told us they felt well supported.

The senior partner was aware of the Duty of Candour. The partners encouraged a culture of openness and honesty. Staff told us and we observed an open culture and good team working by motivated staff. They said they felt valued and supported by senior staff.

Senior staff listened and were receptive to suggestions for change. 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. For example, changes had been made in the dispensary to reduce the workload imposed on staff.

Practice seeks and acts on feedback from its patients, the public and staff

There was engagement with patients and staff in order to gain their views. There was a functioning Patient Participation Group (PPG) who influenced the day to day operations of the practice. A previous patient survey had identified difficulties in patients phoning the practice. A new phone system was installed that included more lines to improve access. The touch screen for confirming arrival for appointments was implemented at the request of the PPG. The PPG participated in the drawing up the questions for the internal annual patient survey, monitoring the results and improvements from them.

A member of the PPG visited the practice at least once a week to show patients how to use the touch screen for booking in and to ask patients for their opinions about the service they received.

Staff told us there was a whistleblowing policy and they knew they could go outside of the practice if they felt they could not raise concerns internally.

Are services well-led?

Good 

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

Innovation

Senior staff were considering how future developments could be introduced to the practice such as; larger premises and the staffing needs to meet the increasing number of patients.