Grove House Surgery

Quality Report

West Shepton
Shepton Mallet
Somerset
BA4 5UH
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Website: www.grovehousesurgery.nhs.uk

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

Ratings

Overall rating for this service	**Good**
Are services safe?	**Good**
Are services effective?	**Good**
Are services caring?	**Good**
Are services responsive to people's needs?	**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 at Grove House Surgery on 11 February 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. Opportunities for learning from internal and external incidents were maximised.
- Risks to patients were assessed and well managed.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example, the practice was piloting a Medication Safety Alert scheme for Somerset.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Feedback from patients about their care was consistently positive. Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Patients told us that staff went the extra mile and the care that they received exceeded their expectations.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, the practice was using the recently published Public Health Profile to identify future priorities; and was actively using the services of Health Connectors to meet social as well as clinical needs of patients.

Summary of findings

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment, with urgent appointments available the same day. However, due to clinical staffing levels it was more difficult to book routine appointments in a timely way or to provide continuity of care.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw several areas of outstanding practice including:

- Patients were advised and supported to access a wide a range of self-help, social prescribing and community based schemes.
- The practice had identified more patients who acted as carers than was typically achieved. A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective.
- We saw positive patient feedback from a variety of sources, including The Friends and Family Test, indicating better than average satisfaction across several areas of activity.
- The practice had developed in house counselling services to address waiting times for NHS services and provide longer term support.
- The practice had streamlined diabetes care including patient recall and appointment arrangements that allowed patients to focus on priorities.

The areas where the provider should make improvements:

- Review emergency medicines to ensure all appropriate medicines are available.
- Review clinical capacity and the arrangements for appointments to reduce reliance on locums and increase the available number of pre-bookable appointments.
- Review the security of patient records.

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.

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. We saw examples of lessons from significant event audits shared with relevant clinical staff and the practice's open culture makes it easy to communicate with and learn from each other. Actions from significant event audits had been completed.
- Lessons were shared to make sure action was taken to improve safety in the practice. We saw an effective traffic light system for significant event audits and complaints.
- When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. However, the practice should review the procedure for safety alerts to ensure they are reviewed promptly, recorded and any actions are completed.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not fully implemented to ensure patients were kept safe. For example, we found gaps in the management of medicines relating to some emergency medicines. The practice should ensure all appropriate emergency medicines are available, that these are stored for easy access; and that regular checks confirm what is available and that these medicines are safe to use.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Data from the Somerset Practice Quality Scheme (SPQS), a local quality and outcomes framework showed patient outcomes were at or above average compared to the national average.

Summary of findings

- Staff assessed needs and delivered care in line with current evidence based guidance. We saw examples of promoting healthier lives and not being afraid to tackle underlying issues rather than satisfy superficial patient wants.
- Clinical audits demonstrated quality improvement and we saw audits that stemmed from patient-based learning or significant events.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. We saw a backlog in summarising of new patient notes received was being addressed.
- There was evidence of appraisals and personal development plans for all staff as well as engagement with GP appraisal and revalidation processes.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. We saw evidence of proactive engagement with secondary care as well as community services.
- The practice ensured that patients with complex needs, including those with life-limiting progressive conditions, were supported to receive coordinated care in innovative and efficient ways. All practice clinicians and staff were trained in the Gold Standard Framework for palliative care and there were monthly meetings to ensure patient's wishes were known and respected and appropriate support offered to the family.

Are services caring?

Good

The practice is rated as good for providing caring services.

- We observed a strong patient-centred culture. Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. We saw examples of the practice involving patients in life changing decisions, allowing time for acceptance; and persistence in engaging with other health and social care providers to ensure support was provided.
- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. Patients told us that staff went the extra mile and that the care they received exceeded their expectations.
- 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. The needs of ethnic minority patients were recognised and addressed through translation services and longer appointments.

Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality. We saw evidence of positive patient feedback, highlighting the caring nature and ethos of the practice team as a whole; of the reception, clinical and management teams; and of individuals being devoted to patient care.

Are services responsive to people's needs?

Outstanding ☆

The practice is rated as outstanding for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. For example, we saw evidence of early adoption, piloting or leading developments and schemes to improve services and patient care.
- We saw evidence that the practice understands patients' needs and involves them in decision-making. There was evidence that the practice respected patient views, never trying to influence care choices. We saw examples where even where other services were resistant to engage, the doctors and staff found ways to engage them for the patient benefit. For example, through additional follow up telephone calls with the organisation.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions, including people with a condition other than cancer and people living with dementia.
- There are innovative approaches to providing integrated patient-centred care. For example, the practice participates in the Mendip Symphony Test and Learn Pilot; Zing Somerset scheme and patients were supported by health connectors.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Plans were in place to secure new practice premises and facilities as the practice had outgrown the capacity of the present building.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Summary of findings

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. This included proactive work to address recruitment and locum issues. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure, with clear responsibilities for each person and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- A governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. However, some aspects of governance should be improved.
- The practice was aware of the need to cover the additional clinical sessions they have lost in recent years. This was particularly important as the practice list was increasing and we saw plans being implemented to address this.
- We saw the practice was proactive in leading, supporting and participating in a number of schemes and developments. For example, the Mendip Symphony Test and Learn pilot; the Somerset Practices Quality Scheme (SPQS); development of a health and wellbeing campus in Shepton Mallet; and numerous community events.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- 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 for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- Staff were able to recognise the signs of abuse in older people and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older people in its population. For example, there was in house expertise available, the practice carried out six monthly home reviews and there was fortnightly liaison with community nursing staff, geriatrician and social services professionals.
- Care plans were in place for those at risk of hospital admission; and all older patients had a named, accountable clinician.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older people who may be approaching the end of life. They involved older people in planning and making decisions about their care, including their end of life care. We saw that monthly meetings were held with community and palliative nurses.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services. For example, the practice was taking a lead role in the Mendip Symphony Test and Learn pilot scheme. This was developing more effective multi-disciplinary, coordinated care to reduce hospital admissions.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. For example, social prescribing was proactively provided by health connectors.

People with long term conditions

Good

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

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.

Summary of findings

- The practice had streamlined diabetes care including patient recall and appointment arrangements that allowed patients to focus on priorities and allowed time for comorbidities; home visits for insulin, blood tests carried out in advance of reviews and close liaison with other diabetes lead clinicians.
- The practice proactively identified patients at risk of developing long-term conditions and took action to monitor their health and help them improve their lifestyle. We saw examples of health promotion at local community events; support from health connectors; and the use of motivational interview techniques and self-reflection for patients.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs. We saw recall procedures in place to ensure effective monitoring. For example, patients with asthma who had not attended review appointments were being contacted.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

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

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. We saw there was a named safeguarding lead, with administrative support, in place and child protection was discussed regularly at meetings.
- Immunisation rates were relatively high for all standard childhood immunisations and we saw that monitoring was in place to identify and follow up non- attenders.
- 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. For example, priority was given to infants when urgent appointments were requested.

Summary of findings

- The practice provided support for premature babies and their families following discharge from hospital. For example, a GP had attended a meeting at the local hospital regarding a child.
- Cervical screening rates were consistent with local and national averages.
- Appointments were available outside of school hours, including for child immunisations, and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Good

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

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

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. For example, palliative care meetings were held monthly and attended by district and hospice nurses.
- The practice had a significant cohort of patients with a learning disability and was proactive in communication with and access for these patients. We saw that a named administrator worked with patients to ensure all patients attended annual health checks. A pre-check questionnaire was used to enable the patient and carer to focus on discussion of their preferred outcomes.

Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients. For example, patients recently discharged from hospital were telephoned by a GP; and two GPs were trained in shared care services for substance abuse patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. For example, staff from the Citizens Advice Bureau attended the practice weekly; there was liaison with local council regarding migrant workers; and referrals were made to the Salvation Army food bank.
- Talking therapies were available to patients including in house counselling services established to address long waiting times for NHS services.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

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

- 72% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.
- The practice specifically considered the physical health needs of people with poor mental health. For example, same day appointments were available where urgent triage was needed.
- The practice had a system for monitoring repeat prescribing for people receiving medication for mental health needs.
- Talking therapies were available to patients including counselling services that had been developed in house to address long waiting times for NHS services. We saw self-referral arrangements and sessions available four times a week.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- People at risk of dementia were identified and offered an assessment.
- The practice carried out advance care planning for patients with dementia.

Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 242 survey forms were distributed and 108 were returned. This represented about 2% of the practice's patient list.

- 82% of patients found it easy to get through to this practice by phone compared with the national average of 73%.
- 94% of patients were able to get an appointment to see or speak to someone the last time they tried compared with the national average of 85%.
- 95% of patients described the overall experience of this GP practice as good compared with the national average of 85%).
- 85% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with the national average of 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 30 comment cards which were all very positive about the standard of care received. Patients described being treated with the highest respect and greatest dignity; staff were friendly, caring, helpful and willing and gave thorough advice and reassurance. Patients told us that they felt safe, involved in their care and the practice was always very clean.

We spoke with six patients during the inspection. All six patients said they were very satisfied with the care they received and thought staff were approachable, committed and caring. The Friends and Family Test had received 270 responses over the previous six months and 96% of patients stated that they were likely or extremely likely to recommend the practice to others.

Areas for improvement

Action the service SHOULD take to improve

The areas where the provider should make improvements:

- Review emergency medicines to ensure all appropriate medicines are available.
- Review clinical capacity and the arrangements for appointments to reduce reliance on locums and increase the available number of pre-bookable appointments.
- Review the security of patient records.

Outstanding practice

We saw several areas of outstanding practice including:

- Patients were advised and supported to access a wide a range of self-help, social prescribing and community based schemes.
- The practice had identified more patients who acted as carers than was typically achieved. A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective.
- We saw positive patient feedback from a variety of sources, including The Friends and Family Test, indicating better than average satisfaction across several areas of activity.
- The practice had developed in house counselling services to address waiting times for NHS services and provide longer term support.
- The practice had streamlined diabetes care including patient recall and appointment arrangements that allowed patients to focus on priorities

Grove House Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Grove House Surgery

Grove House Surgery is located close to the centre of Shepton Mallet. The practice serves a local and rural population of approximately 6500 patients from the small market town and the surrounding area. The practice was established on the site in 1993 in a Grade II Listed Georgian farm house that was subsequently extended. The address is:

Grove House Surgery,

West Shepton,

Shepton Mallet,

Somerset

BA4 5UH

There is parking on site including spaces for patients with a disability. The practice has a number of rooms which it makes available to other services; these include Somerset Drugs and Alcohol service; and weekly sessions provided by Health Connections Mendip and the Citizens Advice Bureau.

Grove House Surgery has four GPs, three of whom are partners. Between them they provide 23 GP sessions each week and are equivalent to three whole time employees.

Three GPs are female and one is male. There are three practice nurses, whose working hours are equivalent to 1.75 whole time employees (WTE), including one non-medical prescriber who offers five sessions per week. Two health care assistants are also employed by the practice with combined hours of 1.40 WTE. The GPs and nurses are supported by 13 management and administrative staff including a practice manager and deputy/IT lead. The practice also employs a full time apprentice studying business administration.

The practices patient population is expanding and has slightly more patients between the age of 40 and 74 years and between the ages of 10 – 19 years than the national average. Approximately 18.9% of the patients are over the age of 65 years compared to a national average of 16.7%.

Approximately 64% of patients have a long standing health condition compared to a national average of 54% which can result in a higher demand for GP and nurse appointments. These figures indicate there may well be competing demands for GP appointments however; patient satisfaction scores are high with 95% of patients describing their overall experience at the practice as good compared to a national average of 85%.

The general Index of Multiple Deprivation (IMD) population profile for the geographic area of the practice is in the fourth least deprivation decile. (An area itself is not deprived: it is the circumstances and lifestyles of the people living there that affect its deprivation score. It is important to remember that not everyone living in a deprived area is deprived and that not all deprived people live in deprived areas). Average male and female life expectancy for the area is the same as the national average of 79 and 83 years respectively and one year less than the Clinical Commissioning Group average.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are available from 8:30am

and telephone access is available from 8am. The practice operates a mixed appointments system with some appointments available to pre-book and others available to book on the day. Extended hours appointments are offered on Tuesdays, Wednesdays and Thursdays from 7.30am until 8am or 6.30pm until 7pm and the practice also offers telephone consultations. GP appointments are 10 minutes each in length and appointment sessions are typically 8.30am until 11.30am and 3pm until 6pm. Each consultation session has 18 appointment slots. The practice offers online booking facilities for non-urgent appointments and an online repeat prescription service. Patients need to contact the practice first to arrange for access to these services.

The practice has a Personal Medical Services (PMS) contract to deliver health care services; the contract includes enhanced services such as childhood vaccination and immunisation scheme, facilitating timely diagnosis and support for patients with dementia and minor surgery services. An influenza and pneumococcal immunisations enhanced service is also provided. These contracts act as the basis for arrangements between the NHS Commissioning Board and providers of general medical services in England.

The practice is a teaching practice and two registrar GPs placed with them at the time of our inspection. The practice also hosts placements for medical students. Two of the GPs are GP trainers and this provides training resilience when one of the training partners is away.

The practice has opted out of providing out-of-hours services to their own patients. This service is provided by Dorset and Somerset Unscheduled Care Service and patients are directed to this service by the practice outside of normal practice hours.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 11 February 2016. During our visit we:

- Spoke with a range of staff (including doctors, nurses and administrative staff), community workers and spoke with patients who used the service, including members of the patient participation group.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

Detailed findings

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

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). We saw an effective traffic light system for significant event audits and complaints and lessons learned were shared to make sure action was taken to improve safety in the practice. The practice was considering further development of the system using hyperlinks within the spreadsheet to the relevant significant event audit documents.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we saw that a referral to a specialist for a patient with a musculo-skeletal injury had been subject to delays following interactions with different clinicians. This was discussed by clinicians and staff who found ways to ensure patients with similar conditions were all referred quickly to a specialist.

We saw that safety alerts and updates were filed electronically on receipt and discussed weekly. However, this approach may not provide a timely response to urgent alerts. The practice should review the procedure for safety alerts to ensure they are reviewed promptly, recorded (even if no action required) and any actions are confirmed as completed. We spoke to the practice and after the inspection evidence was provided that the process for safety alerts and actions had been improved.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level 3 and nurses to level 2. We saw an example of a patient with a learning disability whose condition had deteriorated. The GP had patiently built an accurate picture of circumstances and events and then addressed the underlying issues by working with a learning disability consultant, the mental health team and social services.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken, the most recent one in May 2015 and we saw evidence that action was taken to address any improvements identified as a result.

Good

Are services safe?

- We looked at the arrangements for managing medicines including emergency medicines, controlled drugs and vaccines in the practice, designed to keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). There were policies in place for the storage of medicines, including controlled drugs and for checking emergency drugs in the practice. However, these had not been fully implemented in order to keep patients safe. For example, we found not all appropriate emergency medicines were present with the emergency equipment for the practice and there was no risk assessment to explain this. There were no emergency medicines for the management of diabetic conditions, epilepsy or for some heart conditions. We spoke to the practice who provided evidence within 48 hours of the inspection that all appropriate medicines were present in the practice.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had robust procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.
- There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives.
- The practice had up to date fire risk assessments and carried out regular fire drills. We saw evidence of reviews and learning from practice evacuations and staff knew what to do. However, the current practice was not reflected in the documented fire evacuation plan. We discussed this with the practice who stated that the plan would be reviewed and updated.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. For example, the lead receptionist planned a rota for the next month and worked with staff to ensure cover was in place for planned absences.
- The practice was taking a lead role as the only one in Somerset to be piloting a new medication safety alert system. Kidney function test results were reviewed and for patients with low values all their medicines were

reviewed to ensure inappropriate medicines were not being prescribed. This had benefits for patients with complex medical needs who were taking several medicines.

Arrangements to deal with emergencies and major incidents

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

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

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

Since April 2015 the practice participated in a local quality and outcomes framework, Somerset Practice Quality Scheme (SPQS) rather than the Quality and Outcomes Framework (QOF). The practice used the information collected for the SPQS and performance against national screening programmes to monitor outcomes for patients. Prior to 2015 the practice used QOF, a system intended to improve the quality of general practice and reward good practice. We looked at the QOF data for 2014/15. The practice achieved 84.4% of the total number of points available, which was better than the CCG average of 79.5% and worse than the national average of 94.7%. There was 4.4% exception reporting which was similar to the clinical commissioning group (CCG) and national averages. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was 86% which was better than the CCG average of 79% and similar to national average of 89%.
- Performance for mental health related indicators was 71% which was similar to the CCG average of 71% and below the national average of 93%.

Two performance indicators, highlighted in the data pack for further investigation, related to mental health care plans and patients with atrial fibrillation. These were discussed and we were told that one would be addressed in a future clinical meeting and the other was the subject of a current clinical audit.

There was evidence of quality improvement including clinical audit:

- We saw examples of clinical audits that stemmed from patient-based learning or significant event analysis.
- There had been eight clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, recent action taken as a result included an audit of patients prescribed a specific hormone control medicine for more than five years where there was a possible increase in risk of a form of cancer. Patients were contacted and prescriptions were amended or stopped.

Information about patients' outcomes was used to make improvements such as in the Mendip Symphony Test and Learn Pilot. This involved patients who have more than three long term conditions supported by a care coordinator who is patient focused rather than disease focused. Different care plans and systems were used to coordinate multi-disciplinary support to meet both clinical and social needs.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. We found that some records of training that had been completed were not reflected in the management overview spreadsheet. We discussed this with the practice who stated that they would review and update all training records.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of

competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example, by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months. We saw evidence of relevant Continuous Professional Development (CPD) as well as engagement with GP appraisal and revalidation processes.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. We saw that there was a backlog of up to three months in summarising of patient notes that had been received by the practice. We spoke to the practice who confirmed they had reviewed staffing capacity for this task and were addressing the backlog.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. We saw evidence of proactive engagement with secondary care as well as community services.

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

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different people, including those who may be vulnerable because of their circumstances.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. For example, an educational event was held for staff at a local residential care home who were going to be caring for a patient with diabetes for the first time.
- Patients were signposted to relevant services. For example, a member of staff acted as a domestic abuse awareness champion, providing a link with the local domestic abuse service, information for patients and guidance for GPs and staff; and referrals to the Salvation Army food bank were available.
- We saw examples of promoting healthier lives and not being afraid to deal with the true underlying issues rather than patient "wants". For example, there was a significant cohort of patients receiving shared care for substance misuse. Two GPs were trained in this care, a lead GP ensured good communication with other healthcare professionals and a receptionist ensured prescription continuity.
- A dietician was available on the premises and smoking cessation advice was available from the practice.

Good

Are services effective?

(for example, treatment is effective)

The practice's uptake for the cervical screening programme was 79%, which was comparable with the clinical commissioning group (CCG) average of 81% and the national average of 82%.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 87% to 98% (compared to CCG averages ranging from 83% to 97%); and five year olds from 87% to 96% (compared to CCG averages ranging from 92% to 98%).

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 30 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with six patients including a member of the patient participation group (PPG). They told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 92% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared with the CCG average of 89% and the national average of 87%).
- 94% of patients said they had confidence and trust in the last GP they saw compared with the CCG average of 97% and the national average of 95%)
- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared with the CCG average of 89% and the national average of 85%).
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 94% and the national average of 91%).
- 96% of patients said they found the receptionists at the practice helpful which is better than the CCG average of 89% and the national average of 87%)

These results were in line with the consistently positive feedback from patients, provided through a variety of means. For example, three patients had reviewed the practice on the NHS Choices website, giving the user's overall rating of five stars out of five and providing positive comments.

We are not aware of any concerns raised by external stakeholders regarding the practice.

Care planning and involvement in decisions about care and treatment

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

Children and young people were treated in an age-appropriate way and recognised as individuals. Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 90% and the national average of 86%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 86% and the national average of 82%.

Good

Are services caring?

- 96% of patients said the last nurse they saw was good at involving them in decisions about their care which was better than the CCG average of 88% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. The reception staff were aware of language needs of patients including Polish, Lithuanian, Algerian and Portuguese and where appropriate offered longer appointments to accommodate translation. We saw notices in the reception areas informing patients this service was available and patient leaflets were available in several languages.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 196 patients as carers (3% of the practice list) and a member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective. For example, an alert is placed on the patient records so reception staff can be more flexible with appointment times and carers are signposted for support from health connectors. Written information was available to direct carers to the various avenues of support available to them. Elderly carers were offered timely and appropriate support.

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

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered 'Commuter's Clinics' on a Tuesday, Wednesday or Thursday at either 7.30 until 8.00 am or 6.30 until 7.00 pm for working patients who could not attend during normal opening hours.
- Patients with a learning disability were given the first appointments in sessions, whenever possible, and home visits were arranged if requested. A pre-annual health check questionnaire was used to ensure a focus on patient needs and outcomes as well as holistic care. A named member of staff co-ordinated all appointments for patients with a learning disability and followed up if patients did not attend.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. There was regular contact with a local residential home to co-ordinate care.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Around one third of appointments were available as same day appointments for children and those patients with medical problems that require same day consultation.
- The practice was exploring the use of text message reminders of appointments.
- Patients were able to receive travel vaccinations available on the NHS and patients were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available. A bell was available at the front entrance so patients could alert receptionists should they need assistance to enter the premises.
- Patients could receive social prescribing support via Health Connector staff employed at the practice. Patients were advised and supported to access a wide a range of self-help and community based schemes. For example, stroke support group, pain management group, health walks, relaxation sessions and a Parkinson's disease support group. We saw very positive feedback from patients who felt they had benefitted from the health connections schemes.
- A talking café scheme was in place to meet the needs of patients who felt isolated, wanted to make friends or participate in community activities. The weekly meetings are promoted by the practice, are patient led and supported by health connectors. We saw positive feedback from patients and evidence that the scheme was being replicated in other areas.
- The Zing Somerset scheme offered a Health Trainer service to help people needing support in changing to a healthier lifestyle.
- Then practice had developed their own counselling services to address long waiting times for talking therapy services and the need for longer analytical work for some patients. We saw that this had enabled patients to receive short term therapy promptly and others to engage in longer term therapies.
- The practice had streamlined diabetes care including patient recall and appointment arrangements that allowed patients to focus on priorities. We saw the practice allowed time for comorbidities; provided home visits for insulin; carried out blood tests in advance of reviews; and had close liaison with other diabetes lead clinicians.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday, with no lunchtime closure. Appointments were from 8am to 11.30am every morning and 3pm to 6.30pm daily, offering both face to face and telephone consultations. Extended hours appointments were offered on Tuesday, Wednesday or Thursday at either 7.30am to 8am or 6.30pm to 7pm; and flu clinics were held on Saturdays. In addition to pre-bookable appointments that could be booked up to six weeks in advance and around one third of appointments were available on the day for people that needed them. On line services included appointment booking, ordering repeat prescriptions, prescription queries and access to test results.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

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

- 82% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 78% and the national average of 75%.
- 82% of patients said they could get through easily to the practice by phone compared with the CCG average of 78% and the national average of 73%).

People told us on the day of the inspection that they were able to get appointments when they needed them. We saw there was pressure on the available number of pre-bookable appointments due to the number of clinical sessions they had lost in recent years, resulting in regular reliance on locum GPs. The practice had undergone several changes in the clinical staff over the last five years and was actively seeking to address this. For example, recruitment had been successful to new nurse manager and nurse practitioner roles. The practice told us they were continuing to review clinical capacity and the arrangements for appointments to reduce reliance on locums and increase the available number of pre-bookable appointments. This was particularly important as the practice list was increasing and we saw plans being implemented to address this.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

The appointment system had been audited and improved as a result of the findings. We saw that reception staff had good knowledge of patients' history and would gather information to allow an informed decision to be made on prioritisation according to clinical need. For example, priority could be given for young children, vulnerable adults and carers. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

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.
- Information was available to help patients understand the complaints system, however, patients had to ask for a form at reception. We were told that the practice intended to have a poster and leaflets available in the waiting area. We saw there was a suggestion box available and complaints could be submitted via the practice website.

We looked at eight complaints received in the last 12 months and found that these were dealt with in a timely way, with openness and transparency in dealing with the complaints and patients were provided with appropriate explanations and apologies. Lessons were learned from individual concerns and complaints and action was taken to as a result to improve the quality of care. For example, we saw a complaint relating to urgent care required by a patient had been investigated as a complaint and also as a significant event. This resulted in improved procedures being implemented and learning was shared with staff. One of the regular whole practice meetings included an annual review of complaints.

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 clear vision, mission and values statement which was displayed in waiting areas along with photographs of staff. The statement was included in the information pack for patients and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- We saw that the practice was proactive in leading, supporting and participating in a number of schemes and developments. For example, the Mendip Symphony Test and Learn pilot (for co-ordinating multi-disciplinary care and reducing hospital admissions); the Somerset Practices Quality Scheme (SPQS); and development of a health and wellbeing campus in Shepton Mallet.

We saw that all staff took an active role in ensuring high quality care on a daily basis and behaved in a kind, considerate and professional way. This was confirmed in positive patient feedback.

Governance arrangements

The practice had a 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. GPs and nurses had lead roles in key areas, for example, GPs led clinical areas including women's health, dementia, cancer, sexual health and stroke care. GPs also had lead roles in areas such as significant events, training and education and local schemes. Nurses had lead roles including diabetes, obesity and smoking. Non-clinical staff had lead roles including being champions for carers, chlamydia care and domestic violence.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice and educational topics. We saw a programme of topics for the previous and next years.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. We saw examples, including an audit of medicines for patients with dementia.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, we saw that some patient records held in cabinets that were not locked in an area where staff were not always present. We discussed this with the practice who stated they would review the security of patient records.
- There was a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

However, some aspects of governance should be improved. For example, reviewing

- clinical capacity and the arrangements for appointments to reduce reliance on locums and increase the available number of pre-bookable appointments.
- the procedure for safety alerts to ensure they are reviewed promptly, recorded and any actions are completed.
- fire safety and update the fire evacuation plan.
- training records and ensure they are up to date.

Leadership and culture

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

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

Are services well-led?

Good

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

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

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

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at monthly team meetings and felt confident and supported in doing so. Minutes were available for practice staff to view.
- 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 proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had a well-established and active patient participation group (PPG) and gathered feedback from patients through surveys and suggestions received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had assisted with surveys including monitoring feedback and progress; had helped to set up a message in a bottle scheme; and assisted at flu clinics and numerous local community events. The PPG had represented patients views on topics including the proposed health and wellbeing campus; concerns over early discharge programme for stroke patients; and difficulties with local pharmacy services. Speakers had been arranged to educate patients on a variety of medical topics including prostate cancer, Alzheimer's disease and pharmacy services
- The practice engaged in numerous local community events such as Collet Park day, Christmas carol singing, Pilton Festival Run and staff chose local charities to support.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. We saw examples of issues raised by staff at team meetings that had resulted in improved procedures. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice was aware of the challenges it faced and was actively addressing these issues. For example, despite a challenging recruitment environment, adequate clinical capacity had been maintained and the practice was actively working to reduce its reliance on locums.

The practice team was forward thinking and participated actively in various local community events. The practice was leading or utilising numerous local pilot schemes to improve outcomes for patients in the area. For example, we saw clear commitment and leading involvement in the development of a new health and wellbeing campus in the town. This would provide improved premises and facilities and better coordinated, multi-disciplinary care for patients.

The practice team was proactive in seeking new and improved clinical pathways to achieve the best possible outcomes for patients. For example, we saw examples of streamlined services in areas including diabetes, palliative care, older people, mental health and for patients with a learning disability.