

Combe Down Surgery

Quality Report

Combe Down Surgery
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Date of inspection visit: 15 June 2016
Date of publication: 16/08/2016

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

Outstanding 

Are services safe?

Good 

Are services effective?

Outstanding 

Are services caring?

Outstanding 

Are services responsive to people's needs?

Outstanding 

Are services well-led?

Outstanding 

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 Combe Down Surgery on 15 June 2016. Overall the practice is rated as outstanding.

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

- The practice leadership and culture were used to drive and improve the delivery of high quality person centred care. The practice sought opportunities to deliver tailored care in the local community and improve health outcomes for patients.
- The practice's key ethos valued working with partners across health and social care community and contributing to improvements in care and health for the wider population and positive health outcomes for patients.
- The practice was using innovative and forward thinking measure to address the changing face of primary care needs in the population.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The practice demonstrated a positive learning culture; opportunities for sharing learning were valued.
- The practice invested in the development of staff.
- 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.
- 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.

Summary of findings

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with a range of urgent appointments available the same day.
- The practice had developed weekly exercise classes for older patients delivered locally at the branch surgery to improve wellbeing and social support for older patients. Patients reported this service as excellent.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw several areas of outstanding practice:

One of the GPs had led a project and audit with the local hospital and a clinical commissioning group (CCG) prescribing adviser to review the medication advice being given to patients with Parkinson's disease, as they recognised the impact and implications on patient condition if medicines were not given at the correct hours during the day. The audit gained data from all the practices across the CCG and asked all practices to amend the repeat prescriptions for the relevant medicines to give clear timings for patients, which was shown to significantly impact on quality of life. We saw a communication from the local hospital which supported a positive impact on symptoms for patients.

The practice GPs undertook a weekly ward round and regularly reviewed all the care plans of patients for patients who were registered with the practice and resided in the local nursing home (46 out of 48). Staff at the local nursing home confirmed care plans are individualised, regularly reviewed and medicines were also regularly reviewed with a pharmacist, the GP, the Nursing Home team and the patient. This had demonstrated a significant decrease (70%) in unnecessary hospital admissions.

The practice had tailored their yearly health check for patients with a learning disability (LD); they provided a 30 minute appointment with a specialist LD nurse followed immediately by a 20 minute joint consultation with the patients named GP. The patient's carer (if relevant) and the LD nurse meet with the patient and GP and review the care, to identify any needs and formulate a written updated care plan

Areas where the provider should improve:

The practice should ensure it continues to take steps identify carers for their care and support.

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.

- There was an effective system in place for reporting and recording significant events, opportunities were taken to share any learning and improve care wherever possible.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as outstanding 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.
- The practice used innovative and proactive methods to improve patient outcomes and working with other local providers to share best practice.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average the national average.
- Clinical audits demonstrated quality improvement. The practice undertook continuing 'rolling audits' in a range of conditions to ensure the optimum care was in place. Rolling audit examples we saw included inhaler use in asthma and antibiotic prescribing.
- The practice monitored changes in national and local guidelines and updated and developed templates to support patients' needs assessments. Examples we saw included a diabetes template and a safeguarding template which were being shared across the clinical commissioning group.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Outstanding



Summary of findings

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

Are services caring?

The practice is rated as outstanding for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. Feedback from patients about their care and treatment was consistently positive.
- 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 found many positive examples to demonstrate how patient's choices and preferences were valued and acted on.
- Views of external stakeholders were very positive and aligned with our findings
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Outstanding



Are services responsive to people's needs?

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 one of the GPs had led a project and audit with the local hospital and a CCG prescribing adviser to review the medication advice being given to patients with Parkinson's, as they recognised the impact and implications on patient condition if medicines were not given at the correct time of day. The audit gained data from all the practices across the CCG and asked all practices to amend the repeat prescriptions for the relevant medicines to give clear timings for patients, which was shown to significantly impact on quality of life.

Outstanding



Summary of findings

- The practice provided access for a range of services at the branch surgery so patients could access services locally, including physiotherapy, counselling and drug and alcohol support.
- The practice ran two exercise classes a week for older patients to improve health and wellbeing which also provided social support.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with a wide range of urgent and on the day appointments available.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- The practice leadership and culture were used to drive and improve the delivery of high quality person centred care, promote health and wellbeing, and involve families, carers and the community. The practice sought opportunities to deliver tailored care in the local community and improve health outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- The practice's key ethos valued working with partners across health and social care community and contributing to improvements in care and health for the wider population and positive health outcomes for patients.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The practice was using innovative and forward thinking measure to address the changing face of primary care needs in the population. The practice was working with the local community, to provide a whole person holistic model of health care and wellbeing. The programme was being developed to target health educational, health promotion care and support needs.

Outstanding



Summary of findings

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. Opportunities for learning and development were valued.
- The practice regularly reviewed how to meet the current and changing needs of the community and was diversifying the workforce, for example the practice had just employed an advance nurse practitioner, was utilising a practice pharmacist and supporting apprentices, as well as increasing the range of online services including looking into how to provide governance for future online consultations.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as outstanding for the care of older patients. The provider was rated as outstanding for being effective, caring, responsive and well led these ratings apply to everyone using the practice, including this population group.

The practice GPs undertook a weekly ward round and regularly reviewed all the care plans of patients for patients who were registered with the practice and resided in the local nursing home (46 out of 48). Staff at the local nursing home confirmed care plans are individualised, regularly reviewed and medicines were also regularly reviewed with a pharmacist, the GP, the Nursing Home team and the patient. This had demonstrated a significant decrease (70%) in unnecessary hospital admissions.

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had developed weekly exercise classes for older patients delivered locally at the branch surgery to improve wellbeing and social support for older patients. Patients reported this service as excellent.
- The practice, with the Friends of Combe Down Surgery ran a transport service for patients with mobility problems to access appointments and clinics. They supported an average of four patients each day.

Outstanding



People with long term conditions

The practice is rated as outstanding for the care of patients with long-term conditions. The provider was rated as outstanding for being effective, caring, responsive and well led these ratings apply to everyone using the practice, including this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice had developed and adapted templates to ensure best practice care and treatments were in place.

Outstanding



Summary of findings

- The percentage of patients with diabetes, on the register, in whom the blood test to monitor diabetes (in the preceding 12 months 2014/15) was in the target range was 84% which was higher than the clinical commissioning group (CCG) average of 81% and the national average of 78%.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was in the target range was 85% which was higher than the CCG average of 81% and the national average of 78%.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (2014/15) was 95% which was higher than the CCG average of 92% and the national average of 88%.
- 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

The practice is rated as outstanding for the care of families, children and young patients. The provider was rated as outstanding for being effective, caring, responsive and well led these ratings apply to everyone using the practice, including this population group.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young patients who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The practice had adjusted the childhood immunisation clinics to improve access times across the two practice locations.
- The practice held open access clinics for young patients from local schools whether registered at the practice or not. All young patients could get seen without an appointment for sexual health advice.
- The practice held a weekly drop in clinic at a local boarding school.
- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.

Outstanding



Summary of findings

- The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 83% and the national average of 82%.
- Appointments were available outside of school hours 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)

The practice is rated as outstanding for the care of working-age patients (including those recently retired and students). The provider was rated as outstanding for being effective, caring, responsive and well led these ratings apply to everyone using the practice, including this population group.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice held a walk-in flu-vaccination service to improve flexibility of access to routine vaccinations.
- The practice offered a range of appointments including a daily walk in clinic, on day and next day appointments and a range of telephone appointments to increase access.
- The practice had a 24/7 automated telephone appointment booking service.

Outstanding



People whose circumstances may make them vulnerable

The practice is rated as outstanding for the care of patients whose circumstances may make them vulnerable. The provider was rated as outstanding for being effective, caring, responsive and well led these ratings apply to everyone using the practice, including this population group.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice had tailored their yearly health check for patients with a learning disability (LD); they provided a 30 minute appointment with a specialist LD nurse followed immediately

Outstanding



Summary of findings

by a 20 minute joint consultation with the patients named GP. The patient's carer (if relevant) and the LD nurse meet with the patient and GP and review the care, to identify any needs and formulate a written updated care plan.

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- 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)

The practice is rated as outstanding for the care of patients experiencing poor mental health (including patients living with dementia). The provider was rated as outstanding for being effective, caring, responsive and well led these ratings apply to everyone using the practice, including this population group.

- The percentage of patients with a serious mental health problem who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (2014/15) was 92% which was the same as the clinical commissioning group (CCG) average and higher than the national average of 88%.
- The percentage of patients with a serious mental health problem whose alcohol consumption has been recorded in the preceding 12 months (2014/15) was 94% which was higher than the CCG average of 91% and the national average of 90%.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months (2014/15) was 85% which was in line with the CCG average of 86% and the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Outstanding



Summary of findings

- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- 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 on 7 January 2016. The results showed the practice was performing above local and national averages. The GP survey sent out 241 forms out and 115 forms were returned. This represented 1.3% of the practice's patient list.

- 84% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 91% and the national average of 73%.
- 93% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 90% and the national average of 85%.
- 95% of patients described the overall experience of this GP practice as good compared to the CCG average of 92% and the national average of 85%.

- 96% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 92% and 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 eight comment cards which were all positive about the standard of care received. The comments noted caring professional staff across the whole practice; however a couple of cards noted some difficulty with access to appointments.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Data from the friends and family test showed that 80% of patients would recommend the practice, and comments on NHS choices were positive about the care received.

Areas for improvement

Action the service SHOULD take to improve

The practice should ensure it continues to take steps identify carers for their care and support.

Outstanding practice

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patients who were registered with the practice and resided in the local nursing home. Staff at the local nursing home confirmed care plans are individualised, regularly reviewed and medicines were also regularly reviewed with a pharmacist, the GP, the Nursing Home team and the patient. This had demonstrated a significant decrease (70%) in unnecessary hospital admissions.

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Summary of findings

patients named GP. The patient's carer (if relevant) and the LD nurse meet with the patient and GP and review the care, to identify any needs and formulate a written updated care plan

Combe Down 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, a practice manager specialist adviser and an Expert by Experience.

Background to Combe Down Surgery

Combe Down Surgery has been a surgery in Bath since 1898 in the Combe Down area of Bath. It has had a branch location in the Odd Down area of Bath since 1931 which moved into new purpose built premises in 2000. The practice serves a population of approximately 8,900. The practice population has increased by approximately 400 patients over the last year.

The practice has a mixed urban and rural community and has low levels of social deprivation.

The practice team consists of four partners (three and a half whole time equivalent (WTE)) two assistant GPs and one Registrar (Registrars are qualified doctors who undertake additional training to gain experience and higher qualifications in general practice and family medicine). The practice had just employed a fifth partner (to increase to four WTE). The GPs are supported by one advanced nurse practitioner (with another starting the week after our visit), two practice nurses, two nurse specialists and three health care assistants. The practice is supported by a business manager, an operations manager and a team of reception and administration staff.

The practice is open between 8am and 6pm Monday to Friday. Appointments are from 8.30am to 11am and 3.30pm

to 5.30pm daily. Extended hours appointments were offered between 8am and 12pm every Saturday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them. The practice runs a range of appointments for patients including same day appointments, a daily walk-in clinic, and a range of on day and next day routine appointments and telephone appointments.

The practice was part of a clinical commissioning group wide scheme for the out of hours cover to commence from 6pm.

When the practice is closed the Out of Hours cover is proved by Bath Doctors Urgent Care which patients could access via NHS 111.

The practice addresses where regulated activities are provided from are:

Combe Down Surgery

The Avenue

Combe Down

Bath

BA2 5EG

Branch Surgery

Sulis Manor Road

Odd Down

Bath

BA2 2AL

We only inspected the location at Combe Down Surgery, Bath. We did not visit the location at Odd Down, Bath.

Detailed findings

When the practice registered with the CQC in 2013 it was noted to have three areas of minor non compliance relating to; Diagnostic and screening procedures; Treatment of disease, disorder or injury, (outcomes 10, 12 and seven). These were noted to be areas of non-compliance with a minor impact. During our inspection we found there were no areas of concern relating to these issues noted at Registration and no areas of non-compliance.

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 15 June 2016. During our visit we:

- Spoke with a range of staff including, four GPs, four members of the nursing team and a number of the reception, administration and management team.
- We spoke with patients who used the service and a representative of the patient participation group. We also spoke to other providers who worked with the practice.

- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was a clear and effective system in place for reporting and recording significant events. The practice had recently redesigned the system to consolidate all events onto a unified form. All staff reported on feedback and shared learning from previous significant events.

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

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, following an incident relating to a contraceptive procedure, the practice reviewed its systems and introduced an extra safety measure and template to ensure the incident could not reoccur. The learning from the incident and the process that was changed was shared across the practice.

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 held a bimonthly safeguarding meeting with the local health visitor to discuss any safeguarding concerns of families that may be in need of support or intervention. The GPs had been involved in developing a safeguarding template that was used across the clinical commissioning group (CCG), and they reviewed an updated the template to ensure links to the other agencies, updates to assessment tools, and support services. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. The GPs had developed an information leaflet to support staff on safeguarding issues. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.

- There were clear notices in the waiting room, treatment rooms and reception area that 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. Bi-monthly infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy

Are services safe?

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. They 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.

- We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- The practice had developed and kept updated an online information pack for locum GPs and any GPs undergoing training.

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. 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. The GPs, nursing team and reception and administration team had an effective system in place to provide cover across both sites and provide cover for any short term absences, or annual leave. Staff reported the system worked well and minimised any need for locum cover, for example the nursing team had only needed to use locum support once in the last two years.

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 whole team had undergone a training session together to increase knowledge and awareness of each other's roles and responsibilities in the case of any emergency.
- The practice patients had asked for a community defibrillator to be situated outside the practice to support anyone in the local community, the practice had responded and arranged this. The practice also had a defibrillator available inside 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. The plan and emergency numbers were known by the different staff groups, and accessible from off-site if required.



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 changes in national and local guidelines and updated and developed templates to support patients' needs assessments. Examples we saw included a diabetes template and a safeguarding template which were being shared across the clinical commissioning group (CCG).
- The practice monitored that these guidelines were followed through risk assessments and random sample checks of patient records.
- The practice undertook continuing 'rolling audits' in a range of conditions to ensure the optimum care was in place. Rolling audit examples we saw included inhaler use in asthma and antibiotic prescribing.
- The practice GPs undertook a weekly ward round and regularly reviewed all the care plans of patients for all patients who were registered with the practice and resided in the local nursing home (46 out of 48). Staff at the local nursing home confirmed care plans are individualised, regularly reviewed and medicines were also regularly reviewed with a pharmacist, the GP, the Nursing Home team and the patient. This had demonstrated a significant decrease in unnecessary hospital admissions. Data we saw confirmed only one admission over each of the last two quarters of 2015/16, and an overall 70% decrease in admissions.

Management, monitoring and improving outcomes for people

The practice was proactively engaged in monitoring outcomes for patients and had been involved in

undertaking pilots for Quality and Outcomes Framework (QOF) data recording to improve outcomes. (QOF is a system intended to improve the quality of general practice and reward good practice).

The practice was actively involved in a local Diabetes working group to share ideas, best practice and was developing a diabetes template to be shared across the CCG.

The practice identified all patients who had attended the local accident and emergency department in the previous week. This was highlighted to the practice on a Monday morning so the GPs could follow up the patients care needs where appropriate.

The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. The most recent published results were 100% of the total number of points available. The practice had an overall exception rate of 9%. (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 demonstrated mixed exception rates for their QOF (or other national) clinical targets. The practice had higher than average exception reporting for COPD (a range of chronic lung conditions), dementia, care plans for those with a serious mental health problem, heart failure and osteoporosis. However they had lower than average exception rates for asthma, cervical screening, stroke, and significantly better than average exceptions rates for depression and cancer. We looked into the data and clinical care for these conditions during our inspection. We found the clinical care was appropriate and the exception rates in part related to coding issues

Data from 2014/15 showed:

- The percentage of patients with high blood pressure whose last blood pressure reading measured in the preceding 12 months was in the target range was 87% which was higher than the clinical commissioning group (CCG) average of 84% and the national average of 84%.
- Performance for diabetes related indicators were higher than local and national averages, for example:



Are services effective?

(for example, treatment is effective)

- The percentage of patients with diabetes, on the register, in whom the blood test to monitor diabetes (in the preceding 12 months 2014/15) was in the target range was 84% which was higher than the CCG average of 81% and the national average of 78%.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was in the target range was 85% which was higher than the CCG average of 81% and the national average of 78%.
- The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March (2014/15) was 98% which was the same as the CCG average and higher than the national average of 94%.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (2104/15) was 95% which was higher than the CCG average of 92% and the national average of 88%.
- Performance for mental health related indicators were better than local and national averages, for example:
 - The percentage of patients with a serious mental health problem who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (2014/15) was 92% which was the same as the CCG average and higher than the national average of 88%.
 - The percentage of patients with a serious mental health problem whose alcohol consumption has been recorded in the preceding 12 months (2014/15) was 94% which was higher than the CCG average of 91% and the national average of 90%.
 - The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months (2014/15) was 85% which was in line with the CCG average of 86% and the national average of 84%.

There was evidence of quality improvement including clinical audit.

- We saw four of the clinical audits completed in the last two years, all of these were completed audits where the improvements made were implemented and

monitored. For example we saw a three cycle audit into use of antibiotic prescribing and saw that improvements had been made in line with local and national prescribing guidance.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, a recent audit into patients with asthma who were identified through prescription monitoring as potentially more at risk of asthma complications, were targeted for individual reviews with either the asthma nurse or if more complex the respiratory lead GP within the practice, to optimise treatment regime.

Information about patients' outcomes was used to make improvements such as: for example the practice was involved in a diabetes working group, a prescribing formulary pilot and a repeat dispensing pilot all of which were being shared across the CCG.

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. Staff reported that this was effective and gave them the time needed to learn new roles and skills. Staff reported they felt well supported through their induction period and colleagues were always available for help and support. The induction covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice had a proactive learning and development culture, opportunities for sharing learning and development were valued and across the whole practice team. The practice supported protected learning time every two months for learning and development. The practice ensured role-specific training and updates for relevant staff. For example, the nursing team had undertaken updates in integrated community care in practice, ear care, wound care, updates in immunisations, diabetes and asthma. The practice held regular clinical meetings where staff would share any recent learning or updates across the team, recent topics had included management of leg ulcers and wound care.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific



Are services effective?

(for example, treatment is effective)

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

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- The practice proactively sought opportunities to share learning and support the development of colleagues, for example a nurse had recently given a training session to the reception and administration team to support their understanding of the childhood immunisation programme and travel vaccines. The nursing team reported supported development from the GPs including mentoring and training from the GPs, for example a nurse recently joined the GPs for an update in chronic kidney disease.

Coordinating patient care and information sharing

The practice used a wide range of tailored templates to support the assessment and coordination of patient care. For example templates were available for long term conditions including diabetes and the menopause which covered the clinical care and assessments required and highlighted links to best practice guidelines and support agencies. The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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.

The practice had tailored their yearly health check for patients with a learning disability (LD); they provided a 30 minute appointment with a specialist LD nurse followed immediately by a 20 minute joint consultation with the patients named GP. The patient's carer (if relevant) and the LD nurse meet with the patient and GP and reviewed the care, to identify any needs and formulate a written updated care plan.

The practice had a detailed range of multidisciplinary meetings with other health care professionals on a weekly to monthly basis when care plans were routinely reviewed and updated for patients with complex needs. The GPs met every day to discuss any immediate care needs, and met weekly including the community support services. The GPs met every four weeks with the palliative care teams to discuss end of life care plans and review the treatments and patient's needs. Community nursing staff we spoke with confirmed the GPs responded quickly and effectively to requests for support and advice.

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.



Are services effective?

(for example, treatment is effective)

Supporting patients to live healthier lives

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

- The practice had developed an exercise class for patients which were delivered at the branch surgery so patients could access exercise locally. This was run twice a week and well attended and valued by the patients.
- The practice provided access for a range of services at the branch surgery so patients could access services locally, including, physiotherapy, counselling support and drug and alcohol services.
- 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 were given the appropriate advice and support and/or signposted to the relevant service.
- The practice also referred patients to a local healthy living centre for health promotion support and advice.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 83% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme

by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice's uptake for the breast screening programme was 71% comparable to the national average of 72% although below the CCG average of 74.5%. The practice's uptake for the bowel screening programme was 61% which was the same as the CCG average and above the national average of 58%. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 87% to 100% compared to the CCG range from 83% to 98%, and five year olds from 94% to 96% compared to the CCG range from 91% to 97%.

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.



Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

Seven of the eight 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. Patients reported personalised care. Two cards expressed difficulty with access to routine appointments. All the patients we spoke to about urgent appointments said they had no problem getting an urgent appointment when required.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We were told of positive, caring and individualised support by patients we spoke with, including one example where patients received a phone call from the GP following a new cancer diagnosis, to offer care and support. Another example included a follow up letter offering support after a new health condition diagnosis.

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:

- 97% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 95% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 95% say the last nurse they saw or spoke to was good at giving them enough time compared to the CCG average of 94% and the national average of 92%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 100% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 85%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 93% and the national average of 87%.

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.

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

- 94% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.



Are services caring?

- 94% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 82%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% 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. We saw notices in the reception areas informing patients this service was available.
- The practice was developing ways to increase the available formats for patients for Information leaflets and other ways to communicate with the practice. We saw that the practice had regularly reviewed and updated the formats and information contained in letters following patient feedback.

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 52 patients as carers (0.6% of the practice list). The practice had recognised this was below the expected average and had already developed a new role for a carers champion to increase the numbers of recognised carers and provide carers with support and a was developing a carers pack. The practice website contained information about local care services, community services and a range of information about different conditions, lifestyle advice and support services. Written information was available to direct carers to the various avenues of support available to them.

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



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example one of the GPs had led a project and audit with the local hospital and a CCG prescribing adviser to review the medication advice being given to patients with Parkinson's disease as they recognised the impact and implications on patient condition if medicines were not given at the correct hours during the day. The audit gained data from all the practices across the CCG and asked all practices to amend the repeat prescriptions for the relevant medicines to give clear timings for patients. This was seen to have significantly impacted on symptoms and quality of life, confirmed by a communication from the local hospital.

- The practice provided access for a range of services at the branch surgery so patients could access services locally, including aortic aneurism screening, retinal screening, physiotherapy, deep vein thrombosis diagnostics, counselling support, drug and alcohol services (shared care), access to the learning difficulty nurse specialists service, the tissue viability team, the community mental health team, and specialist chronic obstructive pulmonary disorder (a chronic lung disease) nurse support team.
- The practice had responded to suggestions from patients and adjusted the appointment times to increase the range of appointments available. The practice offered a range of appointments including a daily walk in clinic, on day and next day appointments and a range of telephone appointments to increase access.
- The practice had a 24/7 automated telephone appointment booking service.
- The practice held a walk-in flu-vaccination service to improve flexibility of access to routine vaccinations.
- The practice had adjusted the childhood immunisation clinics to improve access times across the two practice locations.

- The practice ran two exercise classes a week for older patients to improve health and wellbeing which also provided social support. This was well attended by ten to 15 patients each session. Patients reported finding the classes excellent.
- The practice with the Friends of Combe Down Surgery ran a transport service for patients with mobility problems to access appointments and clinics. They supported an average of four patients each day.
- There were longer appointments available for patients with a learning disability and those with complex needs.
- The practice held open access clinics for young patients from local schools whether registered at the practice or not. All young patients could be seen without an appointment for sexual health advice.
- The practice held a weekly drop in clinic at a local boarding school.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The surgery worked with the relevant agencies to ensure the best care and adjusted the care where required, for example, we saw an example where a practice nurse conducted an in-reach into hospital to provide continuity of care.
- Same day appointments were available for children and those patients with medical problems that require same day consultation. All children under five with an urgent need were seen on the day.
- The practice had increased the range of services available at the branch practice following feedback from patients.
- Patients were able to receive travel vaccines available on the NHS including yellow fever.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open between 8am and 6pm Monday to Friday. Appointments were from 8.30am to 11am and 3.30pm to 5.30pm daily. Extended hours appointments were offered between 8am and 12pm every Saturday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them. The practice ran a daily access afternoon session and had a range of on the day appointments including telephone appointments.



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 were well above national averages and in line with local averages.

- 80% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 80% and the national average of 75%.
- 84% of patients find it easy to get through to this surgery by phone compared to the CCG average of 91% and the national average of 73%
- 77% of patients usually get to see or speak to their preferred GP compared to the CCG average of 67% and the national average of 59%
- 95% describe their overall experience of this surgery as good compared to the CCG average of 92% and the national average of 85%.

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

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.

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.
- We saw that information was available for patients to raise a complaint. Information was available from the reception team and the website invited feedback or comments. From feedback given at the inspection, this was updated so patients could easily identify ways to complain if required without having to speak to a member of staff.
- All complaints and concerns raised to the practice were investigated and any learning shared and/or improvements made. For example following a complaint the practice had updated the reception workflow process so patients were updated if appointments were running late.

We looked at three complaints received in the last 12 months and found they were dealt with in a timely way, with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. The practice reviewed complaints and incidents in a bimonthly meeting, and conducted a yearly review to identify any themes or areas for future focus.

Are services well-led?

Outstanding



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

Our findings

The practice leadership and culture were used to drive and improve the delivery of high quality person centred care. The practice sought opportunities to deliver tailored care in the local community and improve health outcomes for patients.

The practice's key ethos valued working with partners across health and social care community and contributing to improvements in care and health for the wider population and positive health outcomes for patients.

The practice was using innovative and forward thinking measure to address the changing face of primary care needs in the population. The practice was working with the local community, to provide a whole person holistic model of health care and wellbeing. The programme was being developed to target health educational, health promotion care and support needs.

Vision and strategy

The practice had a clear vision to deliver high quality personalised care, promote health and wellbeing, and involve families, carers and the community.

The practice recognised working with partners across health and social care community and contributing to improvements in care and health for the wider population and positive health outcomes for patients as a key ethos.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy which reflected the vision and values and were regularly monitored, reviewed and updated according to changes in the wider community.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care which was proactively reviewed and updated to reflect best practice. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.

- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. Opportunities for learning and development were valued.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment there was a clear process for learning and taking any action needed to improve the quality of patients' experience and reduce any likelihood of reoccurrence.

Staff confirmed the whole practice team shared an ethos of open communication, where everyone's role was valued. The practice encouraged opportunities to learn from any training, development, incidents or reviews.

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

Are services well-led?

Outstanding



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

- The management team undertook regular reviews of any complaints and/or significant events to identify and learn from any themes.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted the partners held team away days every six months to discuss the future challenges and innovations in primary care.
- 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 gathered feedback from patients through the patient participation group (PPG) and the Friends of Combe Down Surgery (a local charitable group which supported the Combe Down Surgery) and through surveys and complaints received. The PPG met virtually and submitted proposals for improvements to the practice management team. The practice worked with the Friends of Combe Down Surgery who provided feedback to the practice from the wider patient community. The Friends of Combe Down Surgery conducted fundraising for the practice and provided equipment and events to support the patients. For example social support coffee mornings, a daily transport service to bring patients to surgery appointments and clinics. We saw the transport system providing support and access for approximately four patients per day.
- Following feedback from patients the practice had improved the privacy in the waiting area, introduced the

Saturday morning appointments, adjusted the parking arrangements at the branch surgery and introduced a system to update patients if appointments were running late.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. 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 team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example a prescribing formulary pilot and a repeat dispensing pilot all of which were being shared across the CCG.

The practice was a teaching and training practice and supported Registrars and medical students (Registrars are qualified doctors who undertake additional training to gain experience and higher qualifications in general practice and family medicine).

The practice was involved in research, for example the practice had undertaken a pilot to look at how the Quality and Outcomes Framework (QOF) and performance against national screening programmes was monitoring outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice).

The practice was using innovative and forward thinking measure to address the changing face of primary care needs in the population. The practice recognised the increasing complexity of long term health conditions and increasing longevity and that health and social care needed to be combined for the patients in the community for the future. The practice was working with the clinical commissioning group, the local housing association, the local schools, local council and local community groups to develop a community access hub to cater for all the patients in the local community, irrespective of which practice they were registered at, to provide a whole person holistic model of health care and wellbeing. The programme was being developed to target health educational needs through collaboration with schools, community groups (for example, scout association, after

Are services well-led?

Outstanding



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

school's clubs, national trust and sports clubs) and help the community engage with health promotion and health prevention measures, as well as undertake the health care and treatments needs.

The practice regularly reviewed how to meet the current and changing needs of the community and was diversifying

the workforce, for example the practice had just employed an advance nurse practitioner, was utilising a practice pharmacist and supporting apprentices, as well as increasing the range of online services including looking into how to provide governance for future online consultations.