

# Glastonbury Surgery

## Quality Report

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

### Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Glastonbury Surgery on 11 May 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.
- 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.
- 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.

- 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 offered a No Scalpel Vasectomy service (the surgeon makes one tiny puncture with an instrument, no skin sutures required) through the NHS.
- The practice provided a young person's confidential drop in clinic, for 13 to 19 year olds, which was held once a week at 4.30pm to fit in with school hours. Young people could obtain support, advice and had access to a contraceptive service.
- The practice provided an after school asthma appointment system between 5pm and 6pm for children.
- 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.

**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
- 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 good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was delivered in a coordinated way.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Good



# Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good 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 to secure improvements to services where these were identified. This included providing a No Scalpel Vasectomy service (the surgeon makes one tiny puncture with an instrument, no skin sutures required) through the NHS, a young person's confidential drop in clinic for advice and access to a contraceptive service, for 13 to 19 year olds, was held once a week at 4.30pm to fit in with school hours. .
- 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.
- 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 with dementia.
- 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.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- 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.

Good



# Summary of findings

- 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.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- 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

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.
- 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. It involved older people in planning and making decisions about their care, including their end of life care.
- 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 .

Good



### People with long term conditions

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.
- Performance for diabetes related indicators were above the national averages. The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 92%; the clinical commissioning group (CCG) average was 81%, the national average was 88%.
- 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
- 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.
- Longer appointments and home visits were available when needed.

Good



# Summary of findings

- 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 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. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 80 % (practice figures at the time of our inspection), which was higher than the national average of 74%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice provided a young person's confidential drop in clinic, for 13 to 19 year olds, is held once a week at 4.30pm to fit in with school hours. Young people could obtain support, advice and had access to a contraceptive service.
- The practice provided an after school asthma appointment system between 5pm and 6pm for children.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Good



## Working age people (including those recently retired and students)

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.

Good



# Summary of findings

- 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.

## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- 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.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.

Good



## People experiencing poor mental health (including people with dementia)

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

- The practice had a system for monitoring repeat prescribing for people receiving medication for mental health needs.
- Performance for mental health related indicators was below the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their records, in the preceding 12 months (01/04/2014 to 31/03/2015) was 79% which was higher than the CCG average of 72%, and below the national average of 88%.
- 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.

Good



# Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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 from the period July 2015 to March 2016. The results showed the practice was performing in line with local and national averages. 211 survey forms were distributed and 121 were returned. This represented 0.9% of the practice's patient list.

- 92% 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%.
- 94% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.

- 90% of patients said they found the receptionists at the practice helpful which was similar to the CCG average of 90% and the national average of 87%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 comment cards which were all positive about the standard of care received. Comment cards highlighted that staff responded compassionately when they needed help, warm and friendly and provided support when required. Patients also commented that they had confidence in the care and treatment provided by staff.

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

The percentage of respondents to the GP patient survey who described the overall experience of their GP surgery as fairly good or very good was 88% compared to the clinical commissioning group of 89% and national average of 85%. Also 85% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the CCG average of 84% and the national average of 78%.

# Glastonbury 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 Glastonbury Surgery

Glastonbury Surgery is located in a residential area of Glastonbury. They had approximately 13,000 patients registered from around an eight to ten mile radius from the surgery and included supporting patients from a large public school located in the area.

The practice operates from:

Glastonbury Surgery

Feversham Lane

Glastonbury

Somerset

BA6 9LP

Glastonbury Surgery is situated in a purpose built building. The practice shares the building with an independent pharmacy, and complimentary therapy providers. There are consulting rooms, treatment rooms, reception and waiting rooms on the ground floor. On the first floor there are offices, staff kitchen and areas for storage. There is patient parking to the front of the building.

The practice is provided by a partnership of six GP partners with three salaried GPs and at the time of this inspection one GP registrar, five male and four female. The practices

core team of employed staff including two nurse practitioners, a senior practice nurse three practice nurses and three health care assistants. The practice had a practice manager and deputy practice manager who are supported by a team of senior reception staff, reception staff, administrators, secretaries and two housekeepers.

Glastonbury Surgery is open from 8am until 6.30pm, Monday and Fridays, Tuesday, Wednesday and Thursdays from 8am until 7.30pm. The practice is closed between 1pm and 2pm Thursdays, but patients can still contact the practice by telephone. Later appointments can be booked on Tuesday, Wednesday and Thursdays from 6pm to 7.30pm for both GPs and practice nursing staff.

The practice has a Personal Medical Services contract with NHS England (a locally agreed contract negotiated between NHS England and the practice). The practice is contracted for a number of enhanced services including extended hours access for patients, children in the area

were able to benefit from receiving childhood immunisations, the assessment and provision of services for patients living with dementia and were involved in the unplanned hospital admission avoidance scheme. The practice is a training practice for GP trainees and medical students.

The practice does not provide out of hour's services to its patients, this is provided by Vocare Contact information for this service is available in the practice and on the practice website.

#### Patient Age Distribution

0-4 years old: 3.9% (the national average 5.9%)

5-14 years old: 11.8% (the national average 11.4%)

15- 44 years old: 36.3% (the national average 40.5%)

65-74 years old: 11.7% (the national average 17.1%)

# Detailed findings

75-84 years old: 5.9% (the national average 7.8%)

85+ years old: 3.1% (the national average 2.3%)

Other Population Demographics

% of patients with a long standing health condition is 49% (the national average 54%)

% of patients in paid work or full time education is 60.3% (the national average 61.5%)

1.6% of the practice population was from a Black and Minority Ethnic background.

Practice List Demographics / Deprivation

Index of Multiple Deprivation 2015 (IMD): is 18.7 (the national average 21.8). The lower the number the more affluent the general population in the area, is.

Income Deprivation Affecting Children (IDACI): is 13.6% (the national average 19.9%)

Income Deprivation Affecting Older People (IDAOPI): is 13% (the national average 16.2%)

## 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 May 2016. During our visit we:

- Spoke with a range of staff including GPs, Nursing, management and administration staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to 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 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 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.

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, an error was noticed at the dispensary in regard to the prescription for a patient who was receiving palliative care and was prescribed medicines for pain control. The incident was raised as a significant event; the local clinical commissioning group (CCG) was informed. A meeting had been arranged to implement a new process to check patients were discharged from hospital care on the appropriate medicines, available from the community pharmacy, when leaving secondary care. The records we reviewed showed that a detailed process was in place for responding to significant events; follow up procedures were embedded to check that new protocols were complied with. We were informed that the new protocol had now been adopted county wide.

### 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.
- 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. A lead practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, 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 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. Two of the nurses had qualified as an Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. The nurses received mentorship and

## Are services safe?

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.

- We reviewed five personnel files and information regarding the employment of staff 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.
- There was a policy to offer letter 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 on display in a staff area which identified key information and steps for staff to take. 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 practice used regular locum GPs for whom they undertook appropriate checks to ensure they were suitable to be employed, for example, checking the GMC register and the NHS England performer's List.

### 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.

# 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. GPs took the lead in certain topics, read the new guidelines and disseminated the information to others in the practice.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The practice monitored that these guidelines were implemented through the root cause analysis of significant events and complaints.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were that the practice had achieved 80% of the total number of points available which was similar to the clinical commissioning group (CCG) average of 80%, the national average being 95%. This practice was an outlier for some QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators were above the national averages. The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 92%; the clinical commissioning group (CCG) average was 81%, the national average was 88%.

- The percentage of patients with diabetes, on the register, in whom the last IFCC HbA1c was 64 mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015), was 82% which was higher than the CCG average of 72% and the national average of 78%.
- Performance for mental health related indicators was below the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their records, in the preceding 12 months (01/04/2014 to 31/03/2015) was 79% which was higher than the CCG average of 72%, but below the national average of 88%.

The practice does not participate fully in the QOF scheme it measures its performance by using the Somerset Practice Quality Scheme. The Somerset Practice Quality Scheme (SPQS) arose because GPs in Somerset felt that QOF was not incentivising the highest value clinical behaviour, which sought to provide person-centred and coordinated care (PCCC) and work effectively with other elements of the health and care system.

The practice had assessed the outcomes for patients and had identified that:

- 90% target had been reached for childhood immunisations had been reached every year.
- 80% uptake for cervical cytology every year
- 60% bowel screening uptake
- 79% breast screening uptake.

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits completed in the last two years, nitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included

### Effective staffing

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

# Are services effective?

(for example, treatment is effective)

- The practice had a comprehensive 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. Where staff worked in additional roles such as fire marshals, managing 'dossett' boxes they had additional training. The practice supported health care assistants and administration apprentices through training with local colleges.
- 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.
- 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.
- Locum staff, GPs and nursing staff, received a locum pack of information and undertook induction training when they first worked at the practice.

## 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.

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. We were told patient correspondence from other health and social care providers was scanned immediately upon receipt into patient records and sent electronically for the GP to see. This ensured the patient records were current and held electronically to be accessible should they be needed, for example, for a summary care record to take to the hospital.
- Community nurses teams could access a restricted area of the patient records remotely for any test results and to add details of their visits.
- Patients' blood and other test results were requested and reported electronically to prevent delays. All of the results were reviewed on the day they were sent to the practice to minimise any risks to patients so that any necessary actions was taken.

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.

## 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.
- The practice had implemented and detailed process around consent for minor surgery and aftercare.

# 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:

- 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. Patients were signposted to the relevant service.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.

Information from the National Cancer Intelligence Network (NCIN) indicated:

- The practice's uptake for the cervical screening programme was 80%.
- 60% of patients aged 60-69 years were screened for bowel cancer within six months of invitation which was similar to the clinical commissioning group (CCG) average of 63%, and the national average of 58%.
- 79% (practice figures) of females, aged 50-70 years were screened for breast cancer in the last 36 months, which was in line with the CCG average of 76%, and national average of 72%.

Childhood immunisation rates for the vaccinations given were comparable to the clinical commissioning group averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 73%(Infant Meningitis C) to 94% compared to the CCG average from 72% to 95% and five year olds from 73% to 96% compared to the CCG average from 72% to 95%.

We saw how the practice had made efforts to improve figures for the uptake of childhood influenza immunisations by having a children's party at the practice with incentives for having immunisations. The practice had also a dedicated member of staff, a screening and immunisations coordinator, to continue to improve the uptake figures for all areas.

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. In the year 2014/2015 the practice of the 811 patients in this age group who were invited for a health check, 508(63%) attended. 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.
- Same sex clinicians were offered where appropriate.

All of the 35 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, courteous, caring and treated them with dignity and respect.

We spoke with four 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, warm and friendly and provided support when required. Patients also commented that they had confidence in the care and treatment provided by staff.

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 to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 94% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.

- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 90% of patients said they found the receptionists at the practice helpful which was similar to the CCG average of 90% 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 in line with local and national averages. For example:

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 86%.
- 89% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the 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.

## Are services caring?

- Information leaflets were available in easy read format.
- One member of staff was able to use British Sign Language (BSL) and was able to provide interpreter services for patients who were BSL users.

### **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 256 patients as carers (2% of the practice list). One of the receptionists had an additional role as a carer's champion to help ensure that the various services supporting carers were coordinated and effective. As part of their role they telephoned all of the carers on their register and offered them an annual influenza vaccination. This meant that the practice had one

of the highest vaccination uptake rates at 79% for carers in the area. Written information was available to direct carers to the various avenues of support available to them. Elderly carers were offered timely and appropriate support. For example, the practice nurses would carry out home visits for patients with long term conditions reducing the need for carers to make arrangements for them to attend the surgery.

Staff told us that if families had suffered bereavement, their usual GP contacted them by telephone. 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.

The percentage of respondents to the GP patient survey who described the overall experience of their GP surgery as fairly good or very good was 88% compared to the clinical commissioning group of 89% and national average of 85%. Also 88% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the CCG average of 84% and the national average of 80%.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered a later surgery and opening hours three evenings per week until 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability; combined clinics with longer appointments were available for patients with more than one long term condition.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Reception staff routinely contacted patients to remind them of their asthma and minor surgery appointments. There was a text reminder service available.
- Patients were able to make appointments and order repeat prescriptions online.
- Patients were able to receive travel vaccinations available through the NHS as well as those only available privately including Yellow Fever.
- There were accessible facilities and designated parking bays for blue badge holders. The practice had a hearing loop, translation services available and one member of staff was able to communicate to patients who used British Sign Language.
- The practice offered a No Scalpel Vasectomy (the surgeon makes one tiny puncture with an instrument, no skin sutures required) through the NHS.
- The practice provided a young person's confidential drop in clinic, for 13 to 19 year olds, is held once a week at 4.30pm to fit in with school hours. Young people could obtain support, advice and had access to a contraceptive service.
- The practice provided an after school asthma appointment system between 5 and 6pm for children.
- The practice hosted the NHS Aortic Aneurysm Screening Service.

- The practice hosted counselling, psychotherapy and hypnosis, Osteopathy, Herbal Medicine and Acupuncture services.
- Patients had access to the Health Connections West Mendip a new health and wellbeing service that can support patients to make health choices and had access to other services such as local support groups.
- The practice hosted Citizens Advice Service

### Access to the service

Glastonbury Surgery was open from 8am until 6.30pm, Monday and Fridays, Tuesday, Wednesday and Thursdays from 8am until 7.30pm. The practice was closed between 1pm and 2pm Thursdays, but patients could still contact the practice by telephone. Later appointments could be booked on Tuesday, Wednesday and Thursdays from 6pm to 7.30pm for both GPs and practice nursing staff. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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.

- 84% of patients were satisfied with the practice's opening hours compared to the national average of 79%.
- 82% of patients said they could get through easily to the practice by phone compared to 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.

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.

This was carried out by telephone triage when patients first contacted the practice, the administration staff had a process of assessing each patients need and sought advice from the duty clinician. 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.

# Are services responsive to people's needs?

(for example, to feedback?)

A small number of patients (four) of the 35 Care Quality Commission comment cards received expressed some dissatisfaction in regard to access to appointments. Although overwhelmingly patients felt that if their need was great they could see or speak to a GP quickly and felt the system worked well.

## Listening and learning from concerns and complaints

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

- Its complaint policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaint system on the website and a practice leaflet.

We looked at a selection of the three complaints received in the last 12 months prior to our inspection and found these were dealt with in a timely way to achieve a satisfactory outcome for the complainant. For example, a patient requested an urgent prescription on a Friday to be collected on Saturday at a local pharmacy. The receptionist receiving the request omitted to flag the request for urgent attention by the GP so it was not actioned until the following Monday. The complaint was investigated and changes were made to the individual patient's prescription request system to prevent the incident occurring again.

We saw complaints were responded to by the most appropriate person in the practice and wherever possible by face to face or telephone contact. The information from the practice indicated at what stage the complaint was in its resolution. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. We found the learning points from each complaint had been recorded and communicated to the team or appropriate action taken.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement which was 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.
- The practice had developed a detailed succession plan, which included plans to include meeting the needs of the growing population around Glastonbury by increasing consultation and treatment space in the future.

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.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. All of the partners undertook responsibility in different areas of practice such as vaccines or mental health and reported back at meetings.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- There was a formal schedule of meetings to plan and review the running of the practice, for example, the GPs and practice manager met weekly for business planning.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example,

### 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 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 a verbal and written 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 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 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 team away days were held every
- 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.
- Staff told us the lead nurse provided a strong leadership ethos for the nursing team.

# Are services well-led?

Good 

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

## 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 through surveys and complaints received.
- The practice had gathered feedback from staff through staff meetings, away days and through appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, the nursing staff reviewed and amended care planning document templates to improve how the recorded and planned for patients care.

- Staff told us they felt involved and engaged to improve how the practice was run. The practice used newsletters and put information on their website to inform those patients who may not use GP services frequently about upcoming events.
- The practice had a suggestion box and ran the family and friends test.

## 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, the Mendip Test and Learn project to guide patients to other sources of help and self-help to improve their wellbeing through West Mendip Healthcare Connections. The practice was a teaching practice for GP trainees and medical students. The practice also was involved in some research, specifically recruiting certain patients for particular clinical trials or research