

# Trowbridge Health Centre

## 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?		Requires improvement	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

# Summary of findings

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## Letter from the Chief Inspector of General Practice

### **This practice is rated as Good overall.**

The key questions are rated as:

- Are services safe? – Good
- Are services effective? – Requires Improvement
- Are services caring? – Good
- Are services responsive? – Good
- Are services well-led? – Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

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

In 2017 three GP practices, known as Adcroft Surgery, Bradford Road Medical Centre and Widbrook Surgery merged, and changed their name to Trowbridge Health Centre. The surgery at Bradford Road has since been decommissioned. We inspected Adcroft Surgery (now Trowbridge Health Centre) in November 2016 and rated them as Good. We inspected Bradford Road Medical Centre in November 2016 and rated them as Good. When we inspected Widbrook Surgery in Dec 2015 we rated

them as Inadequate and put them in to Special Measures. We did a follow up inspection in October 2016 and although we found improvements had been made, there were some on-going breaches of the regulations and at that time we rated them as Requires Improvement. The full reports of these previous inspections can be found by selecting the 'all reports' links for Trowbridge Health Centre and Widbrook Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This report covers the announced comprehensive inspection we carried out at Trowbridge Health Centre on 22 and 23 February 2018 as part of our inspection programme and to follow up on breaches of regulations we previously found at Widbrook Surgery, which is now a branch of Trowbridge Health Centre.

At this inspection we found:

- In the past year the practice had been through a period of significant change, we saw evidence the practice was working to develop one team culture from the three recently merged practices and to merge their systems and processes so they were the same across both sites.
- The practice had clear systems to manage risk so that safety incidents were less likely to occur. When incidents did occur, the practice learned from them and improved their processes.

# Summary of findings

- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Following the practice merger and moving into the new practice building, patients had found it difficult to access the appointments system. The practice took action to address this and patients we spoke to on the day of our inspection said they had found it easy to make appointments and were able to access care when they needed it.
- In some areas, such as staff training records, the practice had not completed the task of integrating the systems from the three recently merged practices.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

We saw two areas of outstanding practice:

- The practice was proactive in providing additional services for patients with memory problems. They ran a memory café once a month at a local garden centre. It was promoted through leaflets in the surgery and on the practice website. Staff from the local Alzheimer's charity usually attended. The service was led by two staff from the practice who arranged for speakers such as the local fire officer to attend. It was open to patients with memory problems and their carers.

- The practice ran a community cardiology unit that was led by one of the practice GP partners. There was a dedicated service suite that offered echocardiograms, exercise tolerance tests and 24 hour ECG monitoring. This meant that patients needing this service avoided travel to the nearest hospital.

There was one area where the provider **must** make improvements:

- The provider must ensure they maintain adequate records in relation to persons employed. Specifically, the practice systems did not ensure that all staff had received the training they considered essential for their role.

The areas where the provider **should** make improvements are:

- Improve the uptake of cervical screening.
- Review their exception reporting for mental health criteria within the Quality Outcome Framework, which were above the national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)
- Review staff knowledge of how to access meetings minutes on the practice IT system.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Trowbridge Health Centre

## 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 nurse specialist adviser and a second CQC inspector.

## Background to Trowbridge Health Centre

Trowbridge Health Centre (THC) is located in Trowbridge. It is one of 47 practices within the Wiltshire Clinical Commissioning Group (CCG) area and has around 30,500 patients. In 2017, THC changed its name from Adcroft Surgery following a merger with two other local practices, known as Bradford Road Medical Centre and Widbrook Medical Practice. The Bradford Road site has since been decommissioned. Widbrook surgery is now known as Winfield Road Surgery and operates as a branch surgery. In November 2018, THC moved into a new purpose built practice building adjoining their old surgery.

They have 34 consulting and treatment rooms and one minor operations room. Most treatment and consulting rooms are on the ground floor. The cardiology unit was on the first floor which was accessible by lift. There are automatic front doors, a self-check-in appointments system and a toilet with access for people with disabilities.

Data available shows the practice area is in the 4th less deprived decile nationally, and the practice area is in the mid-range for deprivation scores nationally. The area the practice serves has relatively low numbers of patients from

different cultural backgrounds. Average male and female life expectancy for the area is 79 and 84 years, which is broadly in line with the national average of 79 and 83 years respectively.

The practice provides a number of services and clinics for its patients including childhood immunisations, family planning, minor surgery and a range of health lifestyle management and advice including asthma management, diabetes, heart disease and high blood pressure management.

There are seven GP partners and eight salaried GPs. Some were part-time making a full-time equivalent of 11 GPs. They are supported by a nursing team of 22 nurses, two healthcare assistants and an administrative team of 23 staff led by the practice manager.

The practice is a teaching and training practice. (Teaching practices take medical students and training practices have GP trainees, usually called registrars). At the time of our inspection they had three registrars working with them. The practice was also involved in training student nurses.

The practice is open between 8am and 6.30pm Monday to Friday. GP appointments are available between 8.30am and 12.35pm every morning and 2.30pm to 6.10pm every afternoon. Extended hours appointments are offered from 7am to 8am on Wednesday and Friday, and 6.30pm to 7.30pm Monday, Tuesday and Thursday. Appointments can be booked over the telephone or in person at the surgery.

When the practice is closed, the practice's website advises patients to call the out of hours services which can be accessed by calling NHS 111.

The practice has a Personal Medical Services contract to deliver health care services. This contract acts as the basis for arrangements between NHS England and providers of general medical services in England.

# Detailed findings

The practice provides services from the following sites:

- Trowbridge Health Centre, Prospect Place, Trowbridge, Wiltshire, BA14 8QA.
- Winfield Road Surgery, 72 Wingfield Road, Trowbridge, BA14 9EN.

On the day of our inspection the practice registration with the CQC was not correct. As part of the merger with two other practices there were six partners from the other practices to be added to Trowbridge Health Centre registration. We saw evidence that the practice sent us the appropriate application documents which were currently being processed.

# Are services safe?

## Our findings

We previously rated Trowbridge Health Centre (when it was known as Adcroft Surgery) as good for the provision of safe services.

At our inspection of the Widbrook Medical Practice, prior to it becoming part of Trowbridge Health Centre and being renamed Winfield Road branch surgery, we found:

- Not all medical equipment such as the vaccine fridges and weighing scales were calibrated in accordance with manufacturer's guidance.
- The second thermometer used in the vaccine fridges did not meet the requirements set out in the guidance.
- Some emergency medicines were out of date.
- The external clinical waste bins were not secure.

**Following this inspection we rated Trowbridge Health Centre as good for providing safe services.**

### Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- We spoke to a range of staff during the inspection and they all knew how to identify and report concerns. The

practice told us that all staff had received up-to-date safeguarding and safety training appropriate to their role. However on the day of our inspection, the practice were unable to confirm this with appropriate evidence, such as training certificates. The practice told us they had not yet combined all the training records following the recent merger. Two days after our inspection the practice sent us an updated training spreadsheet which showed most staff had received this training. It showed that all GPs and nurses had been trained to safeguarding level 3 except for two GPs where the level of training was not recorded and one locum GP who had been booked to attend this training. All clinical staff had attended adult safeguarding training. The updated spreadsheet also showed eleven non-clinical staff had not completed child safeguarding training and 12 non-clinical staff had not completed adult safeguarding training. After the inspection, the practice sent us information to show these staff were booked to receive adult and child safe-guarding training.

- Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- On the inspection we saw that not all clinical rooms contained a needle stick injury advice poster. When we mentioned this to the practice they immediately took steps to correct this and sent us confirmation the next day that these were now in place.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

### Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.

# Are services safe?

- When there were changes to services or staff the practice assessed and monitored the impact on safety.

## Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

## Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use. We looked at the system for ensuring the cold chain was appropriately managed at both the main and branch surgeries to ensure safety and efficacy of medicines requiring cold storage.
- We saw evidence that clinical equipment such as weighing scales were calibrated in accordance with manufacturer's guidance.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.

- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

## Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

## Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, when a GP at the practice found that a patient summary sent to a hospital pharmacist did not contain a full list of the patient's medicines, he raised it as a significant event. After an investigation, the practice wrote some guidance on how to ensure a full list of medication was sent, which was circulated to all staff involved in producing patient summaries
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.



# Are services effective?

(for example, treatment is effective)

## Our findings

We previously rated Trowbridge Health Centre (when it was known as Adcroft Surgery) as good for the provision of effective services. At our inspection of the Widbrook Medical Practice, prior to it becoming part of Trowbridge Health Centre and being renamed Winfield Road branch surgery, we rated the practice as requires improvement for providing effective services.

**Following this inspection we rated Trowbridge Health Centre, and all of the population groups, as requires improvement for providing effective services.**

### Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- The practice used computer based guidance templates for most standard activities, such as health checks, referrals and assessing patients capacity to consent to treatment. These templates ensured GPs were aware of the latest guidance, recorded clinical data in a uniform way and provided links to further information, including patients leaflets which could be printed out during the consultation.
- The practice ran a community cardiology unit that was led by one of the practice GP partners who had received additional training in cardiology and received regular review of their practice from a visiting cardiology consultant. There was a dedicated service suite that offered echocardiograms, exercise tolerance tests and 24 hour ECG monitoring. This meant that patients needing this service avoided travelling to the nearest hospital.

Older people:

- The practice worked with another GP practice in Trowbridge to meet the needs of older people through a jointly managed service. The service, funded by the clinical commissioning group (CCG), included a nurse, a care coordinator and a pharmacist specialising in older people's medicine.
- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above the target percentage of 90%.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.
- The practice held regular clinics to insert contraceptive devices.

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

- The practice's uptake for cervical screening was 73%. This was comparable to the clinical commissioning group (CCG) average of 76% and national average of 72% but below the 80% coverage target for the national screening programme. The exception reporting rate was 10% compared with a national average of 7%.



# Are services effective?

## (for example, treatment is effective)

(Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

Flexible appointments were available to patients attending the screening program. Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice used a recognised system for health checks for patients with learning disabilities.

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

- 80% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is comparable to the national average. The exception reporting rate was 10% compared with a national average of 9%.
- 99% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is better than the national average of 90%. The exception reporting rate was 22% compared with a national average of 13%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, the percentage of patients experiencing poor mental health who had

received discussion and advice about alcohol consumption (practice 93%; CCG 94%; national 91%). The exception reporting rate was 24% compared with a national average of 11%.

### Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. We saw three examples of clinical audit that had been repeated to monitor the improvements made. For example, the practice did an audit of their broad spectrum antibiotic prescribing which, at the time, was higher than the CCG. They discussed the first audit at a clinical meeting to highlight the issue and subsequent audits showed their prescribing rates had fallen to below the CCG target. Where appropriate, clinicians took part in local and national improvement initiatives.

The most recent published Quality Outcome Framework (QOF) results were 99.8% of the total number of points available compared with the CCG average of 97% and national average of 96%. (QOF is a system intended to improve the quality of general practice and reward good practice.)

- The overall exception reporting rate was 14% compared with a national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.) The practice exception rate for mental health was 21% compared to the CCG average of 13%. For chronic obstructive pulmonary disease it was 22% compared to the CCG average of 14% and for rheumatoid arthritis it was 22% compared to the CCG average of 10%. During the inspection we discussed the practice's relatively high exception reporting rates. The practice was aware of the data and was monitoring their data. We looked at a sample of patients excepted for diabetes, mental health and chronic obstructive pulmonary disease and found they had been excepted appropriately.

# Are services effective?

## (for example, treatment is effective)

- We noted that the latest QOF data was published prior to the practice merging with two other local practices. Therefore, the QOF data shown in this report only relates to the practice previously known as Adcroft Surgery.
- The practice used information about care and treatment to make improvements.

### Effective staffing

On the day of our inspection the practice was unable to demonstrate that all staff had the skills, knowledge and experience to carry out their roles. We were told this was because the staff records of the three practices who had recently merged had not yet been collated into a single record structure. Two days after our inspection the practice sent us an updated spreadsheet showing the training considered to be compulsory by the practice and which had been completed by staff. It showed that most staff had either attended the training or were booked to do so. However, there were some gaps. For example, it showed that none of the reception staff who had previously worked for the practice that was in special measures had attended training in the Mental Capacity Act. Fifteen non-clinical staff had not received Equality and Diversity training; 10 of these had been booked to attend this training.

- The staff we spoke to during the inspection were able to evidence knowledge appropriate to their role.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Staff we spoke to confirmed this.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. Some staff from the two recently merged practices had not had an appraisal in the previous 12 months. We saw that these were scheduled in the practices appraisal system. The practice provided in-house appraisals for salaried GPs.
- The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- Some staff told us they sometimes had difficulty accessing team minutes on the new IT system. The practice told us they were supporting staff to use the new IT system.

- There was a clear approach for supporting and managing staff when their performance was poor or variable.

### Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

### Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- There were large TV screens in the waiting rooms giving a range of health awareness information, such as advice on alcohol consumption and sexual health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

### Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

# Are services effective?

(for example, treatment is effective)

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

# Are services caring?

## Our findings

We previously rated Trowbridge Health Centre (when it was known as Adcroft Surgery) as good for the provision of caring services. At our inspection of the Widbrook Medical Practice, prior to it becoming part of Trowbridge Health Centre and being renamed Winfield Road branch surgery, we rated the practice as requires improvement for providing caring services.

**Following this inspection we rated Trowbridge Health Centre as good for providing caring services.**

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We saw feedback from patients about the service they received.

We received seven patient Care Quality Commission comment cards. Six were wholly positive about the service experienced. Patients said the service they received was excellent and the staff were friendly and efficient. One comment card had mixed comments. The patient praised the GP's and nurses but was critical of reception staff and a lack of disabled parking.

We spoke to fourteen patients, including three members of the patient participation group. They told us they were very happy with the quality of care they received. Five patients told us they had experienced difficulties getting through to the practice by phone in the first few weeks after the new surgery building opened but told us it had since got much better. Two patients told us they preferred going to the branch surgery for appointments as the new main building had a bright, clinical style which they disliked.

We saw feedback received by Healthwatch Wiltshire and results of the NHS Friends and Family Test. This feedback

was mixed with both positive and negative comments. Many patients praised staff as being excellent, friendly and professional. The negative comments highlighted problems with the telephone system and parking.

Results from the July 2017 annual national GP patient survey showed patients' satisfaction scores on consultations with GPs and nurses. Two hundred and twenty-six surveys were sent out and 112 were returned and represented about 0.3% of the practice population. This survey was conducted prior to the three practices merging and therefore only represents the views of patients at what was then called the Adcroft Surgery. This survey was supported by observations on the day of inspection and completed comment cards.

Results were in line with local and national averages. For example:

- 94% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 93% and the national average of 89%.
- 89% of patients who responded said the GP gave them enough time; CCG - 90%; national average - 86%.
- 95% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 98%; national average - 96%.
- 89% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 90%; national average - 86%.
- 90% of patients who responded said the nurse was good at listening to them; (CCG) - 93%; national average - 91%.
- 86% of patients who responded said the nurse gave them enough time; CCG - 93%; national average - 92%.
- 94% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 98%; national average - 97%.
- 87% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 92%; national average - 91%.
- 81% of patients who responded said they found the receptionists at the practice helpful; CCG - 90%; national average - 87%.

### Involvement in decisions about care and treatment

## Are services caring?

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We spoke to two patients who confirmed they had been offered the use of the translation service. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Major signage throughout the building included a braille translation for braille readers.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. There was information on a dedicated carers' notice board advising patients of the benefits of being identified as a carer and the practice staff opportunistically asked patients if they were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 523 patients as carers (1.7% of the practice list).

- Two members of staff acted as a carers' leads to help ensure that the various services supporting carers were coordinated and effective.
- The practice ran six dedicated carers' clinics a year in partnership with a local voluntary sector organisation who could signpost carers to other services as appropriate.
- The practice had been awarded a gold plus award for carers by a local charity working in partnership with the local authority, because they ensured priority and flexible access to appointments and an annual health check for this group of patients.

- The practice contacted carers to offer them an annual health check and we saw evidence that approximately 200 (38%) of the carers on their list had taken up this offer.
- Staff told us that if families had experienced 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.

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:

- 89% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 91% and the national average of 86%.
- 90% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 87%; national average - 82%.
- 89% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 91%; national average - 90%.
- 84% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 92%; national average - 91%.

### Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

We previously rated Trowbridge Health Centre (when it was known as Adcroft Surgery) as good for the provision of responsive services. At our inspection of the Widbrook Medical Practice, prior to it becoming part of Trowbridge Health Centre and being renamed Winfield Road branch surgery, we rated the practice as requires improvement for providing caring services.

**Following this inspection we rated Trowbridge Health Centre, and all of the population groups, as good for providing responsive services.**

### Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example, they offered extended opening hours, online services such as repeat prescription requests, advanced booking of appointments and advice services for common ailments.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The practice had social media accounts and used an enhanced text messaging service to help them communicate with their patients.
- The practice made reasonable adjustments when patients found it hard to access services.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

#### Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for

those who had difficulties getting to the practice due to limited local public transport availability. The practice ran a specialist older people service in partnership with the other practice in the town.

#### People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- The practice ran a leg ulcer clinic.

#### Families, children and young people:

- We found 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. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, such as early morning, evening and some Saturday extended hours appointments.
- NHS health checks were available for those aged 40-74.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.

#### People whose circumstances make them vulnerable:

- The practice held a register of patients with a learning disability. All patients on this register were offered an annual review and we saw evidence that 30% of patients on this register had attended for a review in the previous 10 months.
- Patients who were homeless were able to use the practice address to register and for patient correspondence.



# Are services responsive to people's needs?

## (for example, to feedback?)

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.
- The practice worked with a local substance misuse service and local pharmacies to provide medical services and the prescribing of substitute medicine for patients with substance misuse under a shared care agreement.
- Patients referred to the local mental health service could be seen at the practice.
- The practice ran a memory café once a month at a local garden centre. The café was promoted through leaflets in the surgery and on the practice website. It was open to patients with dementia and Alzheimer's and their carers. They worked with a local Alzheimer's charity and arranged for speakers such as the local fire officer to attend. We saw evidence that 25 patients had attended the last meeting.
- A support worker for a local Alzheimer's charity was based at the practice and the practice was working to be recognised as being a dementia friendly service.

### Timely access to the service

The practice told us they had experienced significant problems giving patients easy access to care and treatment between July and November 2017. We were told this was caused by a number of factors, such as the practice merging with two other practices, having to move into a new building when it was not yet complete, and receiving more phone calls per day than had been planned for. We were told most of these challenges had been overcome patients were able to access care and treatment from the practice within an acceptable timescale for their needs. The patients we spoke to on the days of our inspection confirmed this.

- Patients had timely access to initial assessment, test results, diagnosis and treatment. For example, on the first day of our inspection, there were routine appointments with a GP available the next day.
- Waiting times, delays and cancellations were minimal and managed appropriately.

- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. Two hundred and twenty-six surveys were sent out and 112 were returned which represented about 0.3% of the practice population. This survey was conducted prior to the three practices merging and therefore only represents the views of patients at what was then called the Adcroft Surgery. This survey was supported by observations on the day of inspection and completed comment cards.

- 72% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 78% and the national average of 76%.
- 77% of patients who responded said they could get through easily to the practice by phone; CCG – 78%; national average – 71%.
- 80% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG – 89%; national average – 84%.
- 72% of patients who responded described their experience of making an appointment as good; CCG – 79%; national average – 73%.
- 53% of patients who responded said they don't normally have to wait too long to be seen; CCG – 61%; national average – 58%.

### Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. 27 complaints were received in the last year. We reviewed three complaints in detail and found that they were handled satisfactorily and in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It



## Are services responsive to people's needs? (for example, to feedback?)

acted as a result to improve the quality of care. For example, the practice had completed a review of complaints received since they had merged with other local practices and moved into a new practice building.

This identified some common themes, such as problems with the phone system and prescription delays. The practice had identified learning and action points to help them resolve these issues.

# Are services well-led?

Good 

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

## Our findings

We previously rated Trowbridge Health Centre as good for the provision of well-led services.

At our inspection of the Widbrook Medical Practice, prior to it becoming part of Trowbridge Health Centre and being renamed Winfield Road branch surgery, we rated them as inadequate and found:

- The practice systems and processes were not operated effectively to ensure compliance with the requirements of good governance
- The practice was not able to access all necessary information when it was required.
- The practice did not follow up on issues identified by internal audit.
- Minutes of meetings did not clearly reflect what was discussed particularly in relation to lessons learnt and actions agreed.
- The management structures and processes did not ensure that all staff were trained to carry out the infection control policies and procedures appropriate for their role.

**Following this inspection we have rated Trowbridge Health Centre as good for providing a well-led service.**

In the past year the practice had been through a period of significant change. They had merged with two other local practices, one of which was in special measures. They decommissioned one surgery while completion of a new practice building and car park was delayed by over two months. The practice told us they had experienced a number of unexpected challenges and teething problems in the first few weeks of using the new building. For example, they were receiving more phone calls each day than all three practices together before they merged and initially did not have the staff to deal with the high demand. We saw evidence they were addressing these issues as they were identified.

### Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.

- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

### Vision and strategy

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

- The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice told us that the current vision, values and strategy had been developed primarily by the partners and managers at the practice. They were planning how to involve all staff in the further development of these.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

### Culture

The practice told us they were still in the process of fully integrating the three practice teams into one.

Their aim was to have one practice team, with staff working across both sites to help ensure the culture and quality of care at the branch surgery was the same as those in the main surgery. The staff we spoke to and the staff rotas we saw confirmed this.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance consistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

# Are services well-led?

Good 

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

- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Not all staff from the merged practices had received an appraisal in the previous 12 months. The practice told us these were scheduled in the practices system for appraisals and we saw evidence to confirm this. Staff were supported to meet the requirements of professional revalidation where necessary.
- All clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Not all staff from the merged practices had received equality and diversity training. Staff told us they felt they were treated equally.
- There were positive relationships between staff and teams.

## Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- The practice told us they aimed to have one system to support good governance and management that worked at both the main and branch surgeries. This had been achieved for key systems, such as the IT systems and patients records.
- The practice was unable to demonstrate that all staff had the training they considered essential for their role. On the day of our inspection the practice was only able to show us a partial training record. They told us this was because they had not yet merged the records from the three practices. After our inspection the practice sent us an updated spreadsheet of training which showed that not all staff had received all the training considered essential by the practice. These gaps in the training records were spread across all the three recently merged practices.
- Structures, processes and systems to support good governance and management were clearly set out,

understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. There were aware that in some cases the systems in the branch surgery were different from those in the main surgery and were taking appropriate steps to address these.

## Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

# Are services well-led?

Good 

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

- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example, the practice had recently conducted a cultural survey of all practice staff with a response rate of 95%. The results had been discussed at a staff meeting in January 2018 and a number of actions had been agreed, such as the development of a staff newsletter.
- There was an active patient participation group (PPG) that included patients from all three of the recently merged practices. They usually met every three months, although this had been more frequent during the recent merger. They felt they were supported by the practice and three members of staff including a GP partner usually attended their meetings. The practice had supported a PPG member to enrol on a dementia awareness course. PPG members had worked with the practice on the commissioning of the new practice

building by talking to patients and giving feedback on issues such as signage. The PPG told us the practice had made changes to signage and introduced a PPG suggestion box following their feedback.

- The practice had compiled a report collating feedback from the Friends and Family test and the PPG, identifying themes and setting out an action plan of how the issues would be addressed.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice.
- The practice had joined the Academic Health Science Network, which is an NHS based network aimed at improving innovation and development.
- The practice was a teaching and training practice. (Teaching practices take medical students and training practices have GP trainees, usually called registrars). The practice was also involved in training student nurses. The practice felt their involvement in training of nurses and GPs was important to their aim of being a forward looking and innovative practice.
- One of the GPs was a GP appraiser, which the practice told us this was beneficial to the practice aim of continuous development.
- The practice was accredited for performing primary care research. They were involved in clinical trials and employed two clinical trials nurses.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 18 HSCA (RA) Regulations 2014 Staffing
Family planning services	<b>How the regulation was not being met:</b>
Maternity and midwifery services	The practice had not ensured that all staff had received the training they considered essential to their role.
Surgical procedures	
Treatment of disease, disorder or injury	This was in breach of regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.