

# Malmesbury Medical Partnership

## Quality Report

Malmesbury Primary Care Centre  
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Wiltshire  
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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

Outstanding



Are services safe?

Good



Are services effective?

Outstanding



Are services caring?

Good



Are services responsive to people's needs?

Outstanding



Are services well-led?

Outstanding



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Malmesbury Medical Practice on 3 February 2016. Overall the practice is rated as outstanding.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example the practice improved quality of care and improved outcomes for patients by and working collaboratively with other stakeholders and initiating an in house elderly frail service.
- Feedback from patients about their care was consistently positive.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, with the local council to provide an in house art programme. The practice had also engaged with the local wildlife trust to develop opportunities, for patients with mental health problems.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example the practice extended its opening hours further, from 8am until 7pm, following patient feedback.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice actively reviewed complaints and how they are managed and responded to, and made improvements as a result.

# Summary of findings

- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.

We saw several areas of outstanding practice:

- The practice was proactive in ensuring services were delivered in ways that would improve patient outcomes. For example the practice worked effectively with the local referral support service which maximised appropriate local referral options. This had contributed to the practice being 19% below the Wiltshire average for emergency admissions, 6% below for elective admissions and 30% below for accident and emergency department attendance rates.
- The practice had identified from the Joint Strategic Needs Assessment (JSNA) high admissions of frail elderly patients. In response, funding was secured

from the transforming care for elderly patients scheme, to set up a frail elderly clinic and a falls assessment service at the practice. Three elderly frail clinics were run each week. There was evidence to demonstrate positive outcomes, in a reduction in the number of falls and of a number of patients being able to continue to live safely at home with support.

- Dementia patients were identified as a target group that would benefit from changes in the way services were delivered. An in house service was initiated for the diagnosis, assessment and referral if appropriate for patients with possible dementia. The service was supported by the practice's care coordinator, the Alzheimer's society and a psychological course for patients and their carers. This service had reduced waiting times for assessment, diagnosis and time to start treatment from 12 months to one month. This has alleviated anxiety for patients and their families and also reduced the number of patients requiring referral to secondary care by 65%.

**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.

Good



- 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 there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and 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.

### Are services effective?

The practice is rated as outstanding for providing effective services.

Outstanding



- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- We also saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients. The practice had invested in a package of templates. These were in addition to the templates provided on the clinical computer system used by the practice. This decision was taken as they felt the new templates better supported the delivery of high quality care in all consultations. The templates were linked to national guidelines, evidence based resources and patient information leaflets which were regularly updated by the provider of the templates.
- Data showed that the practice was performing highly when compared to practices nationally and in the Clinical Commissioning Group.
- The percentage of patients with diabetes, on the register, in whom the last blood test (measured in the preceding 12 months) was within target range, was 91% compared to the national average of 77%.

# Summary of findings

- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months (04/2014 to 03/2015) was 98% compared to the national average of 84%.
- Clinical audits demonstrated quality improvement.
- The practice was proactive in working to improve patient outcomes and working with other local providers to share best practice. For example, the practice worked effectively with the local referral support service which maximised appropriate local referral options. This had contributed to the practice being 19% below the Wiltshire average for emergency admissions, 6% below for elective admissions and 30% below for accident and emergency department attendance rates.

However:

- We found that the practice had high exception ratings in several areas. This was investigated further by the GP specialist advisor on the day of the inspection who saw there were some coding errors, which the practice were aware of and working to resolve. We were also shown action plans the practice had put into place to address areas of high exception reporting. Clinical care was found to be in line with guidelines.

## 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 almost all aspects of care. For example, 94% said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and national average of 87%.
- The practice was proactive in identifying and providing support for carers. A member of staff was responsible for coordinating the carers group. Meetings were held monthly at the practice and an annual outing during the summer was also arranged for the group. All carers were invited to an annual health check.
- Feedback from patients about their care and treatment was consistently and strongly positive.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



## Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

Outstanding



# Summary of findings

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. Examples of this were:
- An in house service had been initiated by the practice for the diagnosis, assessment and referral if appropriate for patients with possible dementia. This service had reduced waiting times for assessment and diagnosis from 12 months to one month and also reduced the number of patients requiring referral to secondary care by 65%.
- The practice effectively coordinated end of care life patients with the palliative care team. For example, it was felt that improvements could be made with regards to symptom control. The practice, with the integrated care team, arranged for a local palliative care consultant to deliver an educational session. Following this, medicines were more appropriately prescribed and symptom control was more effective for patients.
- The practice was proactive in responding to a request by the local council for practices to consider working with local charities on art and outdoor activities projects. The practice felt this would provide support for patients experiencing mental health issues. Following a pilot project the practice continued to facilitate in house sessions for patients who it was felt would benefit from expressing themselves artistically. The practice had engaged with the local wildlife trust on a farm project for those patients who would benefit from outdoor activities.

There were innovative approaches to providing integrated person-centred care. Examples of this were:

- Three frail elderly clinics were held at the practice weekly. Care was tailored to meet the needs of the individual and also delivered in a way to ensure flexibility, choice and continuity of care. Effective collaborative working with the practices care coordinator, community staff and voluntary sector organisations, including joint home visits, had led to improved outcomes for patients.
- There was a proactive approach to understanding the needs of different groups of patients and delivering care to meet those needs. The practice had identified target groups, which included the isolated elderly, patients with dementia, patients at risk of falls and those with alcohol problems. A locality plan had been drawn up in collaboration with another local practice which had led to the initiation of a voluntary sector hub in partnership with the council to support patients to live healthier lives.

# Summary of findings

- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example following feedback the practice extended its opening times to suit the needs of a rural community. The practice was open from 8am to 7pm Monday to Friday.
- Patients can access appointments and services in a way and at a time that suits them. Telephone consultations were available for patients who were unable to attend the practice with the GP of their choice. The practice was flexible with booking appointments for carers and patients travelling from surrounding villages on a rural bus service.
- The practice booked patients with potentially complex problems, at the end of a surgery so as not to keep other patients waiting and so that staff did not feel restricted in the time they could offer. The practice was flexible with booking appointments for carers and patients travelling from surrounding villages on a rural bus service.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

- The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care.
- The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The strategy and supporting objectives were stretching, challenging and innovative, while remaining achievable. 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. Governance and performance management

**Outstanding**



# Summary of findings

arrangements were proactively reviewed and reflected best practice. The practice management had evaluated information and data from a variety of sources to inform decision making that would deliver high quality care.

- 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 partners in the practice prioritised safe, high quality and compassionate care. The partners were visible and it was clear that there was an open culture within in the practice.
- The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff.
- and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as outstanding for the care of older patients.

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had identified from the Joint Services Needs Assessment (JSNA) high admissions of frail elderly patients. In response to this funding was secured from the transforming care for elderly patients scheme, to set up frail elderly clinics and a falls assessment service at the practice. Staff, teams and services were committed to working collaboratively to ensure older patients received coordinated care to meet their needs. This had led to reduced hospital admissions and improved support services to maintain independent living.
- Following a pilot project with the clinical commissioning group (CCG), which the practice was the first in the area to initiate, patient consent, electronic clinical records were shared with the integrated community team, the local palliative care team, the out of hours service and the local accident and emergency department. This had ensured coordinated care, particularly for older patients with complex needs.
- The practice provided medical services to two local nursing homes. The service provided, had recently been re designed in conjunction with care home staff to reduce the number of hospital admissions. GPs now visited daily. Further improvements in continuity and collaborative working between care home staff and the practice to improve patient outcomes, had led to a 20% reduction in emergency admissions in the first 6 months of the new ways of working.
- The practice was proactive in the support offered to carers. The practice had identified a member of staff who was responsible for coordinating the carers group. Meetings were held monthly at the practice and each year an annual outing during the summer was also arranged for the group. The practice had been awarded the gold award for their work with carers.

**Outstanding**



### People with long term conditions

The practice is rated as outstanding for the care of patients with long-term conditions.

**Outstanding**



# Summary of findings

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The nurse lead for diabetes met with the lead GP for diabetes twice a month to discuss complex cases and the practice worked closely with the local diabetic specialist nurse who ran a clinic at the practice once a month.
- The percentage of patients with diabetes, on the register, in whom blood test results were within target range in the preceding 12 months (04/2014 to 03/2015) was 91% compared to a national average of 78%
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young patients who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding five years was 82% which was the same as the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Good



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

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

Good



# Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was open 8am to 7pm each day and Saturday mornings.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice supported a local sexual health initiative for young patients and attended weekly sexual health clinics at the local school.

## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including a learning disability. The practice had no homeless patients registered on the day of the inspection.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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.

Good



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

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

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 94% which was higher than the national average of 88%.
- An in house service was available for the diagnosis, assessment and referral if appropriate for patients with possible dementia. The service was supported by the practices care coordinator, the Alzheimer's society and a local psychological course for

Outstanding



# Summary of findings

patients and their carers. This service had reduced waiting times for assessment and diagnosis from 12 months to 1 month and also reduced the number of requiring referral to secondary care by 65%.

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia. All staff had received additional training from the Alzheimer's society.
- Three GPs had undertaken additional training in drug and alcohol misuse in order to better support patients where there was a need. The practice worked effectively with specialist workers who consulted with patients at the practice. Routine screening and vaccination was offered and the practice worked collaboratively with the local pharmacists. The care coordinator who worked with the frail and elderly had received alcohol awareness training in order to support patients she was working with.
- The practice was proactive in responding to a request by the local council for practices to consider working with local charities on art and outdoor activities projects. The practice felt this would provide support for patients experiencing mental health issues. Following a pilot project the practice continued to facilitate in house sessions for patients who it was felt would benefit from expressing themselves artistically. The practice had engaged with the local wildlife trust on a farm project for patients who would benefit from outdoor activities.

# Summary of findings

## What people who use the service say

The national GP patient survey results published on 7 January 2016. The results showed the practice was performing in line with local and national averages. Two hundred and thirty seven survey forms were distributed and 143 were returned this represented 0.9% of the practice population and a 44% response rate.

- 84% found it easy to get through to this practice by phone compared to a national average of 73%.
- 76% were able to get an appointment to see or speak to someone the last time they tried, which was the same as the national average.
- 96% described the overall experience of their GP practice as fairly good or very good, national average 85%.

- 96% said they would definitely or probably recommend their GP practice to someone who has just moved to the local area, national average 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 37 comment cards which were all positive about the standard of care received. Most comments were received highlighted the caring and professional attitude of all the staff.

We spoke with 14 patients during the inspection. All 14 patients said they were happy with the care they received and thought staff were approachable, committed and caring.

## Outstanding practice

We saw several areas of outstanding practice:

- The practice was proactive in ensuring services were delivered in ways that would improve patient outcomes. For example the practice worked effectively with the local referral support service which maximised appropriate local referral options. This had contributed to the practice being 19% below the Wiltshire average for emergency admissions, 6% below for elective admissions and 30% below for accident and emergency department attendance rates.
- The practice had identified from the Joint Strategic Needs Assessment (JSNA) high admissions of frail elderly patients. In response, funding was secured from the transforming care for elderly patients scheme, to set up a frail elderly clinic and a falls assessment service at the practice. Three elderly frail

clinics were run each week. There was evidence to demonstrate positive outcomes, in a reduction in the number of falls and of a number of patients being able to continue to live safely at home with support.

- Dementia patients were identified as a target group that would benefit from changes in the way services were delivered. An in house service was initiated for the diagnosis, assessment and referral if appropriate for patients with possible dementia. The service was supported by the practice's care coordinator, the Alzheimer's society and a psychological course for patients and their carers. This service had reduced waiting times for assessment, diagnosis and time to start treatment from 12 months to one month. This has alleviated anxiety for patients and their families and also reduced the number of patients requiring referral to secondary care by 65%.

# Malmesbury Medical Partnership

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Malmesbury Medical Partnership

Malmesbury Medical Partnership is located close to the centre of Malmesbury, a small town in Wiltshire. The practice has a higher than average patient population in the over 45 years age group and lower than average in the under 20 to 40 years age group. The practice is part of the Wiltshire Clinical Commissioning Group and has approximately 15000 patients. The area the practice serves is semi-rural and has relatively low numbers of patients from different cultural backgrounds. The practice area is in the low range for deprivation nationally; however there are pockets of deprivation.

The practice is managed by six GP partners (four male and two female) and a practice manager partner. The practice is supported by an additional seven salaried GP's (three male and four female), five practice nurses, four healthcare assistants and an administrative team led by the practice manager. Malmesbury Medical Partnership is a teaching and training practice providing placements for GP registrars and medical students.

The practice is open between 8am and 7pm Monday to Friday. Appointments are available between 8.30am and

11.30am every morning and 2pm to 6.15pm every afternoon. Extended hours appointments are offered between 7.30am and 8.30am Wednesday and Thursday mornings 8.30am to 11.15am on Saturday mornings. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were available for patients that needed them.

When the practice is closed patients are advised, via the practice website that all calls will be directed to the out of hours service. Out of hours services are provided by Medvivo.

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

Malmesbury Medical Partnership is registered to provide services from the following location:

Malmesbury Primary Care Centre

Malmesbury

Wiltshire

SN16 0FB

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as

# Detailed findings

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 3 March 2016.

During our visit we:

- Spoke with a range of staff including four GPs, four practice nurses and 10 administrative staff and spoke with 14 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 patients 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 practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a patient medicine had been changed but the details of the change were not communicated effectively to the patient. The patient became unwell due to the wrong dose of medicine being taken. The incident was discussed at a practice meeting and the process of communicating alterations to medicines to patients was improved to prevent the same thing happening again.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### 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 that reflected relevant legislation and local requirements and 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 relevant to their role. GPs were trained to Child Safeguarding level three. The practice had a robust system of flagging vulnerable patients on the computer system.

- 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 clinical staff had received a Disclosure and Barring Service check (DBS check). (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken 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 and security). 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. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccines after specific training when a doctor or nurse were on the premises.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the



## Are services safe?

reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty, for example, all the nurses worked part time which ensured appropriate nurse cover each day and the ability to cover holiday and sick leave.

### **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 fit for use.

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 peoples' needs.
- The practice had invested in a package of templates. These were in addition to the templates provided on the clinical computer system used by the practice. This decision was taken as they felt the new templates better supported the delivery of high quality care in all consultations. The templates were linked to national guidelines, evidence based resources and patient information leaflets which were regularly updated by the provider of the templates. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For example following an update in guidelines for stroke prevention, the practice identified patients whose management should be altered. The patients individual GP then took responsibility for ensuring management reflected the updated guidelines.

### 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 95% of the total number of points available, with 16% exception reporting compared to a national average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

The high exception reporting was investigated further by the GP specialist advisor on the day of the inspection who saw there were some coding anomalies, which the practice

were aware of and working to resolve and we were shown action plans the practice had put into place to address areas of high exception reporting. For example the practice had investigated each area of high exception coding, a lead GP and nurse had been assigned to look at this further and staff were updated on exception coding rules. This showed that there were no common themes as to which patients were excepted and clinical care was found to be in line with guidelines.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014 to 2015 showed;

- The percentage of patients with diabetes, on the register, in whom the last blood test (measured in the preceding 12 months) was within target range, was 91% compared to the national average of 77%.
- The percentage of patients with high blood pressure in whom the last blood pressure reading measured in the preceding 12 months was within target range was 78% compared to a national average of 83%.
- Performance for mental health related indicators was higher than the national average. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 94% compared to the national average of 88%.
- Clinical audits demonstrated quality improvement.
- There had been six clinical audits undertaken in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review.
- Findings were used by the practice to improve services. For example, one audit highlighted that some patients were not being managed in line with prescribing guidelines. Appropriate action was taken to resolve this, an educational update meeting was held and an alert entered onto patient notes as a reminder for this to be taken into consideration when prescribing this particular medicine.

### 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 an induction programme for all newly appointed staff. It 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. 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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. The nursing staff stated that the management team were always supportive regarding requests to attend training. All staff had had an appraisal within the last 12 months.
  - Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- Coordinating patient care and information sharing**
- The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.
- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
  - The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The nurse lead for diabetes met with the lead GP for diabetes twice a month to discuss complex cases and the practice worked closely with the local diabetic specialist nurse who ran a clinic at the practice once a month.
  - Advanced care plans were shared with the out of hour's service providers to ensure patients wishes were known and considered when their own GP was unavailable.
  - Following a pilot project with the clinical commissioning group (CCG), which the practice was the first in the area to initiate, patient consent, electronic clinical records were shared with the integrated community team, the local palliative care team, the out of hours service and the local accident and emergency department. We spoke with the integrated community care team who told us that the sharing of information in this way had ensured coordinated care, particularly for patients with complex needs.
  - The practice worked effectively with the local referral support service which maximised appropriate local referral options. The practice had proactively worked with the service to initiate and develop a model, for the CCG to adopt, that was beneficial for, patients and practices in the area. This had contributed to the practice being 19% below the Wiltshire average for emergency admissions, 6% below for elective admissions and 30% below for accident and emergency department attendance rates.
  - The practice provided medical services to three local nursing homes. The service provided, had recently been re designed in conjunction with care home staff to reduce the number of hospital admissions. GPs now visited twice weekly. Further improvements in continuity and collaborative working between care home staff and the practice to improve patient outcomes, had led to a 20% reduction in emergency admissions in the first 6 months of the new ways of working.
  - Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment.
- Consent to care and treatment**
- Staff sought patients' consent to care and treatment in line with legislation and guidance.



# Are services effective?

## (for example, treatment is effective)

- 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 records audits.

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Three GPs had undertaken additional training in drugs misuse care in order to better support patients. The practice worked effectively with specialist workers who consulted with patients at the practice. Routine screening and vaccination was offered and there was evidence of collaborative working with the local pharmacists. The care coordinator who worked with the frail and elderly had received alcohol awareness training in order to support the patients she was working with.

The practice's uptake for the cervical screening programme was 82% which was the same as the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes. For bowel cancer 63% of eligible patients had been screened which was the same as the clinical commissioning group (CCG) average and above the national average of 75%. For breast cancer 71% of the eligible patients had received screening compared to a CCG average of 78% and a national average of 72%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 88% to 97%, compared to a national average of 83% to 97% and five year olds from 94% to 99% compared to the national average of 92% to 97%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups 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 close to the waiting room to discuss their needs.

All of the 37 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

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

- 94% said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and national average of 87%.
- 79% said the GP gave them enough time, compared to the CCG average of 90%, and the national average of 87%.
- 100% 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%.

- 93% said the last GP they spoke to was good at treating them with care and concern, compared to the national average of 85%.
- 96% said the last nurse they spoke to was good at treating them with care and concern, compared to the national average of 91%.
- 93% said they found the receptionists at the practice helpful compared to the CCG average of 89%, compared to 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 on the comment cards we received was also positive and aligned with these views.

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

- 97% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 86%.
- 96% said the last GP they saw was good at involving them in decisions about their care, compared to the CCG average of 90% and the national average of 86%.
- 92% said the last nurse they saw was good at involving them in decisions about their care, compared to the CCG average of 92% and the national average of 90%.

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.

### Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 262 (2%) of the practice list as carers. Written information was available to

## Are services caring?

direct carers to the various avenues of support available to them. The practice had identified a member of staff who was responsible for coordinating the carers group.

Meetings were held monthly at the practice and an annual outing during the summer was also arranged for the group. On the day of the inspection, a carers meeting was taking place. We spoke to a number of carers, who told us that the support the practice gave them was invaluable. We also spoke to a representative of the Alzheimer's society who told us that the practice was very engaged with supporting local carers and worked with the society effectively. All

carers were invited to an annual health check. Young carers were referred to a local young carers group, which was felt to be more appropriate to their needs. The practice had been awarded the gold award for their work with carers.

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





# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice had identified from the Joint Strategic Needs Assessment (JSNA) high admissions of frail elderly patients. In response, funding was secured from the transforming care for elderly patients scheme to set up a frail elderly clinic at the practice and a falls assessment service.

- The practice offered a 'Commuter's Clinic' on Wednesday and Thursdays 7.30am to 8.30am and Saturday mornings 8.30 to 11.15am for working patients who could not attend during normal opening hours.
- Telephone consultations were available for patients who were unable to attend the practice with the GP of their choice.
- There were longer appointments available for patients with a learning disability.
- The practice booked patients with potentially complex problems, at the end of a surgery so as not to keep other patients waiting and so that staff did not feel restricted in the time they could offer.
- The practice was flexible with booking appointments for carers and patients travelling from surrounding villages on a rural bus service.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had installed a lift to improve access to consulting rooms on the first floor.
- The practice effectively coordinated care for end of life patients with the palliative care team. For example, it was felt that improvements could be made to the prescribing of end of life medicines for symptom control. The practice, with the integrated care team,

arranged for a local palliative care consultant to deliver an educational session. Following this, medicines were more appropriately prescribed and symptom control was more effective for patients.

- The practice had identified target groups, which included the isolated elderly, patients with dementia, patients at risk of falls and those with alcohol problems. A locality plan had been drawn up in collaboration with another local practice which had led to the initiation of a voluntary sector hub in partnership with the council to support patients to live healthier lives.
- An in house service was available for the diagnosis, assessment and referral if appropriate for patients with possible dementia. The service was supported by the practice's care coordinator, the Alzheimer's society and a local psychological course for patients and their carers. This service had reduced waiting times for assessment and diagnosis and also reduced the number of requiring referral to secondary care.
- Three frail elderly clinics were held at the practice weekly. Each clinic started with a team meeting to discuss cases, a GP would then visit or telephone patients and their families in order to plan care that was tailored to meet the needs of the individual and also delivered in a way to ensure flexibility, choice and continuity of care. Effective collaborative working with the practice's care coordinator, community staff and voluntary sector organisations, including joint home visits, had led to improved outcomes for patients. For example, a patient who had suffered falls and two admissions to hospital in the previous 12 months had had no admissions following intensive input from the services available through the frail elderly clinic and remained living independently with appropriate support.
- The practice had recently worked with local charities to provide support for patients experiencing mental health issues. In house sessions were provided for patients who it was felt would benefit from expressing themselves artistically. The practice had engaged with the local wildlife trust on a farm project for patients who would benefit from outdoor activities.

### Access to the service

The practice was open between 8am and 7pm Monday to Friday. Appointments were available 8.30am to 11.30am



# Are services responsive to people's needs?

## (for example, to feedback?)

every morning and 4pm to 6pm Monday, Tuesday and Wednesday afternoon, 3pm to 6pm Thursday afternoons and 3pm to 5.30pm on a Friday. Extended hours appointments were offered between 8.30am and 11am on Saturday mornings. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were available for patients that needed them.

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

- 85% of patients were satisfied with the practice's opening hours compared to the CCG national average of 75%.
- 84% patients said they could get through easily to the surgery by phone, CCG average 91%, national average 73%.
- 84% patients said they always or almost always see or speak to the GP they prefer, CCG national average 74%.

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

### Listening and learning from concerns and complaints

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

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

We looked at nine complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, we looked at one incident where a baby had been booked for immunisations but was too young to receive them.

An apology was offered on the day with a full explanation and the practice manager also spoke to the patient's mother to apologise after event. A meeting was held to share learning and a new protocol was put into place which included checks to ensure that this would not happen again.



# Are services well-led?

Outstanding



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

## Our findings

The leadership, governance and culture was used to drive and improve the delivery of high-quality person-centred care.

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The strategy and supporting objectives were stretching, challenging and innovative, while remaining achievable.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values and the impact on their roles. The mission statement included working in partnership with patients, the local community and partners to achieve the best outcomes for patients. The practice committed to working with other professionals in the care of their patients where it was in their best interests and demonstrated this by working with, examples of these were, mental health specialists, a care coordinator and school nurses
- All the staff we spoke with were aware of the vision, what it meant for them in their role and the positive impact on patients. The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

Governance and performance management arrangements were proactively reviewed and reflected best practice which supported high quality care.

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

- Practice specific policies were implemented and were available to all staff. We looked at a number of these policies. For example, recruitment, chaperoning and infection control and found them to be in date and regularly reviewed.

A comprehensive understanding of the performance of the practice was maintained. The practice had used the Joint Needs Strategic Assessment data as well as Local Clinical Commissioning Group data and in house data to identify areas where improvements could be made for the benefit

of patients. There was a clear proactive approach to seeking out and embedding new ways of providing care and treatment which had led to improved outcomes for patients. For example:

- Working proactively with the local referral service had led to the practice being below the local average for emergency admissions and Accident and Emergency Attendances.
- Initiation of an in house dementia diagnosis service had reduced the length of time to diagnosis by 65%.
- GPs had undertaken additional training in alcohol misuse and worked with specialist workers to support patients more effectively.

There was strong collaboration and support across all staff and a common focus on improving quality of care.

- The practice had self-funded an additional package of consultation templates which better supported staff in delivering high quality and up to date evidence based care.
- 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.

### Leadership and culture

The partners in the practice prioritised safe, high quality and compassionate care. The partners were visible and it was clear that there was an open culture within the practice. Staff told us they were approachable and always took the time to listen to all members of staff.

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 knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

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

# Are services well-led?

Outstanding



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

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

- Staff told us that they felt well supported by management. There were regular practice meetings. Minutes were kept and there was a structured agenda. The range of meetings encompassed full staff meetings, significant events, palliative care and weekly meetings with the community nursing teams.
- 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 in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

## Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients, using their website, through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, following feedback from the PPG the practice extended its opening hours. The PPG represented a broad range of the patient demographic and were supported by the Malmesbury League of Friends of which the senior partner had become a member which further enhanced integrated working.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff fed back to the management team their concerns regarding the difficulty of maintaining patient confidentiality at the reception desk. They suggested system that would resolve this which the practice put into place. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a strong 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 practice had identified from the Joint Strategic Needs Assessment (JSNA) high admissions of frail elderly patients. In response to this funding was secured from the transforming care for elderly patients scheme to set up a frail elderly clinic at the practice and a falls assessment service. There was evidence to demonstrate positive outcomes, in a reduction in the number of falls and of a number of patients being able to continue to live safely at home with support, in line with their preferences.
- Dementia patients were also identified as a target group that would benefit from changes in the way services were delivered. An in house service was initiated for the diagnosis, assessment and referral, if appropriate, for patients with possible dementia. The service was supported by the practices care coordinator, the Alzheimer's society and a local psychological course for patients and their carers. This service had reduced waiting times for assessment and diagnosis and also reduced the number of patients requiring referral to secondary care.