Abbey Meads Medical Group

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

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 Abbey Meads Medical Group on 28 and 29 October 2014. We found breaches in the regulations relating to safe and well-led services, and the overall rating for the practice was requires improvement. The full comprehensive report for the October 2014 inspection can be found by selecting the 'all reports' link for Abbey Meads Medical Group on our website at www.cqc.org.uk.

This announced comprehensive follow up inspection was undertaken on 6 June 2017.

Overall the practice continues to be rated as requires improvements. Our key findings across all the areas we inspected were as follows:

- The practice had been going through a process of significant change as they worked to address a range of issues following the retirement of some key staff.
- The practice had a clear strategy and supporting business development plan.
- Two new partners who had joined the practice were not based at the practice and were directors of a company the practice had subcontracted some tasks to, including clinical governance. There was lack of clarity around the new governance structure and the practices relationship with the subcontractor.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, lessons learned were not communicated widely enough to support improvement.
- Staff were aware of current evidence based guidance, including National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Not all staff had been trained to provide them with the skills and knowledge appropriate to their role. For example, safeguarding training and triage training.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.

Summary of findings

- Information about services and how to complain was available. However, letters responding to patient complaints did not include information about how to escalate the complaint if they were not satisfied with the practice' response.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

We identified regulations that were not being met and the provider must:

- Ensure there are systems in place to enable the registered person to assess, monitor and improve the quality and safety of the service and which ensures scrutiny and overall responsibility is held by the partners.
- Ensure the practice maintains adequate records of decisions made and action taken by the partners in relation to their governance role.
- Ensure they adequately assess the risks to the security of confidential information, medicines and equipment caused by working in a shared building and take appropriate steps to minimise these risks.
- Ensure lessons learnt from complaints and significant events are communicated to all appropriate staff.
- Ensure systems for the administration of medicines and vaccines are safe and that emergency medicines are in date and suitable to be used.
- Ensure correspondence responding to patients complaints includ information about how to escalate their complaint if patients were not satisfied with the practice' response.
- Ensure all staff receive safeguarding training essential to their role.

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?

Requires improvement

On this inspection we found the issues identified on our previous inspection in October 2014 had been adequately addressed. However, we found other areas where regulations were not being met and the provider continues to be rated as requires improvement for providing safe services.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when things went wrong, reviews and investigations were not thorough enough and lessons learned were not communicated widely enough to support improvement.
- The practice was in the process of moving to a new system to monitor and manage significant events more effectively.
- The practice system for Patient Specific Directions (PSDs) and Patient Group Directions (PGDs) was not effective. (PSDs are written instructions, from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presenting for treatment.)
- We checked the emergency medicines were in date and found two medicines that had expired and no longer suitable to be used. For example, chlorphenamine which expired in August 2016.
- There was inadequate evidence that the practice had considered the risks to the security of confidential information, medicines and equipment caused by working in a shared building or taken adequate steps to minimise these risks. Following our inspection the practice sent us a confidentiality agreement and protocol for other health service staff working in the building to sign, but as there was no evidence that this had been signed by staff it did not have an impact on our findings

Are services effective?

Requires improvement

On our previous inspection in October 2014 we rated the practice as good for providing effective services. On this inspection we found areas where regulations were not being met and the practice is now rated as requires improvement for providing effective services.

Summary of findings

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average. However, exception reporting for some indicators was higher than local and national averages.
- There had been 18 clinical audits commenced in the last two years. Nine of these were completed audits where the improvements made were implemented and monitored.
- Staff were aware of current evidence based guidance,including National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Not all staff had received training essential to their role. For example, seven clinical staff had not received either child or adult safeguarding training.
- There was evidence of appraisals and personal development plans for all staff.
- We were told staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. However, there was no evidence the practice held multi-disciplinary meetings with these staff.
- End of life care was coordinated with other services involved.

Are services caring?

Good

On our previous inspection in October 2014 we rated the practice as good for providing caring services. The practice continues to be rated as good for providing caring services.

- Data from the national GP patient survey showed that patients felt they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. However, some indicators were below local and national averages.
- 88% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 84% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. They also said appointments where difficult to book as the practice only offered on the day appointments.
- Information for patients about the services available was available in an accessible format.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Summary of findings

Are services responsive to people's needs?

Requires improvement

On our previous inspection in October 2014 we rated the practice as good for providing responsive services. On this inspection we found areas where regulations were not being met and the practice is now rated as requires improvement for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with a diagnosis of a dementia.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from four examples reviewed showed the practice responded quickly to issues raised. However, letters responding to patients complaints did not include information about how to escalate the complaints if patients were not satisfied with the practice' response.
- There was no evidence that learning from complaints had been shared with staff.

Are services well-led?

Requires improvement

On our previous inspection in October 2014 we rated the practice as requires improvement for providing well-led services. On this inspection we found areas were regulations were not being met and the practice continues to be rated as requires improvement for being well-led.

- The practice had been going through a process of significant change as they worked to address a range of issues following the retirement of some key staff. In the last three months they had appointed two new partners.
- There was lack of clarity around the new governance structure and the practices new relationship with an external supplier.
- There was no evidence the partners had considered the potential for conflicts of interest which might arise from two partners who were also directors of the company to which some responsibilities had been subcontracted.
- We were told there had not been a formal minuted partners meeting since January 2017.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities. However, the practice had not ensured all staff had received training essential to their role.

Summary of findings

- When things went wrong lessons learned were not communicated widely enough to support improvement.

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

Requires improvement

The practice is rated as requires improvement for the care of older people. The provider is rated as good for caring, requires improvement for safe, effective, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

However, there were examples of good practice.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- 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 identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long-term conditions. The provider is rated as good for caring, requires improvement for safe, effective, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

However, there were examples of good practice.

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The last blood glucose test for 84% of patients on the register with a diagnosis of diabetes, were in the recommended therapeutic range, compared to the national average of 78%. However, the exception rating of 25% for this test was also higher than the national average of 13%. The practice had recently completed an action plan aimed at improving their treatment of patients with a diagnosis of diabetes.

Summary of findings

- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- Patients with a long term condition had a named GP and there was a system to recall patients for 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

Requires improvement

The practice is rated as requires improvement for the care of families, children and young people. The provider is rated as good for caring, requires improvement for safe, effective, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

However, there were examples of good practice.

- Immunisation rates were relatively high for all standard childhood immunisations.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We were told the practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice waiting area included a play area for young children.
- The practice was a breast feeding friendly practice.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of working age people (including those recently retired and students). The provider is rated as good for caring, requires improvement for safe, effective, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

However, there were examples of good practice.

Summary of findings

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours.
- Extended hours appointments are offered from 6.30pm and 7.30pm Monday to Thursday and 7.30 am to 8.30 am on Thursday.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider is rated as good for caring, requires improvement for safe, effective, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

However, there were examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider is rated as good for caring, requires improvement for safe, effective, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Summary of findings

However, there were examples of good practice.

- The practice carried out advance care planning for patients living with dementia.
- The practice employed a (part-time) community psychiatric nurse to support the needs of patients with mental health issues.
- Patients at risk of developing dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.
- The practice was working to become an accredited dementia friendly service.

Summary of findings

What people who use the service say

The latest national GP patient survey results were published in July 2016 and showed the practice was performing in line with local and national averages. Two hundred and ninety survey forms were distributed and 124 were returned. This represented around 0.7% of the practice's patient list.

- 82% of patients described the overall experience of this GP practice as good compared with the Swindon Clinical Commissioning Group (CCG) average of 83% and the national average of 85%.
- 59% of patients described their experience of making an appointment as good compared with the CCG average of 69% and the national average of 73%.
- 75% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with the national average of 80%.

As part of our inspection, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 22 comment cards of which 20 were highly positive about the standard of care received. Two gave neutral or mixed comments. Patients said they always received a friendly and caring service and the doctors and nurses were understanding and supportive.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. They also said appointments where difficult to book as the practice only offered on the day appointments and they had to visit the practice at 8.30am in order to ensure they got an appointment later that day.

Abbey Meads Medical Group

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Abbey Meads Medical Group

Abbey Meads Medical Group is a GP practice located in Swindon. It is one of the practices within the Swindon Clinical Commissioning Group and has approximately 18,200 patients. The practice shares a purpose built building with a number of other health related services. Treatment and consulting rooms are not shared. Patient services are located on the ground and first floors and include; four consulting rooms, four treatments rooms, an automatic front door, a blood pressure monitoring machine for patients use, a self-check-in appointment system and a toilet with access for people with disabilities. There is a passenger lift to the first floor.

The area the practice serves has relatively high number of young families and had a higher than average number of patients under 19 years of age and between 35 and 50 years of age. The practice area is in the national average range for deprivation. 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 five GP partners and two salaried GPs. (Two of the partners are not based at the practice and do not usually do clinical work in the practice.) They are supported by a clinical nurse manager, eight practice nurses, two healthcare assistants and an administrative team of 23 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 one registrar working with them.

The practice is open between 8.30am and 7.30pm Monday to Friday, except Wednesday when they close from 12.30 to 1.30pm and Friday when they close at 6.30pm. GP appointments are available between 9am and 12.00pm every morning and 2pm to 5.30pm every afternoon. Extended hours appointments are offered from 6.30pm and 7.30pm Monday to Thursday and 7.30 am to 8.30 am on Thursday. Appointments can be booked over the telephone or in person at the surgery. The practice had a system in which patients could only book on the day appointments.

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

The practice provides services from the following sites:

Detailed findings

- Abbey Meads Medical Practice, Elstree Way, Swindon, SN25 4YZ
- Penhill Surgery, 257 Penhill Drive, Swindon, SN2 5HN
- Crossroads Surgery, 478 Cricklade Road, Swindon, SN2 7BG

We visited the Abbey Meads Medical Practice and the Penhill Surgery as part of this inspection.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 6 June 2017. During our visit we:

- Spoke with a range of staff including; two GP partners, two practice nurses, a health care assistant, the practice manager and four members of the administrative and reception team.
- Spoke with three patients who used the service.
- Observed how patients were being cared for in the reception area.
- Reviewed a 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.
- Visited one of the two branch surgeries.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

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

Requires improvement

Are services safe?

Our findings

What we found at our previous inspection in October 2014

At our previous inspection we rated the practice as requires improvement for providing safe services. In order to meet the legal requirements we told them they must:

- Ensure administrative staff undertaking chaperone duties have a criminal records check via the Disclosure and Barring Service.

We also said the practice should:

- Ensure the child protection policy has details of other agencies to contact as guidance for staff.

What we found at this inspection in June 2017

On this inspection we found the issues previously identified had been adequately addressed. However, we found other areas of concern and the provider continues to be rated as requires improvement for providing safe services.

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of four documented examples we reviewed, we found that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support and truthful information. However, investigations and other actions taken were not always adequately recorded and it was not clear that patients were given a written apology where appropriate or told about any actions the practice had taken to improve processes to prevent the same thing happening again. For example, when a local hospital informed the practice they had not referred a patient for treatment as agreed in a local protocol, the practice logged this as a significant event and conducted an investigation. However, there is no evidence the patient was given an apology or of any action taken to prevent the issue happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out an analysis of the significant events, although the record keeping was inconsistent.
- There was insufficient evidence to show that lessons learnt from significant events and incident reports were shared with all appropriate staff. For example, we saw minutes from a significant events meetings where an incorrect prescription had been discussed. The minutes show the medicine had been incorrectly prescribed at a very high level. However, the minutes did not set out what the learning points were, or whether any action had been taken to prevent this incident from happening again.
- We were informed that the practice was aware of previous failings in how it managed significant events and incidents and was in the process of moving to a new system to monitor and manage these.

Overview of safety systems and processes

The practice had systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies, such as the safeguarding policy, were accessible to all staff.
- On our last inspection in October 2014 we told the practice they should ensure the child protection policy had details of other agencies to contact as guidance for staff. On this inspection we found this was not included in the policy, however, we saw this information was available on notice boards in clinical and administrative rooms.
- There was a lead member of staff for safeguarding. From the sample of documented examples we reviewed we found that the GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding. However, not all

staff had received training on safeguarding children and vulnerable adults relevant to their role. For example, there was no evidence that seven clinical staff had received either child or adult safeguarding training.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training.
- Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

The arrangements for managing medicines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal), with the exception of vaccines.

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Two of the nurses had qualified as Independent Prescribers and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role. Health care assistants were trained to administer vaccines and medicines.

However,

- Practice staff told us that the day before our inspection the practice had found that most of the Patient Group Directions (PGDs) had gone missing. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presenting for treatment.) The practice did not know how long they had been missing for. We looked at some of the PGDs that were in place found they had not been signed by the authorising manager. The day after our inspection the practice confirmed to us that all the required PGDs had been replaced and signed by the appropriate nurses and authorising GP.
- We looked at the Patient Specific Directions and found errors in the electronic recording system that meant they were not all being used appropriately. For example the link to the shingles PSD actually opened the vitamin B12 PSD. (PSDs are written instructions, from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.)

We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety, however, there were areas requiring improvement.

- There was a health and safety policy available.
- All clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order. However there was no evidence that other electrical equipment, such as desk lights and computers, had been checked since April 2015.
- The practice building was used by a number of other health services, such as a dentist and a physiotherapist. Staff and patients from these services had access to the practice areas. For example, one corridor had a number

of the practice administration rooms and an office used by one of the other services. We saw patients attending one of the other services had to travel down this corridor to go to and from the waiting area and treatment room. On the day of our inspection we saw some of the office doors on this corridor were often left open which meant conversations might be overheard and a store room containing emergency medicines, needles and syringes were also left unlocked during the day. There was inadequate evidence the practice had considered the risks these arrangements might pose for the security of confidential data, medicines and equipment or taken adequate steps to minimise these risks. Following our inspection the practice informed us that they had completed a risk assessment regarding the location of the emergency trolley, which would now be kept in a different location when the practice was open, but as a copy of this risk assessment has not been sent to us this does not have an impact on our ratings.

- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- The practice had a variety of other risk assessments 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).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. .

Arrangements to deal with emergencies and major incidents

The practice had arrangements 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 had received annual basic life support training.
- 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.
- We checked the emergency medicines and found two medicines that had expired and were no longer suitable to be used. For example, chlorphenamine which had expired in August 2016.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

What we found at our previous inspection in October 2014

At our previous inspection we rated the practice as good for providing effective services.

What we found at this inspection in June 2017

On this inspection we found areas where the practice was not meeting the regulatory requirements and have rated the practice as requires improvement for providing responsive services.

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

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

Management, monitoring and improving outcomes for people

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 96% of the total number of points available compared with the clinical commissioning group (CCG) average of 96% and national average of 95%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from April 2015 to March 2016 showed:

- Performance for diabetes related indicators was mixed when compared to the Swindon Clinical Commissioning Group (CCG) and national averages. For example, the last blood glucose test for 84% of patients on the register with diabetes, were in the recommended therapeutic range, compared to the national average of 78%. However, the exception rating of 25% for this test was also higher than the national average of 13%. The blood cholesterol level of 77% of patients on the register with diabetes, were in the recommended therapeutic range, compared to the national average of 80%. However, the exception rating of 20% for this test was higher than the national average of 13%.
- Performance for mental health related indicators was lower than the CCG and national averages. For example, 73% of patients with a psychosis on the register had their alcohol consumption recorded in the preceding 12 months, compared to national average of 89%. The exception reporting for this measure was 5% which was lower than the national average of 10%.

We discussed the practice exception rates which were higher than average in some areas. We found the practice was aware of the data, which they believed was due to their higher than average turnover of patients at the surgery and some administrative errors in how data was entered into their record system. The practice was actively working to improve their performance in some areas, such as asthma reviews, where they felt their exception rates were too high. The practice had recently completed an action plan aimed at improving their treatment of patients with diabetes and they had recently recruited a new practice nurse who specialised in diabetes.

There was evidence of quality improvement including clinical audit:

- There had been 18 clinical audits commenced in the last two years. Nine of these were completed audits where the improvements made were implemented and monitored.
- The practice was involved with other quality improvement projects in partnership with the CCG. For example, they were working towards being a dementia friendly practice.

Information about patients' outcomes was used to make improvements. For example, when the practice noticed their heart failure rate was 50% lower than the national average they felt this could not be due to practice demographics and was more likely to be caused by a system error at the practice. The practice initiated a project

to identify the cause and develop a protocol so than they could ensure their data was more accurate. We saw evidence this the practice register was now much closer the national average

Effective staffing

On the day of our inspection the practice was unable to demonstrate that all staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention 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.
- Appointment requests were triaged by reception staff so patients could be given an appointment with the most appropriate clinician. On the day of our inspection, there was no evidence the staff had received training or guidance for this role. We were subsequently informed that some triage training had been provided but it had not been recorded so the practice did not know which staff had received this training.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Not all staff had received training essential to their role. For example,seven clinical staff had not received either child or adult safeguarding training, also the regular locum GPs had not received essential training such as; fire safety awareness, basic life support and mental capacity.
- 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.
- From the sample of four documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff told us they worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. However, there was no evidence that multi-disciplinary team meetings were held with clinical staff from other services. Staff told us they had informal discussions with health care staff from other services such as midwives and health visitors as nessessary.

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.

Consent to care and treatment

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

- The clinical staff we spoke to 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.

Requires improvement

Are services effective?

(for example, treatment is effective)

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet and alcohol cessation.
- Smoking cessation advice was available from the practice.

The practice's uptake for the cervical screening programme was 91%, which was higher the national average of 81%, although the exception rate was 13% which was also higher than the national average of 7%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to Swindon Clinical Commissioning Group (CCG) andnational averages. For example, rates for the MMR Dose 1 vaccine given to under five year olds was 99% compared to the CCG average of 97% and national average of 94%.

There was a policy to offer telephone or written 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 they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems 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.

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

Good

Are services caring?

Our findings

What we found at our previous inspection in October 2014

At our previous inspection we rated the practice as good for providing caring services.

What we found at this inspection in June 2017

Following this inspection the practice continues to be rated the practice as good for providing caring services.

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same gender.

We received 22 comment cards of which 20 were highly positive about the standard of care received. Two gave neutral or mixed comments. Patients said they always received a friendly and caring service and the doctors and nurses were understanding and supportive.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. They also said appointments where difficult to book as the practice only offered on the day appointments .

Results from the national GP patient survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 77% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 87% of patients said they had confidence and trust in the last GP they saw compared to the national average of 92%.
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 84% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 86% of patients said the nurse gave them enough time compared with the CCG average of 90% and the national average of 92%.
- 95% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 97% and the national average of 97%.
- 86% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Children and young people were treated in an age-appropriate way and recognised as individuals.

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

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 86%.

Good

Are services caring?

- 67% of patients said the last GP they saw was good at involving them in decisions about their care compared with the national average of 82%.
- 84% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 90%.
- 78% of patients said the last nurse they saw was good at involving them in decisions about their care compared with the national average of 85%.

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

- Staff told us that interpretation 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.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 325 patients as carers (around 1.8% of the practice list). Written information was available to direct carers to the various avenues of support available to them and there was a carer's notice board in the waiting area.

Staff told us that if families had experienced bereavement, their usual GP decided what action was appropriate on a case by case basis. This might include arranging 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.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

What we found at our previous inspection in October 2014

At our previous inspection we rated the practice as good for providing responsive services.

What we found at this inspection in June 2017

On this inspection we found areas where the practice was not meeting the regulatory requirements and have rated the practice as requires improvement for providing responsive services.

Responding to and meeting people's needs

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

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- The practice employed a (part-time) community psychiatric nurse to support the needs of patients with mental health issues.
- The practice was a breast feeding friendly practice.
- There were accessible facilities, which included a hearing loop, and interpretation services available.

Access to the service

The practice was open between 8.30am and 7.30pm Monday to Friday, except Wednesday when it closes from 12.30 to 1.30pm and Friday when it closes at 6.30pm. The two branch surgeries had different opening times which were shown on the practice website. GP appointments are available between 9am and 12.00pm every morning and 2pm to 5.30pm every afternoon. Extended hours appointments were offered from 6.30pm and 7.30pm Monday to Thursday and 7.30 am to 8.30 am on Thursday. Appointments can be booked over the telephone or in person at the surgery. The practice had a system in which patients could only book on the day appointments. We were told clinical staff were able to book appointments in advance for patients that needed them. There was clear information available on the practice website and in the waiting area explaining the reason why they had adopted the on-the-day-only appointment system.

Appointment requests were triaged by reception staff so patients could be given an appointment with the most appropriate clinician.

The practice did not have any arrangements in place to provide an emergency service when they were closed on Wednesdays from 12.30 to 1.30pm, which were part of the practices core hours. We were told patients were advised to phone the out of hours service during these times.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was not always comparable to local and national averages.

- 68% of patients were satisfied with the practice's opening hours compared with the national average of 76%.
- 76% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 64% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the national average of 76%.
- 90% of patients said their last appointment was convenient compared with the clinical commissioning group (CCG) average of 90% and the national average of 92%.
- 59% of patients described their experience of making an appointment as good compared with the CCG average of 69% and the national average of 73%.
- 48% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 52% and the national average of 58%.

The practice had a system to assess:

- whether a home visit was clinically necessary; and

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

We were told the practice was aware of some failings in its complaints system and was in the process of moving to a new system 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 and we saw that information was available to help patients understand the complaints system.

However,

- We looked at six complaints received in the last 12 months and found letters responding to patients complaints did not include information for patients about how to escalate the complaints if they were not satisfied with the practice' response.
- The practice had classified all the resolved complaints received in the past year as upheld although three of the complaints we reviewed had not been upheld.
- The practice could not demonstrate that learning points from complaints had been shared with all appropriate staff or that action was taken to improve service delivery.

Are services well-led?

Requires improvement

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

Our findings

What we found at our previous inspection in October 2014

At our previous inspection we rated the practice as requires improvement for providing well-led services. In order to meet the legal requirements we told them they must:

- Ensure the practice recruitment policy is followed when recruiting staff. For example, ensuring the appropriate number of references have been received
- Ensure there are systems to assess, monitor and address risks to standards of cleanliness and hygiene and the prevention of infection.

We also said the practice should:

- Ensure there is a system to review and action plans from patient surveys, significant events and complaints to demonstrate recommendations have been addressed.
- Ensure there is a system to monitor that staff have read patient safety alerts.
- Develop a system to ensure equipment such as scissors and wound closures are in date.
- Review GP and nurse staffing levels to ensure adequate numbers of suitably experienced and trained staff are available to maintain a consistent level of service, patient safety and continuity of care.
- Work towards a practice team culture which promotes co-operation and inclusiveness.

What we found on this inspection

The practice had been going through a process of significant change as they worked to address a range of issues including the recruitment of new GPs and nurses following the retirement of some key staff. In the last three months, they had appointed two new GP partners (who did not usually do clinical work in the practice), a practice manager, a clinical nurse manager, a practice nurse and had subcontracted some tasks such as payroll and clinical governance to an external company. At the time of our inspection we saw evidence that significant progress was being made to address issues which were set out in a comprehensive business development plan. However, we found areas of concern and the practice continues to be rated as requires improvement for providing well-led services.

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

On the day of our inspection the governance framework was not satisfactory.

- There was lack of clarity around the new governance structure and the practices new relationship with an external supplier. For example, some staff we spoke to said the practice had been taken over, merged or become partners with their new external supplier. We saw written evidence which said three of the partners were “salaried partners” and a patient newsletter said the practice was joining a group of over 40 practices. However, during our inspection we were told all these were incorrect. We were told the practice had subcontracted some functions to an external supplier and had accepted two directors from this company into the practice partnership. We asked to see evidence that these new arrangements had been discussed by the previous partners and appropriate due diligence investigations undertaken prior to signing the agreement but where told meetings where these issues were discussed had been informal meetings and not minuted.
- We were told the two new partners who were directors of the subcontractor would not usually be based at the practice. The practice could not demonstrate how they would discharge their responsibilities as partners.
- Some staff were being line managed by an employee of the external supplier, which meant it was unclear how the partners remained accountable for the the staff they employed.
- We were told there had not been a formal minuted partners meeting since January 2017.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained.

Are services well-led?

Requires improvement

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

- The practice held a range of regular meetings such as a weekly training meeting and monthly nurses meeting. We were told there were no whole staff meetings.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, there were gaps in these arrangements. For example, the practice had not adequately considered the risks associated with sharing a building with other service providers.
- When things went wrong lessons learned were not communicated widely enough to support improvement.

Leadership and culture

At the time of our inspection the practice was in the process of registering two new partners with the CQC and removing the registration of two other partners who had left the partnership. This meant there would be five partners when these processes had been completed. On the day of inspection the practice were able to demonstrate that the partners currently registered with the CQC had the experience, capacity and capability to run the practice and ensure high quality care. Staff told us the currently registered partners were approachable and always took the time to listen to all members of staff. The two partners who had recently joined would not be based at the practice and we were told most staff had not yet met one of these partners.

- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when things went wrong reviews and investigations were not thorough enough and lessons learned were not communicated widely enough to support improvement.
- The practice was in the process of moving to a new system to monitor and manage significant events.
- The practice held and minuted a range of meetings for internal staff. However, there was no evidence of multi-disciplinary meetings with district nurses and social workers to monitor vulnerable patients.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- patients through the patient participation group (PPG) and through feedback and complaints received. The PPG was a virtual group who were encouraged to give the practice feedback on their services.
- the NHS Friends and Family test, complaints and compliments received.
- staff through staff surveys. We saw evidence of a recent staff survey although the responses had not yet been collated or any findings reached. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice had worked with the local clinical commissioning group to develop services for patients with dementia and was working to become accredited as a dementia friendly service.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of patients who use services. In particular, • They had not adequately considered the risks to the security of confidential information, medicines and equipment caused by working in a shared building or taken appropriate steps to minimise these risks; • Lessons learnt from significant events, complaints and investigations were not communicated widely enough to support improvement. This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** • The practice did not ensure there were systems in place to enable the registered person to assess, monitor and improve the quality and safety of the service and which ensured scrutiny and overall responsibility is held by the partners. • The practice did not maintain adequate records of decisions made and action taken by the partners in relation to their governance role.

This section is primarily information for the provider

Requirement notices

- There was lack of clarity around the new governance structure and the practices relationship with an external supplier. .
- The practice did not ensure letters responding to patients complaints included information about how to escalate the complaints if they were not satisfied with the practice' response.

This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **How the regulation was not being met:** • Not all staff had received training essential to their role. For example, seven clinical staff had not received training on safeguarding children and vulnerable adults relevant to their role. This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.