

St Melor House Surgery

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



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 St Melor House Surgery on 29 November 2016. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- The practice did not have written policies or procedures setting out how significant events or safeguarding concerns should be managed.
- Apart from one member of staff, the practice had no evidence that any other staff had received training in infection control, Mental Capacity Act 2005, health and safety or fire training. Not all staff had been trained to the recommended level in child safeguarding appropriate to their role.
- The practice did not always carry out all the appropriate recruitment checks prior to employing staff.
- Risks to patients were assessed and managed, with the exception of those relating to recruitment checks and fire drills.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example, 96% of patients said the last GP they spoke with was good at treating them with care and concern compared to the clinical commissioning group average of 89% and national average of 85%.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Information about services and how to complain was available and easy to understand. However, the practice system for reviewing complaints was not always used consistently.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Ensure all staff receive essential training such as safeguarding training and infection control training to a level appropriate to their role.
- Ensure staff and patients are protected by conducting regular fire drills.
- Ensure the practice has a policy and procedure on safeguarding which includes details of the safeguarding lead.
- Ensure all appropriate recruitment checks are carried out and recorded prior to employing new staff.

The areas where the provider should make improvement are:

- Ensure all policies such as those relating to are kept up to date
- Ensure the practices policies on safeguarding and significant events are embedded in the practice routine operations.
- Ensure the practice process and procedure for managing complaints is used consistently.
- Ensure that the practice develops effective strategies for encouraging patient participation in their patient participation group, and listening and responding to patient feedback.
- Ensure all sharp bins are appropriately labelled when placed into service.

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 requires improvement for providing safe services.

- There was a system in place for reporting and recording significant events. However, the practice did not have a policy or procedure setting out how significant events should be managed. The next day the practice sent us a new significant events policy.
- The practice did not have a written policy or procedure on safeguarding, although they sent us a newly adopted policy the next day. There was a folder kept in the reception area which contained information relating to safeguarding but it was not up to date. Not all staff had been trained to the recommended level in child safeguarding appropriate to their role.
- The practice did not always carry out all the appropriate recruitment checks prior to employing staff. For example, there was no application form, curriculum vitae, employment history or references for a new clinician who had started in 2016.
- Although the practice had up to date fire risk assessments there was no evidence of any fire drills having been conducted.
- Neither the infection control lead nor any other staff (except one) had received any infection control training for over two years.
- Not all sharp bins were appropriately labelled when put into service.

Requires improvement



Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were similar to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Requires improvement



However,

Summary of findings

- Apart from one member of staff, the practice had no evidence that any other staff had received training in infection control, Mental Capacity Act 2005, health and safety or fire training.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for most aspects of care. For example, 96% of patients said the GP was good at listening to them compared to the clinical commissioning group average of 92% and the national average of 89%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 1.7% of their practice list as carers and offered this group of patient's additional support which had resulted in the practice being awarded a gold plus award for caring for carers by a local charity working in partnership with the local authority.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. For example, the practice had worked with the other local practices under a CCG programme called Transforming Care for Older People (TCOP) to establish a service to improve care for older people which included sending patients over 75 years of age, who have been in hospital or to A&E, a screening card which identified areas of need and prompted further follow up by the practice.
- The practice had an "on the day" appointment system where anyone who requested it, was offered an "on the day" appointment. If all the appointment slots were used then the patients request was triaged by the GP who phoned the patients back, discussed their request and agreed an appropriate course of action which may include an appointment that day with a nurse or GP.

Summary of findings

- 90% of patients said they could get through easily to the practice by phone compared to the CCG average of 80% and the national average of 73%.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice was a registered yellow fever centre.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. However, the practice system for reviewing complaints was not always used consistently.

Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. However, on the day of our inspection the practice did not have a policy or procedure on significant events or safeguarding, although these were sent to us the next day.
- 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. However, the governance arrangements for ensuring all staff had received all the training appropriate to their role was ineffective. For example, the practice had no evidence of any staff except one, having received training in infection control, mental capacity, health and safety or fire training. Not all clinical staff had received safeguarding training appropriate to their role.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- Following a recent decline in the number of patients participating in the patient participation group, the practice was reviewing their next steps to encourage patient participation.

Requires improvement



Summary of findings

- There was a strong focus on continuous learning and improvement at all levels. The practice had been active in supporting the nursing team to develop their knowledge and skills.

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 requires improvement for the care of older people. The provider is rated as requires improvement for safe, effective 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 offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had developed a service with two other local practices to improve the care of patients over 75 years old. This included a care coordinator employed by the clinical commissioning group who liaised with the practice to identify patients at risk. The three practices held a weekly meeting for patients over 75. Patients over 75 who have been in hospital or to A&E were sent a screening card which identified areas of need and prompted further follow up by the practice.
- The practice did a weekly “ward round” at two local care homes.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The provider is rated as requires improvement for safe, effective 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 chronic disease management and patients at risk of hospital admission were identified as a priority.
- 99% of patients with diabetes on the register had an influenza immunisation in the period 08/2014 to 03/2015, compared to the clinical commissioning group average of 96% and national average of 94%.
- Longer appointments and home visits were available when needed.
- All patients with a long term condition had a named GP and a structured annual review to check their health and medicines

Requires improvement



Summary of findings

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 requires improvement for the care of families, children and young people. The provider is rated as requires improvement for safe, effective 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.

- 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 people 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 people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 81% of women on the register aged 25 to 64 had a cervical screening tests performed in the preceding five years compared to the clinical commissioning group average of 85% and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We hear of positive examples of joint working with midwives and health visitors.
- The practice worked with the local sexual health service who offered a sexual health service at the practice one evening a week.

Requires improvement



Working age people (including those recently retired and students)

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 requires improvement for safe, effective 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 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.

Requires improvement



Summary of findings

- The practice offered extended opening hours for appointments on Monday and Wednesday mornings and Tuesday evening.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider is rated as requires improvement for safe, effective 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 homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children, however, not all staff had received safeguarding training to the level appropriate to their role. 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.

Requires improvement



People experiencing poor mental health (including people with dementia)

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 requires improvement for safe, effective 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.

- 90% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months (2014/15), compared to the clinical commissioning group (CCG) average of 88% and national average of 84%.

Requires improvement



Summary of findings

- 100% of patients on the register with a psychosis had a comprehensive care plan agreed in the preceding 12 months (2014/15) compared to the CCG average of 93% and national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- 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.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2016 showed the practice was performing in line with local and above national averages. Two hundred and nineteen survey forms were distributed and 122 were returned. This was a response rate of 56% and represented 2.4% of the practice's patient list. The data showed:

- 90% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 80% and national average of 73%.
- 84% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 84% and national average of 76%.
- 88% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and national average of 85%.
- 83% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 84% and 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 17 comment cards which were all positive about the standard of care received. Patients wrote that they had confidence in the care provided by the practice which they felt was excellent and they were always treated with care and respect.

We spoke with 14 patients during the inspection. All 14 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Ten of the patients we spoke to said they had rang for an appointment that morning and said it was easy to get an appointment at the practice.

St Melor House Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and an Expert by Experience.

Background to St Melor House Surgery

St Melor House Surgery is a GP practice located in the Wiltshire town of Amesbury. It is one of the practices within the Wiltshire Clinical Commissioning Group and has approximately 5,150 patients. The practice building is purpose built with patient services located on the ground and first floors which include four consulting rooms and two treatments rooms. The main entrance is not wheelchair accessible and there is a side door with a door bell that can be heard in the reception area to alert staff to a disabled patient requiring access. There is a lift to the first floor and a toilet with access for patients with disabilities.

The area the practice serves has relatively low numbers of people from different cultural backgrounds and is in the low range for deprivation nationally, (although it is important to remember that not everyone living in a deprived area is deprived and that not all deprived people live in deprived areas). The practice has a slightly higher than average patient population who are over 40 years old. Average male and female life expectancy for the area is 79 and 83 years respectively, which is the same as the national averages. The practice is close to a number of military bases and has a higher than average patient turnover.

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 two GP partners and a part-time salaried GP. They are supported by an advanced nurse practitioner, a senior practice sister, four practice nurses, two health care assistants and an administrative and dispensing team of seven led by the practice manager.

The practice is open from 8am to 6pm each weekday. The telephone lines are closed from 12.30 to 1.30pm and during this period the answer machine asks patients with an emergency to phone the practice emergency number. GP appointments are available between 8.30am and 12.00pm every morning and 2pm to 3pm and 4pm to 6pm every weekday. Extended hours appointments are offered from 7.30am and 8.30am on Mondays and Wednesdays, and 6.30pm to 7.30pm on Tuesdays. Appointments can be booked up to six weeks in advance over the telephone, online, or in person at the surgery.

The practice has an “on the day” appointment system where anyone who requests an appointment, is offered one that day. If all the appointment slots are used then the patients request is triaged by the GP who phone the patients back, discusses their request and agrees an appropriate course of action which may include an appointment that day with a nurse or GP.

When the practice is closed, patients are advised via the practice’s website to either call the out of hours service or go to the Salisbury walk in centre which is open 8am to 8pm seven days a week. Out of hours services are provided by Medvivo and can be accessed by calling NHS 111.

Detailed findings

The practice has a General 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:

- St Melor House Surgery, Edwards Road, Amesbury, Wiltshire, SP4 7LT.

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 29 November 2016. During our visit we:

- Spoke with a range of staff including two GPs, two nurses, a health care assistant, the practice manager and two members of the administration and reception team.

- 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 patients' 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 a system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- However, on the day of our inspection the practice did not have a policy or procedure setting out how significant events should be managed. The next day the sent us a significant events policy they had written and adopted.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, when the vaccine fridge temperatures went out of the recommended temperature range, the practice investigated the cause and contacted the vaccine manufacturers for further advice. Following this incident, a new fridge was purchased.

Overview of safety systems and processes

The practice had some systems, processes and practices in place to keep patients safe which included:

- A notice in the waiting room and outside consulting rooms advised patients that chaperones were available if required. The practice policy was that only clinical staff would act as chaperones and they had all received training for the role. However, not all clinical staff 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). All the nursing staff had been employed at the practice since 2011 or earlier and the practice had done a risk assessment which concluded that these staff did not need a DBS check.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There was an infection control protocol in place. The senior practice sister was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. However, neither the infection control lead nor any other staff (except one) had received any infection control training for over two years. Annual infection control audits were undertaken, with the last one completed in October 2016.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local 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 in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. 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. Health care assistants (HCA) were trained to administer vaccines and medicines against a patient specific prescription or direction (PSDs) from a prescriber. 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.

Are services safe?

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.

However,

- The practice did not have a written policy or procedure on safeguarding. There was a folder kept in the reception area which contained information relating to safeguarding but it was not up to date. For example, the current safeguarding lead was not correctly identified, although all the staff we spoke to correctly identified who the lead was. There was a safeguarding template on the clinical system but this was not easily available to non-clinical staff. Not all staff had been trained to the safeguarding level appropriate to their role. The current safeguarding lead had been trained to level three in child safeguarding however the other two GPs had only been trained to level two. There was no evidence that four of the nurses had received child safeguarding training. The two health care assistants and all the reception and administration staff had received level one training.
- The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. The staff we spoke to all demonstrated they understood their responsibilities in relation to safeguarding.
- We reviewed four personnel files and found they could not evidence that all the appropriate recruitment checks had been undertaken prior to employment. For example, there was no application form, Curriculum Vitae, employment history or references for a new clinician who had started in 2016. The practice said this was because they were already known to the practice. The practice did not have references for another staff member who started in 2015.
- The sharps bins were not appropriately labelled with the date they were started or the name of the practice and location.

Monitoring risks to patients

Risks to patients were assessed and managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a

health and safety policy available with a poster in the reception office which identified local health and safety representatives. 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.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.
- The practice had assessed the risks of legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- However, although the practice had up to date fire risk assessments there was no evidence of any fire drills having been conducted.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- 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 patients

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 practice had used outside consultants to do an audit of their Quality Outcome Framework (QOF) measures to help identify learning points and improve their accuracy in using the measures. The most recent published results were 97% of the total number of points available.

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

- Performance for diabetes related indicators was similar to the national average. For example, the last blood pressure reading for 82% of patients on the register with diabetes, was 140/80 mmHg or less, compared to the clinical commissioning group (CCG) average of 79% and national average of 78%.
- Performance for mental health related indicators was similar to the national average. For example, 95% of patients with a psychosis on the register had their alcohol consumption recorded in the preceding 12 months, compared to the CCG average of 93% and national average of 90%.

There was evidence of quality improvement including clinical audit.

- There had been five full cycle clinical audits completed in the last two years, where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included the practice adopting a new computer template for recording information from consultations on subdermal implants which was now used by all clinicians to improve the quality of data recording.

Effective staffing

The practice was unable to demonstrate that staff had all the skills, knowledge and experience 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 and control, fire safety, health and safety and confidentiality.
- The practice enabled role-specific training and updates 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 practice had identified some of the staff learning needs through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

However,

Are services effective?

(for example, treatment is effective)

- The practice had no evidence of any staff except one, having received training in infection control, mental capacity, health and safety or fire training. Not all clinical staff had received safeguarding training appropriate to their role.
- 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.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

We saw examples of care plans produced by the practice that contained key information such as the name and contact numbers of all the people and agencies involved in the patients care and were written in a manner likely to be understood by the patient.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Supporting patients to live healthier lives

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

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

The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 76% and the national average of 74%. 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 and they ensured a female sample taker was available. 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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Seventy-four percent of women aged 50 to 70 had been screened for breast cancer in the last 36 months, compared to the CCG average of 77% and national average of 72%. Eighty-one percent of patients aged 60 to 69 had been screened for bowel cancer in the last 30 months, compared to the CCG average of 63% and national average of 58%.

With the exceptions of the meningitis C and pneumococcal vaccines for which no data was available at the time of inspection, childhood immunisation rates for the vaccines given were comparable to the CCG and better than the national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 98% to 100% compared to the CCG average range of

Are services effective?

(for example, treatment is effective)

94% to 97% and national average range of 88% to 95%.
Rates for five year olds ranged from 94% to 97%, compared
to the CCG average range of 90% to 97% and national
average range of 87% to 95%.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 17 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service, with easy to access appointments and staff were helpful, caring and treated them with dignity and respect.

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 average for its satisfaction scores on consultations with GPs and nurses. For example:

- 96% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 96% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 85%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 91%.

- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 82%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- 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.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 89 patients as carers (1.7% of the practice list). The practice had a carer's lead who organised coffee mornings and health check clinics for carers. Written information was available to direct carers to the various avenues of support available to them. The practice had been awarded a gold plus award for caring for carers by a local charity working in partnership with the local authority.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. For example, the practice had worked with the other local practices under a CCG programme called Transforming Care for Older People (TCOP) to establish a service to improve care for older people. This included a care coordinator employed by the CCG who liaised with the practice to identify patients at risk. The three practices held a joint weekly meeting for patients over 75 years old. Patients aged over 75 who have been in hospital or to Accident & Emergency were sent a screening card which identified areas of need and prompted further follow up by the practice.

- 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.
- 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 was a registered yellow fever centre.
- There were disabled facilities, a hearing loop and translation services available.
- The practice produced a newsletter for patients which was available in the waiting room and on the practice website.
- The local NHS counselling service held clinics at the practice twice a week for patients that had been referred to them.

Access to the service

The practice was open from 8am to 6pm each weekday. The telephone lines were closed from 12.30 to 1.30pm and 6pm to 6.30pm and during this period the answer machines asked patients with an emergency to phone the practice emergency number. GP appointments were available between 8.30am and 12.00pm every morning and 2pm to 3pm and 4pm to 6pm every weekday. Extended

hours appointments were offered from 7.30am and 8.30am on Mondays and Wednesdays, and 6.30pm to 7.30pm on Tuesdays. Appointments could be booked up to six weeks in advance over the telephone, online, or in person at the surgery.

The practice had an “on the day” appointment system where anyone who requested it, was offered an “on the day” appointment. If all the appointment slots were used then the patient's request was triaged by the GP who phoned the patient back, discussed their request and agreed an appropriate course of action which may include an appointment that day with a nurse or GP.

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

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 81% and national average of 79%.
- 90% of patients said they could get through easily to the practice by phone compared to the CCG average of 80% and the national average of 73%.

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

The practice had a system in place to assess:

- whether a home visit was clinically necessary, and
- the urgency of the need for medical attention.

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

Listening and learning from concerns and complaints

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

- There was a designated responsible person who handled all complaints in the practice.
- The practice had a patients information leaflet which gave patients all the information required, including how the practice would deal with a complaint and how to escalate a complain. However, on the day of our

Are services responsive to people's needs?

(for example, to feedback?)

inspection there was no information about how to complain available in the practice waiting area. There was a complaints form on the practice website but it did not contain all the information set out in the leaflet.

- The practice did not have a separate policy or procedure for internal use and they told the inspection team that they used the patients' complaint leaflet as the practice policy.

We look at the three complaints received since April 2015 and found they were dealt with in a timely way, with openness and transparency. However, although the practice kept written records of investigations made they did not include full details such as what was discussed, and letters sent to patients did not include information about

how to escalate the complaint if they were not satisfied with the response as set out in recognised guidance, although this information was available in the complaints leaflet and on the practice website.

The practice system for analysing complaints was not consistent. For example, one of the complaints we looked included a complaints review form which gave a brief resume of the complaint, the lessons learnt and any action points, however this review form was not used for the other two complaints.

Complaints were discussed at practice meeting and we were told lessons were learnt from individual concerns and complaints, and we saw minutes of meetings where these were discussed. The practice told us the learning points were informally shared with staff not in attendance at these meetings.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a strategy and supporting business plans with clear objectives and actions which reflected the vision and values and were regularly monitored.
- One aspect of the practice strategy was to invest in an enhanced nursing team to support the GPs and they currently had an advanced nurse practitioner, a senior practice sister, four practice nurses and two health care assistants. This was partly in preparation for a planned increase in military personnel and their families moving into the local area.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

However,

- The governance arrangements for ensuring all staff had received all the training appropriate to their role was ineffective. For example, the practice had no evidence of any staff except one, having received training in infection control, mental capacity, health and safety or fire training. Not all clinical staff had received safeguarding training appropriate to their role. The practice had not conducted regular fire drills.

- The governance arrangements had not ensured that all policies such as those relating to safeguarding and significant events were in place and kept up to date. On the day of our inspection the practice did not have a policy or procedure on significant events or safeguarding, although these were sent to us the next day.
- The governance arrangements had not ensured all the appropriate recruitment checks were carried out and recorded prior to employing new staff.

Leadership and culture

On the day of inspection the partners told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology
- However, the practice had not kept full written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team away days were held every year, the last one being in June 2016.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. The partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Are services well-led?

Requires improvement 

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

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

The practice valued feedback from patients, the public and staff.

- The practice patients participation group (PPG) had joined with another local practice PPG due to the low number of members. This was a virtual group that communicated by email. However, the practice told us the few patients who were involved had dwindled away and although the practice had tried to recruit new members with information about the PPG on their website and in the waiting area, there had been no uptake. The practice were currently reviewing there next steps to encourage patient participation in this group.
- The practice told us they gathered feedback from patients through informal discussion which they felt worked as they were a small practice and knew their patients well. They also collected feedback from complaints received and the national GP patients survey.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. They were part of the local Wessex Alliance Federation of 61 practices, and the Solstice health group with four other local practices. They were working with the other practice in Amesbury to deliver joint training events

The practice used outside consultants to do an audit of their Quality Outcome Framework (QOF) measures to help identify learning points and improve their accuracy in using the measures.

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 Family planning services 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 practice had failed to protect staff and patients by not conducting regular fire drills. 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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment How the regulation was not being met: The practice did not have a written policy or procedure on safeguarding. This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services 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 the necessary training appropriate to their role, such as infection control, safeguarding, mental capacity and health and safety.

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

How the regulation was not being met:

- The registered person had not retained the information specified in Schedule 3. The practice did not always carry out all the appropriate recruitment checks prior to employing staff.

This was in breach of regulation 19 (1) and (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.