

Patford House Surgery Partnership

Inspection report


8a Patford Street
Calne
Wiltshire
SN11 0EF
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www.patfordhousesurgery.co.uk

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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 location

Good 

Are services safe?

Good 

Overall summary

This practice is rated as Good overall. (Previous rating in April 2018 – Good)

The key questions at this inspection are rated as:

- Are services safe? – Good

When we visited Patford House Surgery Partnership on 4 April 2018, to carry out a comprehensive inspection, we found the practice was not meeting the requirements of the regulation relating to safe care and treatment. The practice was not doing all that was reasonably practicable to mitigate risks. Specifically, we found:

- The practice system for dealing with alerts did not include a feedback system to the management team so they could confirm that all appropriate action had been taken.
- Not all blank prescription forms were being adequately tracked.

We also said the practice should:

- Review what training they define as being essential for staff and their system for recording the training completed by staff.
- Review the recently introduced system for ensuring that all staff are informed of learning from complaints and significant events, to ensure the new system is effective and embedded.
- Review the practice systems for carrying out the routine Legionella checks recommended in their Legionella risk assessment.
- Review the practice exception reporting rates for the prevention of cardiovascular disease within their quality outcomes framework and take appropriate action to reduce this rate.

Overall the practice was rated as Good. They were rated as outstanding for providing caring services, good for providing effective, responsive and well-led services, and requires improvement for providing safe services. The full report of the April 2018, inspection can be found by selecting the 'all reports' link for Patford House Surgery Partnership on our website at www.cqc.org.uk.

This report covers the announced follow up focused inspection we carried out at Patford House Surgery Partnership on 01 November 2018, to review the actions taken by the practice to improve the quality of care and to confirm that the practice was meeting legal requirements.

At this inspection we found the practice had addressed the regulatory breaches we identified on our last inspection. Specifically:

- The medicines alert system included a feedback process to the management team so they could confirm that all appropriate action had been taken.
- Blank prescription forms were now being adequately tracked.

The practice had also made improvements in all the areas we suggested they should address in our previous inspection. For example:

- The practice had reviewed their system for ensuring staff were clear about what training the practice considered essential and for recording the training undertaken by staff. We saw they had introduced a new IT system which helped them keep track of what training was due. This system showed that, apart from a few exceptions due to holidays and newly started staff, all training considered as essential by the practice had been completed.
- The practice had conducted an audit of the system they had introduced shortly before our previous inspection in April 2018, for ensuring that all staff are informed of learning from complaints and significant events. We reviewed the evidence in this audit and found it should the new system appeared to be working effectively.
- The practice had reviewed their exception reporting rates for the two-year period from April 2016 to March 2018, which were above the national average. (Exception reporting is the removal of patients from performance calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.) They had investigated the reasons for this and found that some staff were incorrectly coding items in the IT system. Staff were given refresher training to ensure they knew how to enter data correctly. The practice recognised they had not done enough to monitor their exception rates and had introduced a new policy to monitor this data at regular intervals.

Patford House Surgery Partnership is now rated as good overall and in all key questions, except caring which is rated as outstanding.

- Are services safe? – Good
- Are services effective? – Good

Overall summary

- Are services caring? – Outstanding
- Are services responsive? – Good
- Are services well-led? - Good

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Please refer to the detailed report and the evidence tables for further information.

Population group ratings

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector.

Background to Patford House Surgery Partnership

Patford House Surgery Partnership is a GP practice located in Calne, a town and civil Parish in Wiltshire. It is one of 47 practices within the Wiltshire Clinical Commissioning Group (CCG) area and has around 8,800 patients.

The practice is based in a Grade II listed, three-storey building. There are five consulting rooms, two treatment rooms, one phlebotomy room (for taking blood samples) and three patient waiting rooms spread over the ground and first floors. There is a patient lift and a toilet with access for people with disabilities. There is a self-check-in appointments system and the main waiting room contains a plasma screen that relays NHS health information.

The practice has a branch surgery in the village of Sutton Benger, eight miles away. The branch surgery has a dispensary offering pharmaceutical services to those patients on its practice list who live more than one mile (1.6km) from their nearest pharmacy premises. We did not visit the branch surgery as part of this inspection.

The practice is registered to provide the following activities:

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

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.

The practice has been designated as a safe place under the Safe Place scheme. This is a national scheme to support vulnerable people who may need immediate support while out in the community.

Data available shows a measure of deprivation in the local area recorded a score of 8, on a scale of 1-10 where

a higher score indicates a less deprived area. (Note that the circumstances and lifestyles of the people living in an area affect its deprivation score. Not everyone living in a deprived area is deprived and not all deprived people live in deprived areas). The area the practice serves has relatively low numbers of patients from different cultural backgrounds. 97% of the practice population describes itself as white British. Average male and female life expectancy for patients at the practice is 81 years and 84 years respectively, which is the same as the Wiltshire average and broadly in line with the national average of 79 and 83 years respectively.

There are two GP partners and three salaried GPs. Some are part-time making a full-time equivalent of 3.7 GPs. They are supported by a nursing team of four practice nurses, three healthcare assistants and an administrative team of 19 staff led by the practice manager. In addition, there are five dispensers based in the dispensary at the branch surgery.


The practice is a training practice for medical students, trainee GPs and nurses. At the time of our inspection there was one registrar being supported by the practice. (A registrar is a qualified doctor training to become a GP.)


Patford House Surgery is open from 8.30am to 6pm, Monday to Friday. Appointments are from 8.40am to 11.20am and from 3pm to 4.40pm. Any urgent calls between 8am - 8.30 am, and 6pm - 6.30pm are answered in the surgery by a GP or receptionist. Extended hours appointments with a GP are available from 7am to 8am on Wednesday and Thursday, and from 6.30pm to 7.30pm on Monday.

The practice has opted out of providing a full Out Of Hours service for its own patients. Patients can access an Out Of Hours GP service by calling NHS 111.

The practice has a General Medical Services contract with NHS England (a locally agreed contract negotiated between NHS England and the practice).

The practice provides services from the following sites:

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- Patford House Surgery, 8a Patford Street, Calne, Wiltshire, SN11 0EF
 - The Surgery, Chestnut Rd, Sutton Benger, Chippenham. SN15 4RP



The practice has a website containing further information. It can be found here:
www.patfordhousesurgery.co.uk

Are services safe?

We rated the practice as good for providing safe services.

At our previous inspection on 4 April 2018, we rated the practice as requires improvement for providing safe services. We found the practice was not compliant with the regulation relating to safe care and treatment. The practice was not doing all that was reasonably practicable to mitigate risks. Specifically, we found:

- The practice system for dealing with medicine alerts did not include a feedback system to the management team so that they could confirm that all appropriate action had been taken.
- Not all blank prescription forms were being adequately tracked.

We noted other issues relating to safe services and advised the practice they should:

- Review the practice systems for carrying out the routine Legionella checks recommended in their Legionella risk assessment.
- Review the practice exception reporting rates for the prevention of cardiovascular disease within their quality outcomes framework and take appropriate action to reduce this rate.

Safety systems and processes

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

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their 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.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.

- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

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

- Since our previous inspection in April 2018, the practice had reviewed and amended their policies and procedures in relation to the prevention of Legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice had a new legionella assessment completed by an outside contractor covering both the main site and the branch surgery. The external contractor was also undertaking the routine checks that were required.
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- Since our previous inspection in April 2018, the practice had reviewed and revised their procedures relating to emergency medicines. We found that the new system enabled them to ensure medicines were replaced before they went out of date and that medicines were stored in clear tamper proof containers.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.

Are services safe?

- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Since our last inspection in April 2018 the practice had reviewed and revised their policies and procedure relating to the security of blank prescription forms, including forms for handwritten prescriptions. We found that the new system meant blank prescription forms were kept secure and the practice was able to track their use.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.
- On our previous inspection in April 2018, a specialist medicines inspector looked at the practice systems for dispensing medicines at their branch surgery. They were found to be safe. We did not visit the branch surgery as part of this inspection. The practice told us there had been no changes made to how the dispensary operated since our last inspection.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed safety using information from a range of sources.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. Since our last inspection in April 2018, the practice had introduced a new system for managing significant events and complaints. The new system enabled the practice to ensure that all learning points identified from significant events and complaints were shared with all appropriate staff.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts. Since our last inspection in April 2018, the practice had introduced a new system for monitoring medicine safety alerts. This system allowed all the documentation relating to the alerts and actions taken by the practice to be stored in a central location on their IT system. This included recording feedback from staff responsible for carrying out and tasks, so that the management team could confirm that all appropriate action had been taken.

Please refer to the evidence tables for further information.