

Jubilee Field Surgery

Quality Report

Yatton Kennel

Chippenham

Wiltshire

SN14 7EJ

Tel: 01249782204

Website: www.jubileefieldsurgery.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 service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

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 Jubilee Field Surgery on 15 December 2016. The overall rating for the practice was requires improvement. We found the practice to be inadequate for providing safe services, requires improvement for providing effective and well led services and good for providing caring and responsive services. The full comprehensive report on the December 2016 inspection can be found by selecting the 'all reports' link for Jubilee Field Surgery on our website at www.cqc.org.uk.

This announced comprehensive inspection was undertaken on 15 June 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection in December 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again. For example, the practice had responded quickly and effectively to issues raised at the previous inspection in December 2016.
- 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. For example, the practice had employed a nurse practitioner mentor to improve support and development for the nursing staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- 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.

The areas where the provider should make improvements are:

- Ensure staff competencies are reviewed and current to their area of work.

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?

At the last comprehensive inspection on the 15 December 2016, we found the practice was not meeting legal requirements for providing safe services. Since our last inspection, the practice had made a number of improvements to address the breaches in regulations we previously identified.

The practice is now rated as good for providing safe services.

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Good



Are services effective?

At the last comprehensive inspection on the 15 December 2016, we found the practice was not meeting legal requirements for providing effective services. Since our last inspection, the practice had made a number of improvements to address the breaches in regulations we previously identified.

The practice is now rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- 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.

Good



Summary of findings

- End of life care was coordinated with other services involved.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Survey information we reviewed showed that 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 accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. Add examples. For example, joint home visits were arranged with the community based geriatrician, community nurses and palliative nurse care specialist when appropriate.
- 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 dementia.
- Patients we spoke with 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.
- Information about how to complain was available and evidence from an example reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

At the last comprehensive inspection on the 15 December 2016, we found the practice was not meeting legal requirements for providing well-led services. Since our last inspection, the practice had made a number of improvements to address the breaches in regulations we previously identified.

The practice is now rated as good for being well-led.

Good



Summary of findings

- 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 policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. We saw evidence that the practice complied with these requirements in relation to the breach of cold chain raised at the previous inspection in December 2016.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.

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 provider had resolved the concerns for safety, effective and well-led identified at our inspection on 15 December 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

The practice is now rated as good for the care of older people.

- 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.
- Where older patients had complex needs, the practice shared summary care records with local care services. For example the out of hours service.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.
- Joint home visits were arranged with the community based geriatrician, community nurses and palliative nurse care specialist when appropriate.

Good



People with long term conditions

The provider had resolved the concerns for safety, effective and well-led identified at our inspection on 15 December 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

The practice is now rated as good for the care of people with long-term conditions.

Good



Summary of findings

- Nursing staff and GPs shared the care of patients with long term diseases.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (2015-2016) was 93% and similar compared to a local average of 92% and a national average of 91%.
- Multi morbidity appointments were offered to reduce multiple visits to the practice and a holistic approach to care.
- Patients at risk of hospital admission were identified as a priority.
- 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.
- All these patients 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

The provider had resolved the concerns for safety, effective and well-led identified at our inspection on 15 December 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

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

- From the sample of documented examples we reviewed, we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for the standard childhood immunisations for one year olds.
- Patients told us, on the day of inspection, that children and young patients were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



Summary of findings

- 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 had emergency processes for acutely ill children and young patients and for acute pregnancy complications.

Working age people (including those recently retired and students)

The provider had resolved the concerns for safety, effective and well-led identified at our inspection on 15 December 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- 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.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety, effective and well-led identified at our inspection on 15 December 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

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

- The practice held a register of patients living in vulnerable circumstances
- 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 regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

- 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)

The provider had resolved the concerns for safety, effective and well-led identified at our inspection on 15 December 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

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

- The practice carried out advance care planning for patients living with dementia.
- 80% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia. For example, the practice had hosted meeting with the Alzheimer's Society to raise awareness amongst staff of being a dementia friendly community. Members of the patient participation group, and staff from local shops were also invited.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of 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.

Good



Summary of findings

What people who use the service say

The most recently published national GP patient survey results were published July 2016. The results showed the practice was performing in line with local and national averages. Of the 213 survey forms that were distributed, 124 were returned. This represented a 58% response rate compared to a national average of 38% and approximately 3% of the practice population.

- 99% of patients found it easy to get through to this practice by phone compared to the local average of 83% and the national average of 73%.
- 96% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 89% and the national average of 85%.
- 94% of patients described the overall experience of this GP practice as good compared to the local average of 89% and the national average of 85%.

- 88% of patients said they would recommend this GP practice to someone who has just moved to the local area good compared to the local average of 83% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 45 comment cards, 42 of which were positive about the standard of care received and highlighted the professionalism and helpfulness of staff. Three cards commented that they often had long waits to go in for their appointments. We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. One patient commented that they rarely went into their appointment on time. For the period January to July 2016 the friends and family test showed 93% of patients would recommend the practice to their family or friends.

Jubilee Field 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 a CQC assistant inspector.

Background to Jubilee Field Surgery

Jubilee Field Surgery is situated in the village of Yatton Kennel located near Chippenham, a market town in Wiltshire. The practice has a slightly higher than average patient population in the above 40 years age group and lower than average in the 20 to 40 years age group. The practice is part of the Wiltshire Clinical Commissioning Group and has approximately 4,500 patients.

Jubilee Fields Surgery offers dispensing services to eligible patients (those who live further than one kilometre from the pharmacy). The area the practice serves is semi-rural and has relatively low numbers of patients from different cultural backgrounds. The practice area is in the low to mid-range for deprivation nationally and has a lower than average number of patients (1.5%) who are unemployed compared to the local average of 3%. The practice also has a lower than average (47%) number of patients living with a long term condition, compared to the local average (55%). A higher than average can mean there is an increased demand for GP services.

The practice is managed by one GP partner (male) and one female non-clinical partner. The practice is supported by

three salaried GPs, (two female and one male), two practice nurses, one phlebotomist and an administrative team led by the practice manager. The dispensary is supported by one dispensary manager and two trained dispensers.

The practice is open between 8.30am until 1pm and 2pm until 6pm on Monday to Friday apart from a Thursday when the practice closes at 1pm. Appointments are from 8.30am until 11.30am every morning and 3pm until 5.30pm except for Thursday afternoons. From 8am until 8.30am, 1pm until 2pm and after 6pm telephone calls were transferred to the out of hours cover provided by Medvivo. Telephone appointments are also available to book. Extended hours appointments are offered from 6.30pm to 7.30pm on a Monday evening and 6.30pm until 8pm on a Wednesday evening. In addition to appointments can be booked up to four weeks in advance, urgent appointments are available for patients that need them.

When the practice is closed patients are advised, via the practice website and telephone answer machine that all calls will be directed to the out of hour's service. Out of hours services are provided by Medvivo accessed via NHS 111.

The practice has a Primary Medical Services (PMS) contract to deliver health care services. A PMS contract is a locally agreed alternative to the standard General Medical Services contract used when services are agreed locally with a practice which may include additional services beyond the standard contract.

Jubilee Field Surgery is registered to provide services from the following location:

Yatton Kennel, Chippenham, Wiltshire SN14 7EJ.

Detailed findings

Why we carried out this inspection

We undertook a comprehensive inspection of Jubilee Field Surgery on 15 December 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing safe services, requires improvement for providing effective and well led services and good for providing caring and responses services.

We undertook a follow up comprehensive inspection on 15 June 2017 to check that action had been taken to comply with legal requirements. The full comprehensive report on the December 2016 inspection can be found by selecting the 'all reports' link for Jubilee Field Surgery on our website at www.cqc.org.uk.

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 15 June 2017. During our visit we:

- Spoke with a range of staff including three GPs, the practice manager, the dispensary manager, two nurses, two dispensers and two members of the reception team and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members.

- 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.
- 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 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

At our previous inspection on 15 December 2016, we rated the practice as inadequate for providing safe services as patients were at risk of harm because systems and processes were not implemented in a way to keep them safe. This included:

- The arrangements for storage and managing the cold chain for vaccines.
- Ensuring identified risks associated with fire safety were actioned.
- Ensuring processes for checking equipment were in place.

These arrangements had improved when we undertook a follow up inspection on 15 June 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

- There was an effective system in place for reporting and recording significant events.
- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of significant events.
- The practice had clearly defined systems, processes and practices in place to minimise risks to patient safety.

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, the practice was implementing bar code scanning to minimise errors within the dispensary following an incident raised.

Overview of safety systems and processes

- Following the previous inspection the practice informed the relevant organisations of the findings. The NHS England team raised a serious incident in order to investigate the issue in line with the Serious Incident Management Guide. At this inspection we saw evidence that an action plan had been implemented and completed which included informing affected patients of the findings and immunisation of patients where necessary. We also found that the practice had purchased specialised vaccine fridges, temperatures were being logged daily and we saw that any deviations from recommended temperature ranges were being actioned appropriately.
- The spirometer (equipment used to test lung function) was being calibrated in accordance with guidelines and we saw documentation of this.
- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Nurses were trained to level two or level three.
- 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. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place.

Are services safe?

- The arrangements for managing medicines, including emergency medicines, 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. 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.
- The practice had a dispensary. There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines. The practice was signed up to the Dispensing Services Quality Scheme, which rewards practices for providing high quality services to patients of their dispensary. Dispensary staff had received training for their role. Staff received annual appraisals and a check of their competence. This helped ensure they were working to the correct, safe standard and protected patients from the risk of medicines errors.
- Medicines incidents and 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).
- Arrangements were in place for storing medicines so that unauthorised staff or patients would not be able to access them. Medicines in stock were stored safely.
- 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.

Monitoring risks to patients

- The recommended actions following the fire risk assessment had been completed. These included installation of a fire alarm system, regular fire drills and checking of equipment.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

- Emergency equipment which was kept on an easily accessible trolley was checked against a list of equipment which ensured identification of missing items.
- 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.
- 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

At our previous inspection on 15 December 2016, we rated the practice as requires improvement for providing effective services in respect of staff training. These arrangements had improved when we undertook a follow up inspection on 15 June 2017. The provider is now rated as good for providing effective services.

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 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 100% of the total number of points available. The practice's exception reporting rate was 12% which was similar to the local average and 2% higher than national averages (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The same data was used in both inspections as this was the most up to date available.

Data from NHS Digital 2015 to 2016 showed:

- Performance for diabetes related indicators was comparable with local and national averages. For example, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was within target range was 81% compared to a local average of 79% and a national average 77%. However in this area we noted an exception rate of 25% which was 13%

above clinical commissioning group (CCG) and 16% above national. This was investigated further by the GP specialist advisor during the inspection who found that the figures on the practice's computer system did not appear to correlate with the published figures. The percentage of patients with an exception coding on the practice computer system for that period was 8% which was in line with local and national averages.

- Performance for mental health related indicators was above the local and national averages. For example, the percentage of patients with a serious mental health illness who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 100% which was above the local average of 92% and national average of 89% however there was an exception rate of 50% compared to the CCG rate of 16% and the national rate of 13%. However due to low numbers of patients with a diagnosis of serious mental illness registered with the practice and some coding errors the data was not reflective of their delivery of care and we saw evidence that clinical care was in line with guidelines. We saw evidence on the practice computer system that 71% of patients had received a review in the 2016 – 2017 period and that patients who had been excepted had been excepted for reasons that were clinically appropriate.

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits undertaken in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, the practice identified that the proportion of broad spectrum antibiotics prescribed by the practice in the period July 2015 to June 2016 was significantly above average. The findings were discussed with the CCG medicines management and the GPs. Strategies to improve prescribing in line with guidelines were implemented. A follow up audit demonstrated that some areas still required improvement and actions were put into place to address. A third cycle of auditing in 2017 demonstrated a further 28% reduction.

Are services effective?

(for example, treatment is effective)

Effective staffing

At the inspection in December 2016 we found that nurses had received appropriate training and regular updates however learning was not always appropriately applied.

At this inspection we found that staff had the skills, knowledge and experience to deliver effective care and treatment.

- Since the previous inspection, the practice had employed a nurse practitioner to mentor and improve competencies of the nursing staff. We were shown evidence of the areas that had been addressed and improved upon. For example, management of the cold chain. 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 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 could demonstrate how they ensured role-specific training and updating for relevant staff. However we found that the GP who inserted contraceptive devices did not have an up to date, level of competency certificate. When we raised this the GP stated that he would suspend these procedures until he had undertaken the necessary updating.
- 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 administrative staff had received an appraisal within the last 12 months. The nurses were undergoing appraisals with the newly employed nurse mentor at the time of the inspection.
- Staff received training that included: safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. Since the previous inspection all staff had received infection control 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.
- 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 spoke with the health visitor who reported that the GPs were easily accessible and concerns were communicated effectively in a timely way. A monthly meeting was also held with the GP to discuss areas of concern. Multi-disciplinary working was taking place and documentation of this had improved.

Consent to care and treatment

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

- Since the previous inspection, nursing and administrative staff had received training relating to the Mental Capacity Act 2015.
- 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. 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, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 82% which was similar to the CCG average of 85% and the same as the national average of 82%. There was a policy to offer telephone reminders for patients who did

Are services effective?

(for example, treatment is effective)

not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were 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. For breast cancer 76% of eligible patients had been screened which was the same as the local average and similar to the national average of 72%. For bowel cancer 63% of the eligible patients had received screening compared to the CCG average of 63% and national average of 58%.

Childhood immunisation rates for the vaccines given were :

- The percentage of children aged one with the full course of recommended vaccines was 95% which was above the national expected coverage of vaccinations of 90%
- The percentage of children aged two with the full course of recommended vaccines was 86% which was slightly below the 90% nationally expected coverage.

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.

Are services caring?

Our findings

At our previous inspection on 15 December 2016, we rated the practice as good for providing caring services.

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.

Of the 45 patient Care Quality Commission comment cards we received, 42 were very positive about the service experienced. Three gave a mixed response and whilst stating that the care they received was good, they also commented that they were never seen on time. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

Results from the national GP patient survey had not been updated on the national database since the previous inspection in December 2016. These results showed that 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:

- 93% 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 87%.
- 95% 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%.
- 92% 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 the national average of 85%.
- 94% 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 the national average of 91%.
- 98% 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 above or in line with local and national averages. For example:

- 92% 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%.
- 87% 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 the national average of 82%.
- 94% 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 the 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. We saw notices in the reception areas informing patients this service was available.

Are services caring?

- 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.

The practice's computer system alerted GPs if a patient was also a carer. When we inspected the practice in December 2016 we told the practice that they should improve their identification of cares. During this inspection we saw that the practice had doubled the number of patients on the carers register to 75 (1.4% of the practice list). Identified

carers were invited to an annual health check which involved an appointment with the practice nurse and an advisor from Carers Support Wiltshire. Written information was available to direct carers to the various avenues of support available to them. An annual carers meeting was held at the surgery with representative of Carer Support Wiltshire, to raise staff awareness of carers needs and further promote identification.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 15 December 2016, we rated the practice as good for providing responsive services.

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified.

- The practice offered extended hours from 6.30pm until 7.30pm on a Monday evening and 6.30pm until 8pm on a Wednesday evening, for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability. The practice delivered medical services to a residential home for patients with learning disabilities. Health reviews were either carried out at the surgery or at the patient's home, depending on which best suited a patient's individual needs.
- 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.
- There were disabled facilities, a hearing loop and translation services available.
- The practice hosts a mental health counsellor for half a day each week.
- We saw that the practice tailored care delivered to meet individual patient needs. For example we saw that patients who suffered with mental health issues received continued medical support from the practice when going to university to ensure a smooth transition for these patients.
- Staff from the practice engaged and participated in a local community dementia friendly workshop to raise awareness within the community.
- The practice had engaged with the Wiltshire Transforming Care of Older People project and employed an additional GP to review older patients with multiple chronic problems to optimise care.

- Joint home visits were arranged with the community based geriatrician, community nurses and palliative nurse care specialist when appropriate.
- The practice had hosted meeting with the Alzheimer's Society to raise awareness amongst staff of being a dementia friendly community. Members of the patient participation group, and staff from local shops were also invited.

Access to the service

The practice was open between 8.30am until 1pm, 2pm until 6pm on Monday to Friday apart from a Thursday when the practice closed at 1pm. Appointments were from 8.30am until 11.30am to every morning and 3pm until 5.30pm except for Thursday afternoons. From 8am until 8.30am, 1pm until 2pm and after 6pm telephone calls were transferred to the out of hours cover provided by Medvivo. In addition to pre-bookable appointments that could be booked up to five weeks in advance, urgent appointments were also available for people that needed them.

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

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 81% and the national average of 79%.
- 99% of patients said they could get through easily to the practice by phone compared to the CCG average of 81% and the national average of 73%.

People 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 an effective system in place for handling complaints and concerns.

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

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

We looked at the one complaint received by the practice since the previous inspection in December 2016. We found that this had been handled appropriately, dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 15 December 2016, we rated the practice as requires improvement for providing well-led services as the arrangements for governance and performance management did not always operate effectively:

- Not all staff had received essential training. For example, infection control and mental capacity training.
- System and processes for ensuring that the cold chain in relation to vaccines was maintained were not effective.
- Areas identified for action in risk assessments were not always completed. For example, the fire risks assessment.

These arrangements had improved when we undertook a follow up inspection on 15 June 2017. The provider is now rated as good for providing effective 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 strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

- Staff had all received essential training. The practice had employed a nurse practitioner mentor in order to improve support for the nursing staff.
- System and processes for ensuring that the cold chain in relation to vaccines was maintained were effective. The practice had engaged with Public Health England, NHS England and Wiltshire Clinical Commissioning Group to effectively resolve the issues raised in relation to vaccine storage at the inspection in December 2016.
- Areas identified for action in risk assessments had been addressed.

Leadership and culture

On the day of inspection the partners in the practice told us they prioritised, 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:

- We saw that the practice had given affected patients reasonable support, truthful information and a verbal and written apology relating to the vaccine storage issue. In order to support patients a GP contacted and spoke to each affected patient personally prior to sending letters in order to alleviate anxiety.
- The practice kept 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. Total practice meetings were held monthly. We saw that the documentation relating to meetings and the discussions held had improved.
- 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.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

- The practice 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. For example suggestions had been made regarding streamlining the administrative work undertaken by nurses in order to increase efficiency which the partners had been receptive to. Staff told us they felt involved and engaged to improve how the practice was run.

Are services well-led?

Good 

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

- We met with three members of the participation group (PPG). The PPG operates as a virtual group with communication via email. The practice manager often requests feedback and suggestions to be made. On the PPG request, a repeat prescription box had been

installed. The practice had invited a patient who regularly engaged with the younger members of their patient group to join their PPG in order to gain feedback from the breadth of their community.