

Tolsey 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		Good	
Are services safe?	Requires improvement		
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 Tolsey Surgery on 17 May 2016. Overall the practice is rated as good.

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.
- Risks to patients were assessed and well managed with the exception of those relating to medicines management.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- 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.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

Summary of findings

Effective collaborative working with the practices care coordinator, community staff and care organisations, had led to improved outcomes for elderly patients. The practice had worked with the local area to secure funding from the transforming care for elderly patients scheme to set up a weekly frail elderly clinic at the practice. Patient's needs were reviewed at the clinic and arrangements were made for GP visits or telephone calls to patients and their families to plan and deliver care.

The areas where the provider must make improvements are:

- Ensure the proper and safe management of medicines.

The areas where the provider should make improvements are:

- Routine fire drills should be carried out.

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.

Requires improvement



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When 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.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.
- The practice had up to date fire risk assessments. However the practice's fire risk assessment stated that regular fire drills would be performed which the practice had not done.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Systems were not followed for repeat prescribing, managing controlled drugs and not all recommended emergency medicines were held at the practice.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- The practice had been accredited with a gold award by Wiltshire Public Health for its achievements in their stop smoking targets.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice supported a local sexual health initiative for young patients. GPs within the practice would see any young patient, whether they were registered with them or not, who needed on

Summary of findings

the day advice and treatment. Contraceptives and testing kits for a sexually transmitted infection were placed discreetly but visible for young patients' to collect from the practice without the need to be seen by a GP or nurse.

- The practice had been proactive identifying older patients who rarely visit the practice who may require support. All patients over the age of 75 had received a questionnaire entitled "Staywell". The care co-ordinator analysed the forms and following agreement with patients', those who would benefit from being seen were booked an appointment with the GP or nurse or community teams as appropriate. The practice followed up all patients' who had not responded with a telephone call. The response rate had been good which meant patients' who rarely attended the practice had their health assessed.
- 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.

Are services caring?

The practice is rated as good for providing caring services.

- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. For example when a young child became ill prior to a bank holiday weekend the GP contacted the patients' mother each day over the weekend to review the child's condition. The mother communicated to the practice her gratitude for the practices' personal care and support
- Data from the national GP patient survey showed patients rated the practice higher than others for almost all aspects of care 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. Monthly editorial was produced by the practice to inform patients of any changes within the practice, how to get the best from and how to access NHS services and a topic of health promotion advice, which was published in the local parish magazines and sent to all PPG members. The practice also produced a quarterly newsletter which was published on the website, sent to all patients who subscribe, the PPG and delivered to housebound patients to ensure access to patients who don't attend the practice.

Good



Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example the practice worked with the local area to secure funding from the transforming care for elderly patients scheme to set up a frail elderly clinic at the practice. Each clinic started with a team meeting to discuss cases, a GP would then visit or telephone patients and their families in order to plan care that was tailored to meet the needs of the individual and also delivered in a way to ensure flexibility, choice and continuity of care. The clinic also enabled rapid and responsive care to those who had become acutely unwell. Effective collaborative working with the practices care coordinator, community staff and care organisations, had led to improved outcomes for patients.
- 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.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

The practice is rated as good 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. Practice specific policies were available to all staff. However the governance procedures had not ensured that the dispensary team followed the standing operating procedures.

Good



Summary of findings

- 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
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good



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

- 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.
- A frail elderly clinic was held at the practice weekly. Each clinic started with a team meeting to discuss cases, a GP would then visit or telephone patients and their families in order to plan care that was tailored to meet the needs of the individual and also delivered in a way to ensure flexibility, choice and continuity of care. The clinic also enabled rapid and responsive care to those who had become acutely unwell. Effective collaborative working with the practice's care coordinator, community staff and care organisations, had led to improved outcomes for patients. For example, a frail elderly patient who had become acutely unwell was reviewed in the frail elderly clinic by the team. The patient was visited daily, and increased care package was implemented immediately and home physiotherapy was initiated which avoided hospital admission.
- The practice had been proactive identifying older patients who rarely visit the practice who may require support. All patients over the age of 75 had received a questionnaire entitled "Staywell". The care co-ordinator analysed the forms and following agreement with patients' those who would benefit from being seen were booked an appointment with the GP or nurse or community teams as appropriate. The practice followed up all patients' who had not responded with a telephone call. The response rate had been good meaning patients' who rarely attended the practice had their health assessed.

People with long term conditions

Good



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

Summary of findings

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice had detailed care plans for patients' at risk of hospital admission, which could be accessed by out of hour's services. The plans included, likely reason for deterioration, treatments which had previously exacerbated other problems so were best avoided, contact details for family and carers and a suggested management plan.
- Performance for diabetes related indicators was better than local and national averages. The percentage of patients with diabetes, on the register, in whom the last blood test was within target range in the preceding 12 months (2014 to 2015) was 82% compared to a local average of 84% and a national average of 76%.
- The practice had been accredited with a gold award by Wiltshire Public Health for its achievements in their stop smoking targets.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good



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

- 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.
- The practice supported a local sexual health initiative for young patients. GPs within the practice would see any young patient, whether they were registered with them or not, who needed on the day advice and treatment.

Summary of findings

Contraceptive condoms and testing kits for a sexually transmitted infection were placed discreetly but visible for young patients' to collect from the practice without the need to be seen by a GP or nurse.

- The practice's uptake for the cervical screening programme was 84%, compared to the local average of 85% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Good



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

- 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.
- Extended hours appointments are offered between 7.30am and 8am Wednesday and 6.30pm to 7pm Wednesday and Thursday evenings.
- 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

Good



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

- 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. Staff were aware of their

Summary of findings

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)

Good



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

- The percentage of patients with a serious mental illness who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (2014 to 2015) was 100% compared to a local average of 93% and a 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. For example, the practice would telephone patients' with memory problems to remind them of booked appointments.

Summary of findings

What people who use the service say

- The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Of the 235 survey forms that were distributed 129 were returned. This represented a 38% response rate compared to a national average of 38% and 4% of the practice population.
- 95% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 78% and a national average of 73%.
- 82% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the clinical commissioning group (CCG) average of 83% and a national average of 73%.

- 95% of patients described the overall experience of this GP practice as good compared to the clinical commissioning group (CCG) average of 88% and a national average of 85%.
- 95% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the clinical commissioning group (CCG) average of 83% and a national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 31 comment cards which were all positive about the standard of care received. Many commented on the kindness and excellent care received from the practice.

We spoke with 4 patients during the inspection. All 4 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **MUST** take to improve

- Ensure the proper and safe management of medicines

Action the service **SHOULD** take to improve

- Routine fire drills should be carried out.

Outstanding practice

- Effective collaborative working with the practice care coordinator, community staff and care organisations, had led to improved outcomes for elderly patients. The practice had worked with the local area to secure funding from the transforming care for elderly patients

scheme to set up a weekly frail elderly clinic at the practice. Patient's needs were reviewed at the clinic and arrangements were made for GP visits or telephone calls to patients and their families to plan and deliver care.

Tolsey Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Tolsey Surgery

Tolsey Surgery is a dispensing practice located in the centre of Sherston, a small town in Wiltshire. The practice is eligible to dispense medicines to all of its patients. The practice has a higher than average patient population in the over 40 to 70 years age group and lower than average in the under 20 to 40 years age group. The practice is part of the Wiltshire Clinical Commissioning Group and has approximately 3,500 patients. The area the practice serves is rural and has relatively low numbers of patients from different cultural backgrounds. The practice area is in the lowest range for deprivation nationally.

The practice is managed by three GP partners (two female and one male). The practice is supported by one practice nurse, one healthcare assistant and an administrative team led by the practice manager. The practice has five trained dispensers who dispense medicines for patients under the supervision of the GPs. Tolsey Surgery is a teaching practice providing placements for medical students.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are available between 8.30am and 12.30pm every morning and 1.30pm to 5.50pm every afternoon. Extended hours appointments are offered between 7.30am and 8am Wednesday and 6.30pm to 7pm Wednesday and Thursday evenings. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were available for patients that needed them.

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

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

Tolsey Surgery is registered to provide services from the following location:

High Street
Sherston
Malmesbury
Wiltshire
SN16 0LQ

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.

Detailed findings

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 17 May 2016. During our visit we:

- Spoke with a range of staff including, three GP's, the practice nurse, the health care assistant, the practice manager, three dispensers, two members of the administrative team and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?

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

We also looked at how well services were provided for specific groups of 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

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 the significant events. Any new significant events were discussed at each practice meeting and reviews were carried out quarterly.

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, a patient was given the medicines intended for a different patient from the dispensary. The event was discussed at a practice meeting where decisions were taken to review the protocol for reporting dispensing errors. The incident was logged and staff retraining implemented to ensure the same mistakes were not repeated.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. 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 safeguarding level two.

- 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 and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example flooring had been replaced in the treatment rooms.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Medicines management

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).
- Processes were in place for handling repeat prescriptions however the review of all high risk medicines was not robust. The process for ensuring that a patient had received monitoring prior to a repeat medicine being issued was not always effective. For example, the practice had an effective system for

Are services safe?

ensuring all patients taking blood thinning medicines had received appropriate monitoring but there was no system in place to ensure patients' taking a high risk medicine for arthritis had received regular blood tests.

- Blank prescription forms and pads were securely stored however the systems in place to monitor their use were not always robust. The practice logged the numbers for prescription used in the practices computers. Any hand written prescriptions issued to GP's had the serial numbers logged but the practice did not log serial numbers of the handwritten pads when they took delivery of them. This meant that if any pads went missing the practice would be unable to identify them.
- The practice was eligible to dispense medicines to all of its patients. There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. The practice had an electronic barcode checking system integrated into the systems dispensing software; medicines were then checked by two dispensers. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). However we found that the standard operating procedures were not always being adhered to. For example we found that staff were issuing medicines to patients against prescriptions that were not always being signed by a GP prior to the medicine being dispensed to the patient.
- 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. However we found that the practice did not have some of the recommended emergency medicines in stock, for example, medicines to controlling a patient who was having a seizure and a medicine used to treat a patient who had suspected meningitis. We raised this with the practice on the day and saw that the practice rectified this immediately.
- 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 we found that the standard procedures were not being adhered to and regular checks were not taking place. On the inspection we found four discrepancies between the controlled drugs register and what was actually in stock. We raised this with the practice on the day. Following inspection we received evidence that the practice had followed procedure and contacted the local area controlled drugs accountable officer in order for this to be investigated further.

- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments. However the practices fire risk assessment stated that regular fire drills would be performed which the practice had not done.
- 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.

Are services safe?

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.
- 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.
- When a member of staff attended an update meeting or course, new information was shared at practice meetings and the opportunity was taken to update protocols and computer templates to reflect up to date guidelines.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 93% of the total number of points available. The practice's exception rating was 10% which was comparable to the local average of 11% and the national average of 10%. (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).

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

- Performance for diabetes related indicators was better than local and national averages. The percentage of patients with diabetes, on the register, in whom the last blood test was within target range in the preceding 12 months (2014 to 2015) was 82% compared to a local average of 84% and a national average of 76%.
- Performance for mental health related indicators was better than the local and national average. The

percentage of patients with a serious mental illness who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (2014 to 2015) was 100% compared to a local average of 93% and a national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review.
- Findings were used by the practice to improve services.

Information about patients' outcomes was used to make improvements such as: The practice undertook an audit to identify any patients' who may not be on the most effective blood thinning medicine. Those patients' identified, were reviewed and more appropriate medicines discussed with the patients' and a change made where appropriate. When the practice re audited this they found 50% fewer patients' required reviewing for the same reason. In order to reduce this further the practice had initiated six monthly auditing to identify patients' in a more timely way.

Effective staffing

Staff had 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. A comprehensive locum induction pack was available.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. The practice nurse had undertaken diplomas in diabetes and asthma. The practice was supportive in ensuring that the practice nurse had protected time for study days in all areas relevant to their needs.
- 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

Are services effective?

(for example, treatment is effective)

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, 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.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice had detailed care plans for patients' at risk of hospital admission, which could be accessed by out of hour's services. The plans included, likely reason for deterioration, treatments which had previously exacerbated other problems so were best avoided, contact details for family and carers and a suggested management plan.

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.

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

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. 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.
- The practice had been accredited with a gold award by Wiltshire Public Health for its achievements in their stop smoking targets.
- The practice supported a local sexual health initiative for young patients. GPs within the practice would see any young patient, whether they were registered with them or not, who needed on the day advice and treatment. Contraceptive condoms and testing kits for a sexually transmitted infection were placed discreetly but visible for young patients' to collect from the practice without the need to be seen by a GP or nurse.
- The practice had been proactive identifying older patients who rarely visit the practice who may require support. All patients over the age of 75 had received a questionnaire entitled "Staywell". The care co-ordinator analysed the forms and following agreement with patients' those who would benefit from being seen were booked an appointment with the GP or nurse or community teams as appropriate. The practice followed up all patients' who had not responded with a telephone call. The response rate had been good meaning patients' who rarely attended the practice had their health assessed.
- The practice's uptake for the cervical screening programme was 84%, compared to the local average of 85% and the national average of 82%. There was a

Are services effective?

(for example, treatment is effective)

policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 72% to 100%, compared to a local average of 83% to 98% and five year olds from 87% to 97% compared to the local average of 92% to 97%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for 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

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.
- The practice provided continuity of care wherever possible. For example when a young child became ill prior to a bank holiday weekend the GP contacted the patients' mother each day over the weekend to review the child's condition. The mother communicated to the practice her gratitude for the practices' personal care and support.

All of the 31 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two 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 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:

- 97% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.

- 98% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 98% 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%.
- 98% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 89% 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 local and national averages. For example:

- 98% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 95% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 92% and the national average of 82%.
- 95% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

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

Are services caring?

- 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.
- 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.
- Monthly editorial was produced by the practice to inform patients of any changes within the practice, how to get the best from and how to access NHS services and a topic of health promotion advice, which was published in the local parish magazines and sent to all PPG members. The practice also produced a quarterly

newsletter which was published on the website, sent to all patients who subscribe, the PPG and delivered to housebound patients to ensure access to patients who don't attend the practice.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 42 patients as carers (1.2% of the practice list). The practice computer system alerted staff if a patient was also a carer and the practice offered flexible appointments to carers. All carers were invited to a health check with the practice and a wellbeing check with a representative of the local carers support group. Written information was available to direct carers to the various avenues of support available to them. A carer's pack was given to all patients' who registered as a carer and a notice board in the waiting room highlighted the benefits of registering with the practice as a carer.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered extended hours between 7.30am and 8am Wednesday and 6.30pm - 7pm Wednesday and Thursday evenings for working patients who could not attend during normal opening hours.
- 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 vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had installed a stair lift for those patients who needed it, to give access to the second floor consulting rooms as the building was unsuitable for a lift.
- A frail elderly clinic was held at the practice weekly. Each clinic started with a team meeting to discuss cases, a GP would then visit or telephone patients and their families in order to plan care that was tailored to meet the needs of the individual and also delivered in a way to ensure flexibility, choice and continuity of care. The clinic also enabled rapid and responsive care to those who had become acutely unwell. Effective collaborative working with the practice's care coordinator, community staff and care organisations, had led to improved outcomes for patients. For example, a frail elderly patient who had become acutely unwell was reviewed in the frail elderly clinic by the team. The patient was visited daily, and increased care package was implemented immediately and home physiotherapy was initiated which avoided hospital admission.
- Due to the rural location of the practice and a relatively static population the practice knew their patients' well.

A benefit of this was that the practice was able to be proactive in supporting patients'. For example, the practice would telephone patients' with memory problems to remind them of booked appointments.

Access to the service

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are available between 8.30am and 12.30pm every morning and 1.30pm to 5.50pm every afternoon. Extended hours appointments are offered between 7.30am and 8am Wednesday and 6.30pm to 7pm Thursday evenings. In addition to pre-bookable appointments that could be booked up to six 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 significantly higher than local and national averages.

- 92% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) of 80% and the national average of 78%.
- 95% of patients said they could get through easily to the practice by phone compared to the clinical commissioning group (CCG) of 78% 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.
- GPs would telephone the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. 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 on the practice website and in practice leaflets.

We looked at five complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a

timely way, with openness and transparency when dealing with the complaint. 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. For example, a complaint was received following a patient falling in the toilet that no emergency pull call chord was available. The practice quickly installed an emergency pull chord and also changed the lock to one that could be opened from the outside. The practice analysed complaints for any trends every six months at practice meetings.

Are services well-led?

Good 

(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 robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

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.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings. Practice specific policies were available to all staff. However the governance procedures had not ensured that the dispensary team followed the standing operating procedures.
- 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.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They 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 people reasonable support, truthful information and a verbal and written apology
- 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. Monthly meetings were held for all staff. Quarterly meetings to analyse significant events and complaints were held. We saw that minutes of meetings were taken and distributed to all staff.
- 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 encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, which the practice manager and a GP attended. They carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG communicated with the practice that although it was easy to get an urgent appointment, sometimes patients'

Are services well-led?

Good 

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

needed an appointment sooner than they could get one by booking a routine appointment. The practice responded to this and initiated a system whereby a proportion of appointments were retained for booking two days ahead which resolved the issue.

- 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 the practice nurse felt that the length of appointments for childhood immunisations should be extended to ensure safety for patients. We saw that the practice had implemented this. 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:

The practice had worked with the local area to secure funding from the transforming care for elderly patients scheme to set up a frail elderly clinic at the practice. A frail elderly clinic was held at the practice weekly. Each clinic started with a team meeting to discuss cases, a GP would then visit or telephone patients and their families in order to plan care that was tailored to meet the needs of the individual and also delivered in a way to ensure flexibility, choice and continuity of care. The clinic also enabled rapid and responsive care to those who had become acutely unwell. Effective collaborative working with the practices care coordinator, community staff and care organisations.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users.</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• The provider had failed to ensure effective systems were in place for monitoring patients' prior to issuing repeat prescriptions of some high risk medicines.• The provider had failed to log serial numbers of hand written prescription pads when taking delivery.• The provide had failed to ensure standard operating procedures were being adhered to by staff in relation to the dispensing of medicines prior to receiving a signed prescription.• The provider had failed to ensure standard operating procedures were adhered to in relation to checks of controlled drugs and maintenance of an accurate controlled drugs register. <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>