

# Market Lavington Surgery

## Inspection report

The High Street  
Market Lavington  
Devizes  
Wiltshire  
SN10 4AQ

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[www.marketlavingtonsurgery.nhs.uk](http://www.marketlavingtonsurgery.nhs.uk)

Date of inspection visit: 1 May 2018

Date of publication: 31/05/2018

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

## Ratings

### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

# Overall summary

## **This practice is rated as Good overall.**

The key questions are rated as:

- Are services safe? – Good
- Are services effective? – Good
- Are services caring? – Good
- Are services responsive? – Good
- Are services well-led? – Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

- Older People – Good
- People with long-term conditions – Good
- Families, children and young people – Good
- Working age people (including those recently retired and students – Good
- People whose circumstances may make them vulnerable – Good
- People experiencing poor mental health (including people with dementia) – Good

We previously inspected the practice in November 2015 when we rated them good overall and for all the key questions, except for, “Are services safe”, which we rated as requires improvement. We carried out a focused follow-up inspection in March 2016 and rated them as Good for the provision of safe services.

The inspection of Market Lavington Surgery covered in this report was an announced comprehensive inspection on 1 May 2018. This inspection was carried out as part of our inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was significantly above the national average of 84%.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- The practice provides some services, such as a leg clinic in partnership with the other practices in the Devizes locality.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

There are areas where the provider **should** make improvements. The provider should:

- Review processes for encouraging and supporting staff to raise significant events when appropriate.
- Review internal systems for assessing pain to ensure it meets recognised guidance.
- Review processes for recording consent to ensure these meet recognised guidance.
- Review new protocol for dealing with uncollected prescriptions to ensure it is effective.

**Professor Steve Field** CBE FRCP FFPH FRCGP  
Chief Inspector of General Practice

## Population group ratings

<b>Older people</b>	<b>Good</b>	
<b>People with long-term conditions</b>	<b>Good</b>	
<b>Families, children and young people</b>	<b>Good</b>	
<b>Working age people (including those recently retired and students)</b>	<b>Good</b>	
<b>People whose circumstances may make them vulnerable</b>	<b>Good</b>	
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Good</b>	

## Our inspection team

Our inspection team was led by a CQC lead inspector and included a GP specialist adviser.

## Background to Market Lavington Surgery

Market Lavington Surgery is a GP practice located in the village of Market Lavington near Devizes, Wiltshire. It is one of 47 practices within the Wiltshire Clinical Commissioning Group (CCG) area and has around 5,500 patients. The practice is one of five in the locality areas of Devizes.

The practice occupies a purpose built building with patient services located on the ground floor and first floors. There are seven consulting rooms and three treatment rooms. There are automatic front doors, a lift to the first floor, a self-check-in appointments system and a toilet with access for people with disabilities.

The practice is registered to provide the following activities:

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

The practice provides a number of services and clinics for its patients including childhood immunisations, family planning, minor surgery and a range of health lifestyle management and advice including asthma management, diabetes, heart disease and high blood pressure management.

The practice provides some services, such as a leg clinic in partnership with the other practices in the Devizes locality.

Data available shows a measure of deprivation in the local area recorded a score of 9, on a scale of 1-10, where a higher score indicates a less deprived area. (Note that the circumstances and lifestyles of the people living in an area affect its deprivation score. Not everyone living in a deprived area is deprived and not all deprived people live in deprived areas). The area the practice serves has relatively low numbers of patients from different cultural backgrounds. 97% of the practice population describes itself as white British. Average male and female life expectancy for patients at the practice is 80 years and 84 years respectively, which is the same as the Wiltshire average and in line with the national average of 79 and 83 years respectively.

There are four GP partners, two are male and two female. Some are part-time making a full-time equivalent of 2.6 GPs. They are supported by a nursing team of two practice nurses, a healthcare assistant and a clinical pharmacist. There is an administrative team led by the practice manager.

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

The practice is open from 8am to 7pm, Monday, Tuesday and Thursday, 8am to 6.30pm on Wednesday and 7.30am to 6.30pm on Fridays. Appointments with GP's are from 8.40am to 11.30am and from 3pm to 6pm, Monday to Friday. Extended hours appointments with a GP are available from 7.30am to 8am on Wednesday and Friday, and from 6.30pm to 8pm on Tuesday and Thursday.

The branch surgery at Urchfont had restricted opening times which were available from the practice and on their website. We did not visit the branch surgery as part of this inspection.

The practice has opted out of providing a full Out Of Hours service to its own patients. Patients can access an Out Of Hours GP service by calling NHS 111. Information about how to access this service was available in the surgery and on their website.

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

The practice provides services from the following sites:

- Market Lavington Surgery, The High Street, Market Lavington, Wiltshire, SN10 4AQ
- Urchfont Village Hall, Church Lane, Urchfont, Wiltshire, SN10 4QT

The practice has a website containing further information. It can be found here:  
[www.marketlavingtonsurgery.nhs.uk](http://www.marketlavingtonsurgery.nhs.uk)

# Are services safe?

**We rated the practice, and all of the population groups, as good for providing safe services.**

## **Safety systems and processes**

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

- The practice had a suite of safety policies including adult and child safeguarding policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. Policies were regularly reviewed and were accessible to all staff, including locums. They outlined clearly who to go to for further guidance.
- There was a system to highlight vulnerable patients on records and a risk register of vulnerable patients.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for the role and had received a DBS check.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- There was an effective system to manage infection prevention and control.
- There were systems for safely managing healthcare waste.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

## **Risks to patients**

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

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective approach to managing staff absences and for responding to epidemics, sickness, holidays and busy periods.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

## **Information to deliver safe care and treatment**

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. There was a documented approach to the management of test results.
- Referral letters included all of the necessary information.

## **Safe and appropriate use of medicines**

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

- The systems for managing and storing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice had carried out an appropriate risk assessment to identify medicines that it should stock. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal

# Are services safe?

requirements and current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.

- The practice employed a clinical pharmacist who supported the safe prescribing of medicines through a range of activities, such as carrying out medicines reviews and undertaking medicines audits.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.
- We looked at the practice system for dealing with prescriptions that had not been collected. We found that after two weeks, uncollected prescriptions were destroyed by administration staff and a note put on the patients' records. This meant there was no immediate clinical assessment of the non-collection and any further action that might be required. We discussed this with the practice and they immediately took steps to improve their system. The next day they sent us a new protocol for dealing with uncollected prescriptions which ensured they were all reviewed by a clinician before being destroyed. They had a plan for the immediate introduction of the new process which included training all staff and a monthly audit to ensure the new process was being followed and was effective.

## Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

## Lessons learned and improvements made

The practice learnt and made improvements when things went wrong.

- There was a system and policy for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, when the practice learnt they had missed an opportunity to diagnose a patient's diabetes, they raised this as a significant event and used a recognised structured process facilitated by an external facilitator, to investigate what had happened and how they could change their systems to prevent the error happening again.
- We noted the practice had recorded seven significant events in 12 months which we discussed with the practice. We identified the practice was not taking all opportunities to identify issues as significant events. For example, when the practice carried out a fire drill and evacuation of the premises one patient refused to leave the building. This was appropriately recorded in the fire log book. But the practice had not identified this as a significant event and there was no evidence the practice had considered what learning they could take from this, such as how they would deal with this scenario in the event of a real fire.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

# Are services effective?

## **We rated the practice and all of the population groups as good for providing effective services .**

(Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.)

### **Effective needs assessment, care and treatment**

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice used technology to improve treatment and to support patients' independence. For example, they had adopted a system of treatment templates, which helped clinicians plan and structure their consultations and treatment in a uniform way that met the latest best practice guidance.
- We asked about the assessment of pain and found the practice had not adopted a uniform system to help them assess pain or a tool to help them assess pain in patients with communication difficulties as recommended in national guidance.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

#### Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan. The practice had 509 patients over 75 of which 502 had either seen their GP or the practice elderly care team over the previous 12 months.

- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- The practice managed the locality elderly care team on behalf of a number of local practices. One of the teams' aims' was the reduction of hospital admissions by improving community care. We saw evidence that when reviewed in October 2017, the number of hospital admissions for patients at the practice who were over 65 years of age had decreased by 9% over a 12 month period.

#### People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice had an online asthma questionnaire that linked with their computer system. Patients were directed to the questionnaire prior to their annual asthma review via email or text messaging, where patients had signed up for this service. This enabled the practice to ensure patients experiencing difficulties were seen by the appropriate clinician. GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Where appropriate the practice pharmacist saw patients to help them understand their medication and how to take it, such as using inhalers for the control of asthma.
- The practice ran a leg ulcer clinic in partnership with other practices in the locality.

#### Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were an average of 99%, and all were above that target rate of 90%.



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- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 80%, which was in line with the 80% coverage target for the national screening programme.
- The practices' uptake for breast and bowel cancer screening was in line the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- 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 held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

People experiencing poor mental health (including people with dementia):

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was significantly above the national average of 84%.
- 93% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was comparable to the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and those

living with dementia. For example 94% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This was comparable to the national average.

- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice had a memory advisor able to assess people for memory loss.

## Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Their computer system enabled them to check patients' treatments against best practice guidance. For example, the practice pharmacist ran a computer check of all female patients prescribed a medicine used in epilepsy to ensure it was being prescribed in line with best practice guidance. The results were reviewed by the pharmacist who alerted the GP to any patients where further action may be required. Where appropriate, clinicians took part in local and national improvement initiatives. For example, the practice was part of a clinical commissioning group (CCG) scheme to improve care through adopting a new process for managing clinical correspondence.

The most recent published QOF results were 98% of the total number of points available compared with the CCG average of 99% and national average of 97%. The overall exception reporting rate was 13% compared with a national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- The practice was actively involved in quality improvement activity. We saw evidence they had carried out seven clinical audits in the past 12 months. Two of these were full cycle audits where the audit had been repeated to monitor the improvements made.
- Where appropriate, clinicians took part in local and national improvement initiatives. For example, they had set up a leg clinic in partnership with the other four practices in the locality.

## Effective staffing



# Are services effective?

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

## Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.

- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

## Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.
- The practice had provided bike racks for patients and participated in local health initiatives such as the Get Wiltshire Walking initiative.

## Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- However, could improve recording on the patient consent form, by recording information discussed, any specific requests of the patient, any written, visual or audio information given to the patient, and details of any decisions that were made, in line with recognised best practice.

# Are services caring?

**We rated the practice, and all of the population groups, as good for caring.**

## **Patient feedback**

As part of our inspection we sought evidence of patient's views about the service they had received. This feedback informed our judgement about the service the practice provided. Overall, the feedback was positive.

- We looked at results from the July 2017 annual national GP patient survey. Two hundred and eighteen surveys were sent out and 133 were returned. This represented about 2.4% of the practice population. The practice scores were comparable to local and national average. For example, 84% of respondents said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area. This compared to the Clinical Commissioning Group (CCG) average of 84% and national average of 79%.
- Care Quality Commission comment cards were sent to the practice prior to our inspection for patients to complete. We received ten completed comments card, nine of which were positive or very positive about the service they had received. Patients said it was easy to get an appointment, staff were caring and professional, and the service was excellent. They were impressed by the level of service which was also described as excellent. Patients said staff were professional, caring and helpful. One card gave an example of poor experience when there had, in their view, been poor communication between the hospital and practice about a blood test.
- Comments left on the NHS Choices website. The practice had an overall rating of three out of five, based on six reviews, although all but one were over 18 months old. The most recent review gave the practice a rating of five out of five. We noted that the practice usually responded to patient's feedback, and in some cases gave the practice managers contact details and asked the reviewer to contact the practice so they could discuss an issue further.
- On the day of our inspection we spoke to three patients. All were very happy with the service provided overall and said staff were caring and professional.

## **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The practice had photos of practice staff in the waiting area to help patients recognise staff.
- All but one of the ten Care Quality Commission patient comment cards we received were positive about the service experienced. This is in line with the results of other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice satisfaction scores on consultations with GPs and nurses was comparable with national and local averages. For example:

- 88% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 97% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 98%; national average - 96%.
- 84% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 90%; national average - 86%.
- 92% of patients who responded said the nurse was good at listening to them; (CCG) - 93%; national average - 91%.
- 91% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 92%; national average - 91%.

## **Involvement in decisions about care and treatment**

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.

# Are services caring?

- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. There was information about the benefits of being identified by the practice as a carer in the practice waiting room, on their website and in the practice newsletter. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 76 patients as carers (around 1.4% of the practice list).

- A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective. The practice had been awarded a gold plus award for caring for carers by a local charity working in partnership with the local authority. They had won the award because they ensured priority and flexible access to appointments and an annual health check for this group of patients. There was close liaison with the local Wiltshire Carers trust to provide support, including benefit advice to all carers within the practice. The practice also held a yearly educational event for carers.
- Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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

- 87% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 91% and the national average of 86%.
- 80% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 87%; national average - 82%.
- 90% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 92%; national average - 90%.
- 84% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 87%; national average - 85%.

## Privacy and dignity

The practice respected patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Conversations with receptionists could not be overheard by patients in the waiting room.

# Are services responsive to people's needs?

**We rated the practice, and all of the population groups, as good for providing responsive services .**

## **Responding to and meeting people's needs**

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. (For example extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments.
- The facilities and premises were appropriate for the services delivered.
- The practice had reviewed their appointment system to ensure it was efficient, effective and met the needs of the patients.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice had conducted a survey of patients and used the results to help them develop their services. For example, they found that not all patients were aware of the dementia support service or the role the pharmacist. They planned to improve patient awareness of these services via information in the surgery, on the website and online.

### Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- There was a medicines delivery service for housebound patients.

### People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.

- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

### Families, children and young people:

- 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. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- Six-week baby checks and post-natal checks were performed by a GP to support an on-going caring relationship.
- The practice had positive relationships with the local primary school where they attended to support health education activities.

### Working age people (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. For example, extended opening hours and Saturday appointments.
- Telephone and web GP consultations were available which supported patients who were unable to attend the practice during normal working hours.

### People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

### People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.

## **Timely access to care and treatment**

# Are services responsive to people's needs?

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment. For example, on the day of our inspection, the next available routine appointment with a GP was in three days time and the next appointment for a blood test was also in three days time.
- Requests for on-the-day appointments were triaged by reception staff and either given an appointment or referred the request to an appropriate clinician who would phone the patients for further information. The staff had been trained for this role and worked to a clear protocol.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- Some services, such as booking appointments and test results were available on line to patients who registered for these services. Twenty four percent of patients at the practice had signed up for on-line services.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment either exceeded or was comparable to local and national averages.

- 84% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 83% and the national average of 80%.
- 92% of patients who responded said they could get through easily to the practice by phone; CCG – 78%; national average - 71%.

- 92% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 84%; national average - 76%.
- 84% of patients who responded described their experience of making an appointment as good; CCG - 80%; national average - 73%.

## **Listening and learning from concerns and complaints**

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Ten complaints had been received in the last year. We reviewed two complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, when a patient complained that they had been given a prescription for one weeks medicines but the hospital consultant who had recommended the treatment had advised them to take the medicine for two weeks, the practice investigated to understand what had happened. They found that the consultant had phoned the practice to advise them of their treatment recommendations, but somewhere there had been a miscommunication about the length of treatment being suggested. As a result the practice changed their processes to ensure that all similar advice from consultants was sent by email or fax, to prevent this error happening again.

# Are services well-led?

**We rated the practice and all of the population groups as good for providing a well-led service.**

## **Leadership capacity and capability**

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capability and integrity to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

## **Vision and strategy**

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

## **Culture**

The practice had a culture of high-quality sustainable care.

- On the day of our inspection we spoke to a range of staff in all areas of the practice. We also distributed some feedback forms to staff on the day of our inspection and 12 were returned. Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

## **Governance arrangements**

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

## **Managing risks, issues and performance**

There were clear and effective processes for managing risks, issues and performance.



# Are services well-led?

There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.

The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.

Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.

The practice had plans in place and had trained staff for major incidents.

The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

## **Appropriate and accurate information**

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## **Engagement with patients, the public, staff and external partners**

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example, the practice had carried out a patient satisfaction survey of 40 patients who had attended a face to face appointment with the practice clinical pharmacist to see how they could improve the service. Overall, patients rated the service as over six out of seven.
- The practice held annual whole practice away days where issues could be discussed in more depth and all staff opinions heard more easily.
- There was an active and long standing patient participation group that was also a registered charity. There were eight committee members who met with the practice four times a year and a further 300 members who were consulted via email and where appropriate by letter. Committee members told us the practice was responsive and supportive when they raised questions or reported concerns raised by their members.
- The service was transparent, collaborative and open with stakeholders about performance.
- The practice is one of five in the locality areas of Devizes and it works in partnership with these practices to deliver some services such as the leg ulcer clinic and the elderly care team.

## **Continuous improvement and innovation**

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice. For example, when a member of staff had a peer review carried out by an external peer, the appraisal identified that in some areas communication within the practice could be improved. This was discussed at a whole team away-day, facilitated by an external facilitator and some changes made to the practice system to improve communication. One element was the introduction of whole practice meetings held every two months.
- The practice had used an independently produced assessment tool to check how the practice was performing against a range of criteria, such as communications and workload.



## Are services well-led?

- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.