

# The Lodge 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?                         | Good |  |
| Are services effective?                    | Good |  |
| Are services caring?                       | Good |  |
| Are services responsive to people's needs? | Good |  |
| Are services well-led?                     | Good |  |

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Lodge Surgery on 15 November 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.
- 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.
- The practice had been accredited as a Young Person Friendly practice by the local authority, and had been the first practice in Wiltshire to achieve this status.

- 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:

- The practice had worked with a national charity to identify young carers which had resulted in 11 young carers being identified and then actively supported them to meet with the practice staff.

The areas where the provider should make improvement are:

# Summary of findings

- Ensure all staff receive training in a timely manner when it is due.
- Ensure nursing staff receive clinical supervision and support appropriate to their role.
- The practice must ensure letters sent responding to complaints include details of how to escalate the complaint if they were unsatisfied with the result.

**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 good for providing safe services.

- 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, although this was not always recorded in the minutes of the meetings where the lessons learnt were discussed.
- 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.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Performance for mental health related indicators was similar to the national average. For example, 92% of patients with a psychosis on the register had their alcohol consumption recorded in the preceding 12 months, compared to the CCG average of 93% and national average of 90%.
- 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. Some staff had not undertaken refresher training in infection control or health and safety since 2013, but we saw evidence that the practice had instigated a programme to ensure this training was done.
- There was evidence of appraisals and personal development plans for all staff. However, arrangements for the new Advanced Nurse Prescriber, who joined the practice in April 2016, to receive clinical supervision and support from a GP had not yet been put in place.

Good



# Summary of findings

- 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.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- 94% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 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.
- The practice had worked with a national charity to identify young carers which had resulted in 11 being identified. The practice had been awarded a Gold Plus award for caring for carers by a local charity working in partnership with the local authority.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice worked with the CCG and the other three practices in the Chippenham locality to develop a locality plan setting out a range of areas where the practices would work together. For example, the practice had worked with the other local practices to establish a service to improve care for older people which had achieved an 32% reduction in unplanned admissions of patients over 75 years of age.
- The practice had been accredited as a Young Person Friendly practice by the local authority, and had been the first practice in Wiltshire to achieve this status.
- The practice had had developed a rapid registration system for new residents at a local short stay housing service who wanted to register at the practice.
- 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.

Good



# Summary of findings

- 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. The letters we saw responding to complaints did not include details of how to escalate the complaint if they were unsatisfied with the result. However this information was available on the practice website and in their complaints leaflet.

## 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.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The practice had a computer system that supported GPs during consultations by presenting them with key data and ensured the appropriate NICE guidance, information for patients and other documents were easily accessible.
- 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.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as 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.
- All patients over 75 have a named GP.
- Twice yearly meetings were held with local care and nursing home managers to discuss issues and developments, and offer some training updates.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice had specialist diabetic nurse who saw patients with this condition.
- 98% of patients with diabetes on the register had an influenza immunisation in the period 8/2014 to 3/2015, compared to the clinical commissioning group average of 96% and national average of 94%.
- Longer appointments and home visits were available when needed.
- All 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.

Good



### Families, children and young people

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.

Good



# Summary of findings

- The practice recognised they had a higher than average number of children and young people and had worked to ensure they had services to meet their needs. They had a notice board in the waiting room dedicated to this age group and been accredited as a Young Person Friendly practice by the local authority and had been the first practice in Wiltshire to achieve this.
- The practice offered a “No Worries” sexual health service aimed at young people that offered advice as well as access to free condoms, pregnancy testing kits and chlamydia screening kits.
- They had worked with a nation charity to identify young carers.
- 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.
- 86% of women on the register aged 25 to 64 had a cervical screening tests performed in the preceding five years compared to the clinical commissioning group average of 85% and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We were told of positive examples of joint working with midwives and school nurses.

## **Working age people (including those recently retired and students)**

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.
- 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.
- Telephone consultations were available where appropriate.
- A SMS text messages service was available to those patients who signed up which included appointment reminders.

Good



## **People whose circumstances may make them vulnerable**

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.

Good



# Summary of findings

- The practice had developed a rapid registration system for patients living in a local short stay service for homeless people who want to register at the practice.
- The practice worked with the local drug and alcohol service and pharmacies to provide care and treatment to patients with drug problems under a shared care agreement. GPs had undertaken specialist training to deliver this service.
- 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 responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

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

- 98% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, compared to the clinical commissioning group (CCG) average of 88% and national average of 84%.
- 92% of patients on the register with a psychosis had a comprehensive care plan agreed in the preceding 12 months compared to the CCG average of 93% and national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. Young people were signposted to a specialist website.
- 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.

Good



# Summary of findings

- The practice was able to refer patients to the local NHS counselling service which held weekly clinics on site.

# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2016 showed the practice was performing in line with local and national averages. 231 survey forms were distributed and 125 were returned. This was a response rate of 54% and represented 1.5 percent of the practice's patient list.

- 94% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 80% and national average of 73%.
- 86% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 84% and national average of 76%.
- 95% of patients described the overall experience of this GP practice as good compared to the CCG average of 90% and national average of 85%.

- 93% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 85% and national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 comment cards of which 34 were highly positive about the standard of care received. Most patients said they felt listened to by all staff who were caring and supportive and that the care they received was excellent.

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

The latest published data from the Friends and Family survey was for September 2016 and showed that 100% of patients would recommend the practice to their friends and family.

# The Lodge Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to The Lodge Surgery

The Lodge Surgery is a GP practice located in the Wiltshire town of Chippenham. It is one of the practices within the Wiltshire Clinical Commissioning Group and has approximately 8,100 patients.

The practice building is purpose built with most patient services located on the ground floor, including: seven consulting rooms, two treatments rooms, a self-check-in appointment system and a toilet suitable for people with disabilities. One of the consulting rooms was on the first floor and accessed by stairs which had been fitted with a stair lift.

The area the practice serves has relatively low numbers of people from different cultural backgrounds and is in the low range for deprivation nationally, (although it is important to remember that not everyone living in a deprived area is deprived and that not all deprived people live in deprived areas). The practice has a higher than average patient population between five and 25 years of age and between 40 and 60 years of age. Average male and female life expectancy for the area is 82 and 85 years, which is broadly in line with the national average of 79 and 83 years respectively.

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

There are three GP partners and three salaried GPs (two male, four female) making a full time working equivalent of four. They are supported by an advanced nurse practitioner, three practice nurses, two health care assistants and an administrative and reception team of 15 led by the practice manager.

The practice is a teaching and training practice. (A teaching practice accepts medical students while a training practice accepts qualified doctors training to become GPs, who are known as registrars.) At the time of our inspection they had one registrar working with them.

The practice is open between 8am and 6.30pm on weekdays. GP appointments are available between 8.30am and 12.00pm every morning and 2.30pm to 6pm every weekday. Extended hours appointments are offered from 6.30pm and 7.30pm on alternate Monday and Wednesday, and on one Saturday morning each month. Appointments can be booked over the telephone, via their website or in person at the surgery up to four weeks in advance.

Patients who phone wanting an on-the-day appointment have their request triaged by a nurse trained in this procedure. The nurse phone the patient back, discussed their request and agrees an appropriate course of action which may include an appointment that day with a nurse or GP.

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

# Detailed findings

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

The practice provides services from the following site:

- The Lodge Surgery, Lodge Road, Chippenham, Wiltshire, SN15 3SY

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 15 November 2016. During our visit we:

- Spoke with a range of staff including: three GPs, the nurse prescriber, a health care assistant, the practice manager, the assistant practice manager and three members of the administration and reception team.

- Spoke with eight patients who used the service, including two members of the patients participation group.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to patients' needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of patients and what good care looked like for them. The population groups are:

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

### Safe track record and learning

There was 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.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared with other practices in the local area. Within the practice, lessons learnt were discussed and minuted at the weekly clinical meeting attended by the lead nurse and lead for reception and admin team. The practice policy was for the lead nurse and lead for reception and admin team to discuss these lessons learnt in their respective team meetings as appropriate. The nursing and reception staff we spoke to confirmed that lessons learnt were regularly discussed at their team meetings, but we were told these discussions were not routinely minuted. The day after our inspection the practice sent us a new procedure they had developed to ensure they could evidence that learning from safety records, incident reports, patient safety alerts, significant events and complaints had been shared with all appropriate staff.

Action was taken to improve safety in the practice. The example, when a nurse found a urine dipstick test was inaccurate; she informed the patient and did an investigation which found a batch of the tests were faulty. This may have been caused by a failure to keep the storage jar properly closed. As a result the practice ordered new

dipsticks stored in an easy-close jar, and informed all staff of the issue to prevent this happening again. The nurses we spoke to confirmed this had been discussed at a nurses meeting.

### 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, nurses, health care assistants and the practice manager were trained to child protection or child safeguarding level three. Other staff were trained to level one.
- A notice in the treatment and consulting 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.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing,

## Are services safe?

recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. 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.

- 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.
- We reviewed four 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.

### 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 and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

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

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for patients

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 04/2014 to 03/2015 showed:

- Performance for diabetes related indicators was similar to the national average. For example, the last blood glucose measurement for 76% of patients on the register with diabetes was within the target range, compared to the CCG average of 82% and national average of 77%.
- Performance for mental health related indicators was similar to the national average. For example, 92% of patients with a psychosis on the register had their alcohol consumption recorded in the preceding 12 months, compared to the CCG average of 93% and national average of 90%.

We discussed the diabetes indicators with the practice who told us they had recognised they were lower than local averages and had recently employed a specialist diabetes nurse to focus on this client group.

There was evidence of quality improvement including clinical audit.

- There had been nine clinical audits undertaken in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, as a result of an audit into treatment of patients with coeliac disease the practice redrafted the letter they sent to these patients every year, and following an audit of new cancer diagnosis and an increased rate of some type of cancer, further training on the issues was scheduled for all the GPs.
- The practice had worked to reduce the number of emergency admissions. For example, they phoned elderly patients when they came out of hospital to ensure their needs were being met and were able to refer patients to their care coordinator. We saw evidence that showed in 2015/16 there had been a 32% reduction from the previous year (adjusted after increase in patients in care and nursing homes in 2015/16).

### 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.
- 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.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice

# Are services effective?

(for example, treatment is effective)

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. However, we were told that arrangements for the new Advanced Nurse Prescriber, who joined the practice in April 2016, to receive clinical supervision and support from a GP had not yet been put in place. 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. Some staff had not undertaken refresher training in infection control or health and safety since 2013, but we saw evidence that the practice had instigated a programme to ensure this training was done.

## Coordinating patient care and information sharing

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

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

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

## 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 and alcohol were signposted to the relevant service.
- The practice offered a smoking cessation support service run by a trained clinician.
- Advice on weight loss was available.
- The practice worked proactively with the local drug and alcohol service and pharmacies to provide care and treatment to patients with drug problems under a shared care agreement. GPs had undertaken specialist training to deliver this service.
- The practice offered a "No Worries" sexual health service aimed at young people that offered advice as well as access to free condoms, pregnancy testing kits and chlamydia screening kits.

The practice's uptake for the cervical screening programme was 85%, which was comparable to the CCG average of 85% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 82% of women aged 50 to 70 had been screened for breast cancer in the last 36

## Are services effective? (for example, treatment is effective)

months, compared to the CCG average of 77% and national average of 72%. 63% of patients aged 60 to 69 had been screened for bowel cancer in the last 30 months, compared to the CCG average of 63% and national average of 58%.

With the exceptions of the meningitis C and pneumococcal vaccines for which no data was available at the time of inspection, childhood immunisation rates for the vaccinations given were better than the CCG averages. For example, childhood immunisation rates for the

vaccinations given to under two year olds ranged from 95% to 99% compared to the CCG average range of 94% to 97%, and five year olds from 91% to 100% compared to the CCG average range of 90% 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.

Thirty four of the 35 patient Care Quality Commission comment cards we received were highly 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. One comment card was generally positive but also said new staff were not as approachable as others.

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 published in July 2016 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:

- 95% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 94% 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%.

- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 85%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 92% 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 published in July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Most of the results were above local and national averages, except for nursing staff which were above average. For example:

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 86%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 87% and 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 87% and national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

## Are services caring?

### **Patient and carer support to cope emotionally with care and treatment**

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 148 patients as carers (1.8% of the practice list). The practice had worked with a national charity to identify young carers which had resulted in 11 being identified. They had held coffee mornings for young carers where issues such as how to get support had been discussed. They had conducted a patient survey to look at awareness of carer issues and the support available, and used the results to plan how to identify more carers. They had written to parents of children with

disabilities such as behavioural problems or visual impairment giving them information about the benefits (such as additional support) of being recognised by the practice as a carer, and asking if they considered they were carers. 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 a notice board in the waiting room dedicated to carers and written information was available to direct carers to the various avenues of support available to them.

The practice had a protocol to follow if families had suffered bereavement. Their usual GP contacted them to discuss any support needs the family to meet the family's needs and/or by giving them advice on how to find a support service. The practice was able to offer the services of their care coordinator where appropriate.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. The practice worked with the CCG and the other three practices in the Chippenham locality to develop a locality plan setting out a range of areas where the practices would work together. For example, the practice had worked with the other local practices under a CCG programme called Transforming Care for Older People (TCOP) to establish a service to improve care for older people. The service staff included a care coordinator employed by the CCG who liaised with the practice to identify patients at risk. One of the aims of this service was to reduce unplanned admissions and we saw data that showed the practice had achieved an 32% reduction in unplanned admissions of patients over 75 years of age.

- The practice offered evening appointments once a week and on one Saturday morning a month 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.
- The practice had specialist diabetic nurse who saw patients with this disease.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice recognised that they had a higher than average number of children and young people on their patient list, and had worked to ensure they had services to meet their needs. For example, they had worked with the local secondary school to develop services and awareness for young people at risk of self-harming and poor mental health. This had resulted in better

communication between the school and GPs. They had a notice board in the waiting room dedicated to this age group and had been accredited as a Young Person Friendly practice by the local authority, the first practice in Wiltshire to achieve this.

- The practice provided services to patients in a local short stay accommodation service for homeless people. The practice had recognised the issue of working with this client group and had tailored their services to meet their needs. For example, they had developed a rapid registration system so new residents who wanted to register at the practice could do so quickly and easily.
- The practice was able to refer patients to the local NHS counselling service held clinics at the practice every Friday.
- The practice worked with the local drug and alcohol service and pharmacies to provide care and treatment to patients with drug problems under a shared care agreement. GPs had undertaken specialist training to deliver this service.
- The practice held twice yearly meetings of the local care home managers to discuss issues and deliver training on care issues.
- The practice produced a quarterly newsletter for patients which was available in the reception area and on the website.
- The practice worked with patients on end of life care and in 2015/16 93% of patient over 75 who died did so in their preferred place of death.

### Access to the service

The practice was open between 8am and 6.30pm on weekdays. GP appointments were available between 8.30am and 12.00pm every morning and 2.30pm to 6pm every weekday. Extended hours appointments were offered from 6.30pm and 7.30pm on alternate Monday and Wednesday, and one Saturday morning each month. Appointments could be booked over the telephone, via their website or in person at the surgery up to four weeks in advance. Urgent appointments were also available for patients that needed them.

Patients who phoned wanting an on-the-day appointment had their request triaged by a nurse trained in this

# Are services responsive to people's needs?

## (for example, to feedback?)

procedure. The nurse phoned the patient back, discussed their request and agreed an appropriate course of action which may include an appointment that day with a nurse or GP.

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

- 91% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 81% and national average of 79%.
- 94% of patients said they could get through easily to the practice by phone compared to the CCG average of 80% and national average of 73%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. On the day of our inspection the next routine bookable appointment with a GP was in two weeks' time.

The practice had a system in place to assess:

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

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

### Listening and learning from concerns and complaints

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

- 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.

We looked at four complaints received in the last 12 months and found these were dealt with in a timely way, with openness and transparency. However, the letters we saw responding to complaints did not include details of how to escalate the complaint if they were unsatisfied with the result. This information was available on the practice website and in their complaints leaflet.

Lessons were learnt from individual concerns and complaints and also from analysis of trends. Lessons learnt were discussed and minuted at the weekly clinical meeting attended by the lead nurse and lead for reception and admin team. The practice policy was for the lead nurse and lead for the reception and admin team to discuss these lessons learnt in their respective team meetings as appropriate. The nursing and reception staff we spoke to confirmed that lessons learnt, including those from complaints, were regularly discussed at their team meetings, but we were told these discussions were not routinely minuted. The day after our inspection the practice sent us a new procedure they had developed to ensure they could evidence that learning from complaints had been shared with all appropriate staff.

Action was taken to as a result to improve the quality of care. For example, when a patient with communication difficulties complained the practice left a voice mail message on his phone rather than sending a text message as previous requested, the practice quickly recognised their error, discussed it with staff to ensure it did not happen again and sent a full written apology. When the patient replied thanking the practice for the apology the practice wrote back saying that they would welcome any other feedback the patient might offer from the perspective of a patient with communication difficulties

# 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 clear strategy and a supporting business plans which included a number of clearly described goals and objectives that reflected the vision and values and were regularly monitored. The strategy recognised the practice had a higher than average number of patients in the five to 25 and 40 to 60 year age groups and that the local population was expected to increase by 25% in the next 10 years as additional houses were built.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. The practice had a computer system that supported GPs during consultations by presenting them with key data and ensured the appropriate NICE guidance, information for patients and other documents such as local referral forms were one click away.
- 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 clear arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence that lessons learnt were shared with other practices in the local area.
- The procedures for ensuring lessons learnt, such as those from significant events and complaints varied and

were not always minuted in team meetings. The day after our inspection the practice sent us a new procedure they had developed to ensure they could evidence that learning had been shared with all appropriate staff.

### 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 patients 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.
- 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.

# Are services well-led?

Good 

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

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

The practice 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. For example, responding to feedback from the PPG, the practice sent out a survey regarding their extended hours clinics and following analysis of the feedback they restructured these clinics, including adding one Saturday morning clinic per month. They then publicised these changes on their website, in the waiting area, the practice leaflet and their newsletter.
- The PPG was a virtual group that communicated with the practice by email.

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

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, they were in the process of setting up a Community Education Providers network and an urgent care centre in collaboration with other local practices.