

# Ramsbury & Wanborough 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            | Outstanding | ☆ |
|--|-------------|---|
| Are services safe?                         | Good        | ● |
| Are services effective?                    | Good        | ● |
| Are services caring?                       | Good        | ● |
| Are services responsive to people's needs? | Outstanding | ☆ |
| Are services well-led?                     | Outstanding | ☆ |

# 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 Ramsbury and Wanborough Surgery on 16 December 2015. We visited both practice locations during the inspection. Overall the practice is rated as outstanding. Specifically the practice was outstanding for the delivery of responsive and well led services and good for delivery of safe, effective and caring services. The rating of outstanding applies to all population groups.

Our key findings across all the areas we inspected were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Opportunities for learning from internal and external incidents were optimised.

- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example, when a significant event was reviewed the learning was shared with four other practices in the area.
- Feedback from patients about their care was consistently and strongly positive.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example emergency admission beds were used at local nursing homes and a carers coordinator worked with the practice.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, when patients commented that the branch surgery needed improvement the practice installed automated doors and provided a new chair in the nurse treatment room.

# 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.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.

We saw several areas of outstanding practice including:

- Provision of a bus service to bring patients from rural locations to their appointments.
- Elderly patients living in care homes had their needs reviewed by the GPs in conjunction with a specialist in care of the elderly on a monthly basis.
- Access to emergency care beds for the elderly in local nursing homes reducing reliance on hospital services for care of the elderly.
- Both the main and branch practices were open on Saturday mornings offering pre-booked and on the day appointments. The dispensary's at both were also open on Saturday morning. This meant patients who were unable to collect their medicines during the week could do so on Saturday morning.
- Provision of local services that enabled the GPs to manage demand on hospital care and make services

more accessible to patients. The practice achieved consistently low rates of referral to outpatients and attendance by patients at Accident and Emergency were also lower than average.

- The practice offered placements to nurses in training. The lead practice nurse was a trained mentor.
- Provision of ECG tests, including 24 hour ECG monitoring, in the patient's home.
- Consistently above average patient feedback about staff being kind and courteous and being able to access appointments.
- Learning from significant events was regularly shared with four other practices in the locality.

However there were areas of practice where the provider should make improvements:

- Install a secondary means of monitoring the temperature of medicines fridges.
- Further promote the benefits of flu vaccinations for patients in at risk groups.

**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.

Good



- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- The practice used every opportunity to learn from internal and external incidents, to support improvement. Learning was based on a thorough analysis and investigation. Learning was shared within the locality group of five GP practices.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff.
- The practice had a strong focus on reducing the risk of cross infection. All staff received infection control training relevant to their role.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- When there were safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Medicines were well managed and dispensary staff were appropriately trained to carry out their roles. When dispensary errors occurred they were fully investigated and lessons learnt were shared with all dispensary staff.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- We also saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients.
- Data showed that the practice was performing highly when compared to practices nationally and in the Clinical Commissioning Group (CCG). The practice provided more services locally. Consequently it had the lowest rates of attendance at A&E within the CCG.

# Summary of findings

- The practice used innovative and proactive methods to improve patient outcomes and working with other local providers to share best practice.

## Are services caring?

The practice is rated good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rated the practice higher than others for almost all aspects of care. For example, 94% of patients said the GP gave them enough time compared to the CCG average of 89% and national average of 87% and 91% said the GP involved them in decisions about their care compared to the CCG average of 85% and national average of 81%.
- Feedback from patients about their care and treatment was consistently and strongly positive.
- We observed a strong patient-centred culture.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. For example, in providing integrated care appointments for those aged over 75. Thus coordinating care for this group of patients and avoiding the discomfort of multiple appointments.
- We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on.
- Views of external stakeholders were very positive and aligned with our findings.

## Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

Outstanding



- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. The practice part funded a community bus to bring patients for their appointments from rural locations.
- There were examples of approaches to provide integrated person-centred care. Patients with more than one long term condition received a one hour review to avoid multiple trips to the practice. Their care and treatment for all conditions was reviewed and adjusted at this one appointment.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a

# Summary of findings

consequence of feedback from patients and from the patient participation group. Automated doors had been installed at the branch surgery and the waiting room chairs had been refurbished.

- Patients could access appointments and services in a way and at a time that suited them. There were evening clinics. The Saturday morning clinics every week included walk in appointments.
- 33% of patients had signed up for booking appointments on line.
- 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 the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

The practice is rated as outstanding for being well-led.

- The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- The partners had a detailed understanding of practice performance and tailored services to meet local needs.
- There was a strong commitment to staff development and teaching. The senior practice nurse had recently become a practice nurse mentor.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- The practice carried out proactive succession planning. A regular Locum GP was becoming a Salaried GP in January 2016.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- The practice gathered feedback from patients using new technology, and it had a very active patient participation group which influenced practice development. For example the waiting room at the branch surgery had been refurbished.

**Outstanding**



# 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 outstanding for delivery of responsive and well led services. The rating applies to all patient groups.

- Integrated care clinics were provided for those aged over 75.
- Emergency admission beds were available at local care homes supported by the GPs. Older patients did not have to be admitted to distant hospitals where it was difficult for relatives and friends to visit.
- Flu vaccination rates for those aged over 65 matched the national average of 73%.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- A community bus was provided to bring patients for their appointments at the practice.
- Dispensed medicines could be collected from a rural shop collection point.
- Joint visits with a Consultant specialising in Care of the elderly were undertaken on a monthly basis at three local care homes.
- Bowel cancer screening take up was above average.

Outstanding



### People with long term conditions

The practice is rated as outstanding for delivery of responsive and well led services. The rating applies to all patient groups.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice achieved 98% of the national targets for care of patients with diabetes.
- 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.
- A single one hour appointment was provided for those with more than one long term condition. This reduced the need for multiple visits to the practice.

Outstanding



# Summary of findings

## Families, children and young people

The practice is rated as outstanding for delivery of responsive and well led services. The rating applies to all patient groups.

- 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.
- 83%
- 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.
- 81% of eligible female patients received the cervical screening test.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.
- Patient feedback was positive on GPs treating young patients in an age appropriate manner and being able to access urgent appointments for sick children.

Outstanding



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

The practice is rated as outstanding for delivery of responsive and well led services. The rating applies to all patient groups.

- 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.
- Take up of breast cancer screening was encouraged and there was an above average rate for this test.
- The practice opened every Saturday morning and the dispensary was available at that time for collection of medicines.
- 33% of patients had signed up for online services including booking appointments on line.

Outstanding



## People whose circumstances may make them vulnerable

The practice is rated as outstanding for delivery of responsive and well led services. The rating applies to all patient groups.

Outstanding



# Summary of findings

- The practice held a register of patients living in vulnerable circumstances including carers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and had completed 7 out of 12 physical health checks for this group of patients.
- The practice regularly worked with multi-disciplinary teams 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.
- Homeless patients were able to register at the practice.

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

The practice is rated as outstanding for delivery of responsive and well led services. The rating applies to all patient groups.

- The prevalence of dementia was 1% higher than the national average.
- The practice had achieved 100% of the mental health targets.
- The practice achieved 100% of the targets for treating patients diagnosed with depression.
- Counselling was available at the practice.
- 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 and a specialist dementia support worker attended the practice.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia. The majority of staff were trained as dementia friends.

Outstanding



# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2015 related to the survey periods of July to September 2014 and January to March 2015. The results showed the practice was performing well above local and national averages. Two hundred and fifty-seven survey forms were distributed and 131 were returned, constituting a 51% return rate. The number of forms returned represented 1.5% of the practice's patient list.

- 97% found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) average of 78% and a national average of 73%.
- 92% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 88% and national average of 85%.
- 100% described the overall experience of their GP practice as fairly good or very good compared to the CCG average of 88% and national average of 85%.

- 98% said they would definitely or probably recommend their GP practice to someone who has just moved to the local area compared to a CCG average of 81% and national average of 76%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 59 comment cards which were all positive about the standard of care received. Many patients described an excellent service from kind and compassionate staff. Some commented on how practice staff had helped them to deal with caring for a relative at the end of their life. Others said practice staff gave them practical advice on day to day living with a long term medical condition. All patients said they had no difficulty contacting the practice to obtain appointments at a time that was convenient.

We spoke with 11 patients during the inspection. All 11 patients said they were happy with the care they received and thought staff were approachable, committed and caring. We took a sample four months of the friends and family test results and found 97% of patients would recommend the practice to someone new moving into the area.

## Areas for improvement

### Action the service **SHOULD** take to improve

- Install a secondary means of monitoring the temperature of medicines fridges.
- Further promote the benefits of flu vaccinations for patients in at risk groups.

## Outstanding practice

- Provision of a bus service to bring patients from rural locations to their appointments.
- Elderly patients living in care homes had their needs reviewed by the GPs in conjunction with a specialist in care of the elderly on a monthly basis.
- Access to emergency care beds for the elderly in local nursing homes reducing reliance on hospital services for care of the elderly.
- Both the main and branch practices were open on Saturday mornings offering pre-booked and on the day appointments. The dispensary's at both were also open on Saturday morning. This meant patients who were unable to collect their medicines during the week could do so on Saturday morning.
- Provision of local services that enabled the GPs to manage demand on hospital care and make services

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more accessible to patients. The practice achieved consistently low rates of referral to outpatients and attendance by patients at Accident and Emergency were also lower than average.

- The practice offered placements to nurses in training. The lead practice nurse was a trained mentor.
- Provision of ECG tests, including 24 hour ECG monitoring, in the patient's home.
- Consistently above average patient feedback about staff being kind and courteous and being able to access appointments.
- Learning from significant events was regularly shared with four other practices in the locality.

# Ramsbury & Wanborough Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Ramsbury & Wanborough Surgery

Ramsbury Surgery is a purpose built medical centre in the village of Ramsbury. The village is five miles from the town of Hungerford and is very rural. Transport links to the practice are limited but the practice has a large car park. The branch practice in the village of Wanborough is located in a converted property and has limited parking available on site. Transport links are also limited to this small village.

Services are provided from;

Ramsbury Surgery, Whittonditch Road, Ramsbury,  
Marlborough, Wiltshire, SN8 2QT

and

Wanborough Surgery, 3-5 Ham Road, Wanborough,  
Swindon, Wiltshire, SN4 0DF.

We visited both locations during the inspection. Both practice locations offer a dispensary service.

The practice registered population is drawn from rural locations covering 180 square miles. Approximately 8,900 patients are registered with the practice. Patients can attend either the main practice in Ramsbury or the branch

practice at Wanborough. Around 2,500 of the registered patients prefer to use the Wanborough practice because it is closer to their homes. There are a higher than average number of patients aged 45 to 74 and fewer than average in the age group 20 to 39. Statistics show very little income deprivation among the registered population.

There are five GPs working at the practice. The partnership is in the process of change, with one GP taking retirement and a Salaried GP is joining in January 2016. The incoming GP has been working at the practice for a year in a Locum GP capacity. Three of the GPs are male and two female. The practice nursing team is made up of six. The senior practice nurse is supported by three practice nurses and two health care assistants. The practice has a team of 24 administration, dispensing and reception staff headed up by the practice manager. The practice is a training practice for qualified doctors seeking to become GPs and offers teaching opportunities to undergraduates from Bristol and Oxford Universities. The senior nurse is a trained nurse mentor and placements are offered to nurses in training.

The practice is open between 8am and 6.30pm Monday to Friday at Ramsbury. The branch practice at Wanborough is open between 8.30am and 12pm and 4.15pm to 6.30pm Monday to Friday. Appointments are from 8.35am to 11.30am every morning and 2.30pm to 6pm every afternoon at Ramsbury. Appointments at Wanborough are from 8.30am to 11.30am each morning and 4.30pm to 6pm each afternoon. Extended practice hours were offered until 7.30pm at Wanborough on a Monday evening. Saturday morning extended hours are from 8.15am to 11.30am every week. The Saturday service starts at Wanborough and then transfers to Ramsbury to give local access to both groups of patients. The dispensary is also open at both sites on Saturday morning.

# Detailed findings

The practice has opted out of providing out of hours services to their patients. Out of hours services are provided by Medvivo. The out of hours service is accessed by calling 111. There are arrangements in place for services to be provided when the surgery is closed and these are displayed at the practice and in the practice information leaflet.

Ramsbury and Wanborough surgery has not been inspected before.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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. We asked Wiltshire Clinical Commissioning Group, NHS England and local healthwatch to share what they knew. We carried out an announced visit on 16 December 2015. During our visit we:

- Spoke with four GPs, three members of the nursing staff and six members of the dispensary and administration staff.
- Spoke with 11 patients, including a member of the Patient 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 59 comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, having referred a young child to hospital after checking their blood oxygen levels the GP concerned requested the practice purchase a new piece of equipment. The practice purchased an additional machine to test blood oxygen levels that was specifically designed for use with children. The practice also followed up lessons learnt with other health services. We saw that when a GP at the practice diagnosed a tumour after the patient had already seen an ophthalmologist at the hospital, the matter was followed up with the director of surgery at the hospital concerned.

The practice was a member of a group of five rural practices called the East Kennet group. We noted that this group shared learning from safety incidents at their group meetings. Learning from each other was, therefore, actively encouraged and was a regular agenda item at the group meetings.

When there were safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### 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 that reflected relevant legislation and local requirements and 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 when necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level three. All staff had received role specific training in safeguarding vulnerable adults. Patient records alerted staff to families where domestic abuse had been reported.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (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 senior 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 drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription 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. They received mentoring and support from the GPs for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.

## Are services safe?

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by the practice staff. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted and the keys held securely. There were arrangements in place for the destruction of controlled drugs and we saw that destruction of these medicines was carried out at regular intervals.
- Medicines and immunisations that needed to be kept at controlled temperatures were held in medicines fridges. We noted that these medicines were stored safely and that the fridge temperatures were checked on a daily basis. The records showed that the fridges operated within appropriate temperature ranges. However, the medicines fridges were not fitted with a secondary thermometer or temperature logger. If the primary thermometer was registering false temperature readings the practice would not be able to check this by using a secondary temperature reading. We checked 27 medicines held in the medicines fridges and all were in date.
- The practice had a dispensary at both locations. Appropriate written procedures in place for the production of prescriptions and dispensing of medicines that were regularly reviewed and accurately reflected current practice. The practice was signed up to the Dispensing Services Quality Scheme to help ensure processes were suitable and the quality of the service was maintained. Dispensing staff had all completed appropriate training and had their competency annually reviewed. Two of the dispensary staff were qualified as a pharmacy technicians and were subject to professional requirements to maintain their qualification. We observed the dispensing procedures and saw that medicines were always checked twice before being dispensed. We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Incidents were logged efficiently and then reviewed promptly. This helped make sure appropriate actions were taken to minimise the chance of similar errors occurring again.
- We reviewed eight 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.

- 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.

### 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 that enough staff were on duty. For example, more staff were on duty in the morning when the practice was at its busiest.

### 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 basic life support training.

## Are services safe?

- The practice had a defibrillator available and emergency oxygen with adult and children's masks at both the main and branch practice locations. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in secure areas of both practice locations and all staff knew of their location. The stock of medicines held was appropriate to meet a range of foreseeable medical emergencies. All the medicines we checked were in date and fit for use.
- 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 patient's needs.
- The practice monitored that these guidelines were followed through discussions at clinical team meetings risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available for clinical achievement. The practice had a 12% exception reporting rate. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This was 1% above the Clinical Commissioning Group (CCG) exception rate and 3% above the national exception rate. However, we reviewed a sample of the records of patients excepted and found there were appropriate reasons for the exception. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was 98% which was above the CCG average of 96% and national average of 89%.
- The percentage of patients with hypertension achieving target blood pressure was 78% compared to the CCG average of 85% and national average of 84%.
- Performance for mental health related indicators was 100% compared to the CCG average of 98% and national average of 93%.

The practice was below the local and national averages for treatment of patients diagnosed with hypertension. However, the practice demonstrated that this was due to a number of elderly patients who were unable to tolerate high doses of medicine to control their blood pressure. The GPs did not exclude these patients from the targets because they wished to ensure they received regular blood pressure tests and monitoring. The practice exception rate for mental health indicators was 6% which was 11% below the CCG exception rate of 17% and 7% below the national exception rate.

Clinical audits demonstrated quality improvement.

- There had been 15 clinical audits undertaken in the last two years. Four 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, an audit identified that when patients were prescribed pain relief patches the justification had not always been recorded and advice on using the patches had not been given. The first audit showed 80% of patients had been given advice and the prescription justified. The audit results were shared and best practice reinforced with the GPs. The second audit cycle showed justification for patches had increased to 90% and full advice given to 91%. This had coincided with an increase in the number of patients using this medication. The outcome meant that patients requiring high levels of pain relief through use of pain relief patches were getting better advice and receiving the right medicine for their needs.

Information about patients' outcomes was used to make improvements such as identifying that the lower number of patients referred under the two week suspected cancer protocol was justified because patients presented later than at other practices before they were diagnosed. Patients were actively encouraged to take part in cancer screening programmes.

The practice took part in the local prescribing management scheme. Data showed that they had achieved all the targets set.

# Are services effective?

## (for example, treatment is effective)

### 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. It 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 vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations 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 development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. Each member of staff had a learning and development plan and we found that staff followed this plan. Training for all staff included dementia awareness and the majority of staff had been trained as 'dementia friends'. This ensured staff were more aware of the needs of patients, and their relatives/carers, who were living with dementia.
- Learning and development included ongoing support during one-to-one meetings, appraisals, coaching and mentoring and facilitation and support for revalidating GPs. All staff had an appraisal within the last 12 months. Clinical supervision was structured for GPs in training and for the trainee nurses on placement.
- The practice demonstrated a commitment to staff development. For example, the dispensary lead was trained as a pharmacy technician. This meant they were subject to annual professional updating requirements and could offer patients advice on medicines. Another member of staff had been trained as a health care assistant having originally joined the practice as a member of the administration team. Health care assistants had training planned to extend their role to administer childhood flu vaccinations in 2016.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- 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 services 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

### 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 patients, 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..

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

# Are services effective?

(for example, treatment is effective)

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet and alcohol cessation. Patients were then signposted to the relevant service.
- Smoking cessation advice was available at the practice. A total of 86% of patients aged over 16 had their smoking status recorded (1% below the national average). The practice had offered stop smoking advice via various media to 98% of the patients identified as smokers and 15% of these had attended for smoking cessation advice from one of the practice counsellors.

The practice's uptake for the cervical screening programme was 81%, which was below 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.

The practice encouraged its patients to attend the national screening programme for bowel cancer and the take up was 64% compared to the national average of 56%. Breast cancer screening was also encouraged and the take up was 81% amongst eligible female patients compared to the national average of 73%.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 95% and five year olds from 90% to 95%.

GPs and nurses promoted the benefits for older patients in receiving the shingles immunisation. Data showed 83% of 70 year olds and 80% of 78 year olds had taken up this immunisation.

Flu vaccination rates for the over 65s were 73% which matched the national average. However for at risk groups the rate was 43% which was below the national average of 53%. The practice was aware of this and was reinforcing the benefits of flu vaccination to those in at risk groups.

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. The practice had completed seven out of 12 annual physical health checks for patients with a learning disability.

# 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.

All of the 59 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. A number of patients who completed comment cards added reference to how well their families were cared for and we also received positive feedback on how the GPs cared for patients receiving end of life care. These specific comments amplified the general view that staff responded compassionately when they needed help and provided support when required.

We spoke with 10 patients and a member of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 95% said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 90% and national average of 89%.
- 95% said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.
- 99% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.

- 89% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 85%.
- 100% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and national average of 97%.
- 94% 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 90%.
- 97% said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%.

Feedback from about all staff being caring and compassionate from all sources of patient contact was extremely positive and above average. Some of the comment cards we reviewed described the caring nature of GPs and nurses as outstanding.

We also reviewed a sample of four months returns from the friends and family test. These showed that 97% of patients who took part would recommend the practice to others.

### 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 on the comment cards we received was also positive and aligned with these views.

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

- 94% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 91% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 81%.
- 92% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

## Are services caring?

The comments we received on comment cards and the 11 patients we spoke with reflected the national survey. Some patients told us how they were given choice in continuing with treatment from their GP or being referred to hospital. Others told us how they received support in dealing with their long term medical conditions.

Staff told us that translation services were available for patients who did not have English as a first language but that this was rarely needed. We saw notices in the reception areas informing patients this service was available.

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1% of the practice list as carers. The practice worked with a care co-ordinator and shared this service with three other practices. The care coordinator ensured carers received an annual review and offered advice on benefits and support services. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered 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.



# 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. For example, in the provision of emergency admission beds for the elderly at local care homes to avoid the need for admission to hospital. This had resulted in 19 patients between June and December 2015, who would otherwise have been admitted to hospital, receiving emergency care from their own GP in a local care home. This enabled relatives and friends to maintain contact and visit more easily. Also in provision of a care coordinator to work with patients who were registered as having a care responsibility for others.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available. A hearing loop was available at the main practice.
- A mobile ECG service was available for those who could not attend the practice.
- The care of patients with more than one long term condition was coordinated to provide them with a one hour appointment to avoid multiple trips to the practice. We saw some examples of these extended multi condition appointments and patients commented on how they appreciated this service.
- A community bus was part funded by the practice to bring patients from rural locations to their appointments.
- The dispensary opened on a Saturday morning to enable patients to collect their medicines if they were unable to attend during weekdays.
- Patients were able to access urgent appointments on a Saturday morning.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.

- Integrated care clinics were provided for patients aged over 75 giving time for all aspects of care and support to be discussed and reviewed.
- Patients at three local care and nursing homes were registered with the practice. GPs undertook weekly visits to these homes to ensure patients treatment needs were being reviewed and met.
- The care of elderly patients living in care homes was coordinated by undertaking a monthly review with a Consultant in Medicine for the Elderly. Thus GPs and the staff at the homes were able to access expert advice on a face to face basis.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday at Ramsbury. The branch practice at Wanborough was open between 8.30am and 12pm and 4.15pm to 6.30pm Monday to Friday. Appointments were from 8.35am to 11.30am every morning and 2.30pm to 6pm every afternoon at Ramsbury. Appointments at Wanborough were from 8.30am to 11.30am each morning and 4.30pm to 6pm each afternoon. Extended practice hours were offered until 7.30pm at Wanborough on a Monday evening. Saturday morning extended hours were from 8.15am to 11.30am and included urgent appointments for patients who walked in on the day. The Saturday service opened at Wanborough and then transferred to Ramsbury to give local access to both groups of patients. The dispensary's were open at both sites on Saturday morning. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them.

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

- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 98% patients said they could get through easily to the practice by phone compared to the CCG average of 78% and national average of 73%.
- 92% patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 88% and national average of 85%.



# Are services responsive to people's needs?

(for example, to feedback?)

- 97% patients said the last appointment they got was convenient compared to the CCG average of 93% and national average of 92%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

Comment cards also reflected this with many patients stating they never had difficulty in getting through to the practice or obtaining an appointment at a time convenient to their needs. A number of patients who completed comment cards said that home visits were always made when needed and that these were carried out promptly when requested.

## 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. It was displayed on notice boards, referred to in the patient leaflet and on the practice website.

We looked at five complaints received in 2015 and found all were investigated thoroughly and responded to promptly. The response set out the findings of the investigation in an open and honest manner and an apology was given. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, when a referral for a patient had been delayed, the practice reviewed their systems to ensure referrals were processed promptly.

# Are services well-led?

Outstanding



(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 setting out the practice values and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values.
- The partners held a yearly strategy meeting at which their short and long term goals for the practice were reviewed.
- There was a clear understanding of potential future challenges. For example, housing developments planned for areas close to the branch practice at Wanborough. The practice had already started to consider options for taking on approximately 500 more registered patients.

### 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. All staff we spoke with knew where to access policies and procedures.
- The partners and senior managers had a comprehensive understanding of the performance of the practice. Services were adjusted when the practice identified it could improve performance. For example, the practice was instrumental in organising emergency care beds in nursing homes.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

The partners in the practice had the experience to ensure high quality, accessible, care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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 knowing about notifiable safety incidents

When there were safety incidents:

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology.
- The learning was shared with the four other practices in the East Kennet group. Learning from incidents at other practices was brought back and shared with the staff team to reduce the risk of similar incidents happening at the practice.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings. We reviewed minutes from some of the team meetings. These showed us that each team covered issues relevant to their roles but also discussed practice developments and learning from incidents and complaints.
- 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 in doing so and felt supported if they did. We noted that a team half day away was held annually.
- Staff said they felt respected, valued and supported. Both by the partners and by the practice manager and senior nurse. It was evident that the partners worked closely with their senior managers to build resilience into the management of the practice.
- All staff were involved in discussions about how to run and develop the practice and they were encouraged to identify opportunities to improve the service delivered

# Are services well-led?

Outstanding



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

by the practice. For example, nursing staff had reinstated nurse triage because they had the skills to offer this service and it sped up access to urgent appointments.

- When staff sought to develop their skills, expand or change their roles they were encouraged and supported to do so. The nurse manager had been trained as a nurse mentor and the practice offered placements for nurses in training. A member of reception staff asked to be considered for training as a dispenser and they told us this opportunity would be available to them when a vacancy arose.
- The incoming GP told us they felt engaged with the practice already. They also said the partners were very supportive and that it was the best practice they had worked at. They looked forward to taking up their Salaried GP position in January 2016.

## 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. There was an active PPG which met regularly and had been in existence for 17 years. The practice also took the opportunity to gather feedback from a representative group of patients via e-mail contact. Surveys had been

carried out in conjunction with the PPG. The practice acted upon feedback from surveys. For example, refurbishing the branch practice and providing a phlebotomy chair.

- The practice had gathered feedback from staff through staff meetings, day to day discussions and appraisals. 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. For example, the smoking cessation counsellors found they needed more time to complete the records of their interventions. They asked for administration time and this was granted.

## Continuous improvement

There was a strong 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, delivering emergency care for elderly patients in local care homes.

The practice also offered placements for nurses in training who were mentored by the senior nurse. There was recognition that practice nurses were difficult to recruit and offering placements encouraged student nurses to consider becoming practice nurses.

The practice undertook training of qualified doctors seeking to become GPs and teaching of medical students from Bristol and Oxford Universities. Feedback from both students and trainee GPs was positive.