

# Dr Richard Guilding

## Quality Report

Eldene Health Centre  
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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 Dr Richard Guilding's Surgery on 4 February 2016. Overall the practice is rated as good.

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

- The practice had a clear vision which had quality, safety and high-quality person-centred care as its top priority. High standards were promoted and owned by all practice staff with evidence of team working across all roles.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- The practice had an effective governance system in place, was well organised and actively sought to learn from performance data, incidents and feedback.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- Risks to patients were assessed and well managed.
- Feedback from patients about their care was consistent and highly positive.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

We saw outstanding practice including:

- The latest GP National patient survey completed in 2015 and published in January 2016 showed the proportion of patients who would recommend this practice was 90%, which far exceeded the local Clinical Commissioning Group and national average. All of the 45 patient Care Quality Commission comment cards we received and the six patients we spoke with on the day were highly positive about the service experienced. Patients recalled episodes of high levels of care and compassion to overcome obstacles including a nurse attending patients home addresses to dress ulcers in her lunchtime if the community nurses cannot attend, rather than let an ulcer

# Summary of findings

deteriorate. This was further backed up in performance data for the care of long-term conditions, patient testimonials presented by the practice, views from three local care homes we spoke with, reviews on NHS Choices and the Friends and Family Test survey.

However, there was an area of practice where the provider needs to make improvements. Importantly the provider should:

- Formalise the appraisal process for administration and reception staff.

**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



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. Patients were told about any actions 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. The GP had additional advanced qualifications in safeguarding.
- Risks to patients were assessed and well managed.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were similar when compared to the local and national average. A comprehensive understanding of the performance of the practice was maintained.
- 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.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP Patient Survey showed patients rated the practice higher than other practices for several aspects of care. For example, 100% said the last nurse they saw or spoke to was good at treating them with care and concern (CCG average 90%, national average 91%).

# Summary of findings

- Feedback from patients was substantially positive with the vast majority of patients reporting that all staff gave them the time they needed, that GPs and nurses were good at explaining treatment and tests, and all staff including reception staff were very helpful.
- We observed a strong patient-centred culture and staff treated patients with kindness and respect, and maintained patient and information confidentiality. Staff were highly motivated and inspired to offer care that was kind and which promoted people's dignity.
- Views of external stakeholders (three local care homes) were positive and aligned with our findings.
- Information for patients about the services available was easy to understand and accessible.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Feedback from patients reported that access to a named GP and continuity of care was always available quickly, and urgent appointments were always available.
- 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.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of practice specific 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 provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of

Good



# Summary of findings

openness and honesty. The practice had systems in place for knowing about 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 had just been launched and was currently recruiting new members. There was a high level of constructive engagement with staff and a high level of staff satisfaction.

# Summary of findings

## The six population groups and what we found

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

### Older people

Good



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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people. Longer appointments, home visits and urgent appointments were available for those with enhanced needs.
- The practice systematically identified older patients and coordinated the multi-disciplinary team (MDT) for the planning and delivery of palliative care for people approaching the end of life.
- We saw unplanned hospital admissions and re-admissions for the over 75's were regularly reviewed and improvements made.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were higher than national averages. For example, the percentage of people aged 65 or over who received a seasonal flu vaccination was 13% higher than the national average (73%).

### People with long term conditions

Good



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

- The GPs and nurse team had the knowledge, skills and competency to respond to the needs of patients with long term conditions such as diabetes and COPD (Chronic obstructive pulmonary disease is the name for a collection of lung diseases including chronic bronchitis, emphysema and chronic obstructive airways disease).
- The nurse prescriber had a special interest and further qualifications in the management of diabetes. We saw comprehensive and detailed diabetic care plans; Performance for diabetes related indicators was higher when compared to the CCG and national average. The practice achieved 93% of these targets compared to a CCG average of 90% and national average of 89%.
- Quality data demonstrated the monitoring of patients with long term conditions was better when compared to national

# Summary of findings

averages. For example, 96% of patients with COPD had a review undertaken including an assessment of breathlessness in the preceding 12 months. This was 6% higher than the national average.

- Longer appointments and home visits were available when needed.

## 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 higher when compared to the CCG and national averages.
- 78% of patients diagnosed with asthma, on the register, had an asthma review in the last 12 months. This was higher than the national average, 75%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 77%, which was higher when compared to the CCG average (73%) and the national average (74%).
- Staff had received training in recognising and acting upon domestic violence and female genital mutilation.
- Children under five were always seen on the day, appointments were available outside of school hours and the premises were suitable for children and babies.

Good



## 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.
- There was a range of appointments between 9.00am and 5.30pm Monday to Friday. Results from the national GP patient survey showed that patient's satisfaction with how they could

Good





# Summary of findings

access care and treatment was higher when compared to CCG and national averages. For example, 83% of patients were satisfied with the practice's opening hours (CCG average 72%, national average 75%).

- 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.
- The practice provided a full travel vaccine service (excluding yellow fever).

## People whose circumstances may make them vulnerable

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

- There were policies and arrangements to allow people with no fixed address to register and be seen at the practice.
- The practice provided an appropriate service for transsexual and gender dysphoria patients.
- The practice offered longer appointments for patients with a learning disability.
- It had carried out annual health checks for people with a learning disability and there was evidence that these had been followed up.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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.

Good



## 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).

- 91% of people experiencing poor mental health had a comprehensive, agreed care plan documented in their medical record, which was higher when compared to the national average (88%).

Good



# Summary of findings

- The practice carried out advance care planning for patients with dementia. For example, 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was higher when compared to the national average (84%).
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing significantly higher in terms of patient satisfaction when compared with local and national averages. On behalf of NHS England, Ipsos MORI distributed 296 survey forms and 109 forms were returned. This was a 37% response rate and amounts to just above 4% of the patient population.

- 96% found it easy to get through to this surgery by phone (CCG average 74%, national average 73%).
- 97% described their experience of making an appointment as fairly good or very good (CCG average 70%, national average 73%).
- 90% described the overall experience of their GP surgery as fairly good or very good (CCG average 82%, national average 85%).

- 90% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 74%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 45 comment cards which were all highly positive about the standard of care received.

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

We spoke with three local care homes which the practice provided the GP service for. They all fully praised the practice, told us they highly recommend the practice and told us the service they received was responsive to patients needs and treated them with dignity and respect.

# Dr Richard Guilding

## 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 second CQC inspector, a GP specialist adviser and a practice manager specialist adviser.

## Background to Dr Richard Guilding

Dr Richard Guilding's Surgery is based within Eldene Health Centre and is a small single-handed practice offering GP services to the local community of Swindon, Wiltshire. The practice is one of 25 practices within Swindon CCG and provides personal medical services to approximately 2,450 registered patients.

All services are provided from:

- Eldene Health Centre, Eldene, Swindon, Wiltshire, SN3 3RZ.

The practice comprises of one GP (a male GP) who is supported by two long term locum GPs (both female).

The all-female nursing team consists of a nurse prescriber and a health care assistant.

The GP, nurse prescriber and a senior administrator perform the management duties of the practice and are supported by a team of three administrative staff who undertake the day to day running of the practice.

The practice population has a higher proportion of patients with a reported long-standing health condition and health-related problems in daily life compared to the national averages. This could result in an increased demand for GP services.

The practice population has a higher proportion of patients aged 40-54 compared to the national average and a small proportion of patients who reside in three local care homes.

The practice has core opening hours between 8.30am and 6pm every weekday with the exception of Fridays when the opening times are between 8.30am and 5.30pm. The practice opted out of providing the out-of-hours service. This service is provided by the out-of-hours service accessed via the NHS 111 service. Advice on how to access the out-of-hours service is clearly displayed on the practice website, on the practice door and over the telephone when the surgery is closed.

## 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.

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. This included information from Swindon Clinical Commissioning Group (CCG), NHS England and Public Health England.

We carried out an announced visit on 4 February 2016.

During our visit we:

- Spoke with a range of staff including GPs, a nurse prescriber, health care assistant and members of the administration and reception team. In addition we spoke with six patients who used the service and a representative from the Patient Participation Group. We also spoke to three care homes which access GP services from the practice.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the GP of any incidents and there were recording forms readily available throughout the practice.
- 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, we saw an analysis of a significant event following a delay in the admission of a patient into a hospice.

The practice reviewed all measures in place to ensure this did not happen again. This included a change in referral process including a district nurse referral and ensuring patients have appropriate and timely access to suitable end of life medicines.

We saw the practice had in place an understanding and an effective policy on their responsibility with regards to the Duty of Candour. When there were unintended or unexpected 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 where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. For example, GPs

were trained to Safeguarding children level three, the nurse was trained to Safeguarding children level two and the GP and nurse had completed adult safeguarding training.

- The GP also held advanced qualifications in both adult and children safeguarding including a Diploma in Medical Jurisprudence (a branch of law relating to medicine) and formal training in signs and symptoms of abuse when carrying out forensic examinations.
- Notices in the waiting rooms 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 nurse prescriber was the infection control 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, 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. We saw she received mentorship and support from the GP for this extended role.
- The practice had a system for production of Patient Specific Directions to enable the Health Care Assistant to administer vaccines (influenza and pneumococcal vaccines and vitamin B injections) after specific training when a GP or nurse were on the premises.

## Are services safe?

- We reviewed five 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 staff room which identified local health and safety representatives. The practice had up to date fire risk assessments, staff had received fire safety training and the practice carried out regular fire drills. All electrical equipment was checked (November 2015) to ensure the equipment was safe to use and clinical equipment was checked (November 2015) 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. The practice used two long term locum GPs to ensure that enough staff were on duty and patients received timely care and treatment.

### Arrangements to deal with emergencies and major incidents

The practice had suitable 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 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 covered the appropriate range and 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 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 97% of the total number of points available, with 5% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

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

- Performance for diabetes related indicators was higher when compared to the Clinical Commissioning Group (CCG) and national average. The practice achieved 93% of targets compared to a CCG average of 90% and national average of 89%. For example, 96% of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was in the target range. This was significantly higher when compared to the CCG average (79%) and national average (78%).

- Performance for high blood pressure related indicators was slightly higher when compared to the CCG and national averages. The practice achieved 100% of targets compared to a CCG average (98%) and national average (98%).
- Performance for mental health related indicators was lower when compared to the CCG and national average. The practice achieved 81% of targets compared to a CCG and national average both of 93%.
- During the inspection the inspection team discussed the lower than average performance of mental health related indicators. We saw detailed assurance that this level of performance was being addressed. Actions included specific mental health meetings, patient recalls and medication reviews. On further investigation, it appears there had been a coding problem which resulted in indicators, outcomes and performance not being recorded correctly on the IT systems and was being resolved.

Clinical audits demonstrated quality improvement.

- A programme of clinical audits had been completed 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, the GP had a comprehensive understanding of the performance of the practice including the bowel cancer screening uptake. The GP highlighted low levels of participation for the national bowel cancer screening programme and an audit opportunity arose. This ongoing audit involved the GP reviewing, contacting all eligible patients and provided supporting information to ensure they were able to make a clear and informed choice. Bowel cancer is one of the most common types of cancer diagnosed in the UK, with around 40,000 new cases diagnosed every year. This audit and proactive response resulted in an increase in participation for bowel cancer screening by 25%.



# Are services effective?

## (for example, treatment is effective)

- Other audits were carried out that affected very small numbers of patients and did not, due to patients individual circumstances, demonstrate any change in practice.

### 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, staff administering vaccines and completing diabetic foot checks 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 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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months. However, we saw the appraisal process for reception and administration staff was not a formal process. We saw evidence of appraisals taking place but this was an informal approach giving a current, ongoing perspective on performance and development needs.
- 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 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.
- The GP was a section 12 approved doctor (a medically qualified doctor who has been recognised under section 12(2) of the Mental Capacity Act). The GP had specific expertise in mental disorder and had additional training in the application of the Act.
- 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 nurse prescriber assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits.

### 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, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- For example, information from Public Health England showed 92% of patients who are recorded as current smokers had been offered smoking cessation support and treatment. This was similar when compared to the CCG average (93%) and national average (94%).

The practice's uptake for the cervical screening programme was 77%, which was higher when compared to the CCG average (73%) and the national average (74%). There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening; data from Public Health England reflected mixed success in patients attending screening programmes. For example:

- 55% of patients at the practice (aged between 60-69) had been screened for bowel cancer in the last 30 months; this was similar to the CCG average (56%) but lower than the national average (58%).
- 78% of female patients at the practice (aged between 50-70) had been screened for breast cancer in the last 36 months; this was similar when compared to the CCG average (77%) and but higher than the national average (72%).

The GP had a comprehensive understanding of the uptake for national screening programmes. We saw evidence of an ongoing bowel cancer screening audit which highlighted

patients who did not participate in national bowel cancer screening programmes. The GP contacted these patients and provided supporting information to ensure they were able to make a clear and informed choice. This proactive response resulted in an increase in participation for bowel cancer screening by 25%.

Records showed the GP and nurse proactively sought and promoted the immunisation programme and this was evident in the immunisation data as the practice was above both local and national averages for childhood immunisations and influenza. Childhood immunisation rates for the vaccinations given in 2014/15 to children aged 12 months were 100%, higher when compared to the CCG average which ranged between 95% and 97%. Vaccinations given to children under two year olds and five year olds were also above the CCG and national averages. For example:

- 100% of children aged five years old had received an infant Men C vaccination (a vaccine protects against infection by meningococcal group C bacteria, which can cause two serious illnesses, meningitis and septicemia), this was higher when compared to the CCG average of 91%.
- Flu vaccination rates for the over 65s were 86%, and at risk groups 66%. These were higher when compared to the national averages, over 65s 73% and at risk groups 53%.

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

All of the 45 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 listened to their concerns with dignity and respect. Comment cards highlighted episodes when staff responded compassionately when they needed help and provided support when required. We were also informed of the practice nurse attending patients home addresses to dress ulcers in her lunchtime if the community nurses cannot attend, rather than let an ulcer deteriorate.

We also spoke with six patients on the day of our inspection and the experience of these patients further supported the feedback in the comments cards. All the patients we spoke with said they would recommend the practice. Patient testimonials presented by the practice highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Notably satisfaction scores for interactions with reception staff and the nursing team were significantly higher when compared to the CCG and national average. For example:

- 88% said the GP was good at listening to them (CCG average 87%, national average 89%).
- 89% said the GP gave them enough time (CCG average 85%, national average 87%).

- 96% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%).
- 83% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).
- 100% said the last nurse they saw or spoke to was good at listening to them (CCG average 92%, national average 91%).
- 100% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%).
- 98% said they found the receptionists at the practice helpful (CCG average 84%, national average 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 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 in line with local and national averages with the exception of questions about the nursing team which was higher when compared to the CCG and national averages. For example:

- 86% said the last GP they saw was good at explaining tests and treatments (CCG average 85%, national average 86%).
- 80% said the last GP they saw was good at involving them in decisions about their care (CCG average 80%, national average 82%).
- 97% said the last nurse they saw was good at explaining tests and treatments (CCG average 89%, national average 90%).
- 98% said the last nurse they saw was good at involving them in decisions about their care (CCG average 85%, national average 85%).

## Are services caring?

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

### **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. In February 2016, the practice patient population list was 2,450. The practice had identified 18

patients, who were also a carer, this amounts to less than 1% of the practice list. 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. This call was followed by a patient consultation at a flexible time and location to meet the family's needs.

Patients we spoke with who had been bereaved confirmed they had received this type of support and said they had found it helpful.

# 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 Swindon Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- 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 always available for all including children and those with serious medical conditions. The practice reported a very low 'Did Not Attend' rate, patients told us they were always seen quickly.
- The practice had modern facilities throughout the different areas of the practice.
- There were disabled facilities, a hearing loop and translation services available.
- 95% of prescriptions, both manual and electronic, are completed on the day of request.
- Staff told us there was an open policy for treating everyone as equals and there were no restrictions in registering. For example, the practice has transgender and gender dysphoria patients and patients with no fixed abode. Staff told us homeless travellers would be registered and seen without any discrimination. This enabled homeless patients to receive appropriate care and treatment.

### Access to the service

The practice was open between 8.30am and 6pm Monday to Thursday (appointments were from 9am to 5.30pm) and 8.30am to 5.30pm on Fridays (appointments were from 9am to 11.30am).

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was higher when compared to CCG and national averages.

- 83% of patients were satisfied with the practice's opening hours (CCG average 72%, national average 75%).
- 96% of patients said they could get through easily to the surgery by phone (CCG average 74%, national average 73%).
- 81% of patients said they usually wait 15 minutes or less after their appointment time to be seen (CCG average 61%, national average 65%).
- 76% of patients said they feel they don't normally have to wait too long to be seen (CCG average 51%, national average 58%).

We reviewed the most recent data available for the practice on patient satisfaction regarding access to appointments. This included information from the January 2016 GP national patient survey results (109 respondents), NHS Choices website (28 reviews), 45 CQC comment cards completed by patients and six patients we spoke with on the day of inspection.

The evidence from these sources showed patients were entirely satisfied with how they access appointments, including opening hours and telephone access.

### 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 through information on a notice board and leaflets in the waiting areas.

The practice had received one complaint in the last 12 months and we found this was satisfactorily handled and dealt with in a timely way. Lessons were learnt from this complaint and action was taken to improve the quality of care. The practice showed openness and transparency in dealing with the complaint we reviewed.

# 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

We heard from all the staff we spoke with that there was a 'patient first' ethos within the practice. This was corroborated by the patients with whom we spoke.

- We found that there was a clear vision to deliver high quality care and promote good outcomes for patients.
- We saw future planning discussions including succession arrangements to identify and address future risks to personnel leaving or retiring was a priority.

### 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.
- A comprehensive understanding of the performance of the practice was maintained. Areas of low performance had been reviewed and action plans including audits implemented which demonstrated improved performance.
- 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 GP in the practice ensured the service provided safe, high quality and compassionate care. He was visible in the practice and staff told us that he and the two long term locum GPs 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 GP encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology. They kept written records of verbal interactions as well as written correspondence.
- 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.
- Staff said they felt respected, valued and supported, particularly by the GP.
- 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. For example, the newly recruited receptionist had designed and shared a standard operating procedure for all reception duties.

### 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.

- We also saw evidence that the practice had reviewed its' results from the national GP survey to see if there were any areas that needed addressing. The practice was encouraging patients to be involved in shaping the service delivered at the practice and had recently launched the Patient Participation Group. The practice had gathered feedback from patients through coffee mornings and fundraising events, one such event had raised money for the practice to purchase an automated external defibrillator (AED) (used to attempt to restart a person's heart in an emergency).
- The practice had gathered feedback from staff through social events, informal coffee mornings, staff meetings, appraisals and other discussions. 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 strong focus on continuous learning and improvement at all levels within the practice.

# Are services well-led?

Good 

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

- The staff team were actively encouraged and supported with their personal development. This included the effective use of protected learning time and access to online training materials.
- The practice was working collaboratively with multi-disciplinary integrated teams to care for high risk patients.
- The practice monitored and audited the service they provided and planned ahead to ensure continuity and further development of the services it provided.