

Widbrook Medical Practice

Quality Report

Widbrook Surgery
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Date of inspection visit: 1 December 2015

Date of publication: 22/04/2016

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

Inadequate



Are services safe?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Inadequate



Are services well-led?

Inadequate



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 Widbrook Medical Practice on 1 December 2015. Overall the practice is rated as inadequate.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, there was no formal structure for sharing any learning within the practice.
- Risks to patients were inconsistently assessed and managed. For example, recruitment checks were not recorded and some risks had not been assessed.
- Data showed patient outcomes were average for the locality.
- Although some audits had been carried out, we saw no evidence that audits were driving improvement in performance to improve patient outcomes.
- The majority of patients said they were treated with compassion, dignity and respect.

- We were told the appointment system and the telephone system made it very difficult for patients to get an appointment that was suitable for them. We observed a queue of patients outside the practice at 8.30am and were told this was a queue to make an appointment for later that day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had a number of policies and procedures to govern activity, but some were overdue a review.

Importantly, the provider MUST:

- Introduce consistent systems and procedures that ensure patients are protected from abuse. This should include provision of training for all staff that is both current and relevant to their role.
- Implement an up to date safeguarding policy.
- Implement a policy or procedure setting out how Significant Events will be managed.
- Have systems and procedures in place to reduce the risk of cross infection. Such systems should be reviewed and updated at appropriate intervals.
- Ensure the procedure for recruitment of staff (including locum GPs) includes undertaking all

Summary of findings

relevant checks to verify that staff are of good character and have the qualifications, competence, skills and experience which are necessary for them to discharge their role.

- Ensure that staff receive the appropriate professional development, supervision, appraisals and training as is necessary to enable them to carry out their duties.
- Ensure they have a Risk Assessment of the premises which is regularly reviewed at appropriate intervals.
- Quality improvement activity needs to ensure that learning takes place to improve patient safety and quality, for example clinical audits.
- Ensure all confidential information is kept in a secure manner and carry out a risk assessment to identify appropriate ways any risks can be mitigated or minimised.
- Review and take appropriate action on feedback from patients on the difficulties in booking an appointment.
- Review the storage and security of prescriptions and the storage of vaccines.
- Ensure that all non-clinical staff who act as chaperones are appropriately trained, have the necessary DBS check or a risk assessment in place and know the procedure for raising concerns.

In addition the provider should:

- Ensure that all policies and procedures are kept up to date and reviewed at appropriate intervals.

- The practice should consider their immunisations and the impact of this on their patient population and consider how this can be improved.
- Ensure the services they provide are appropriate to the people who use the service, meets their needs and reflects their personal preferences.

I am placing this practice in special measures. Practices placed in special measures will be inspected again within six months. If insufficient improvements have been made so a rating of inadequate remains for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The practice will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service.

Special measures will give people who use the practice the reassurance that the care they get should improve.

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 inadequate for providing safe services.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when there were safety incidents, reviews and investigations were not thorough enough and lessons learned were not communicated widely enough to support improvement.
- Although risks to patients were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.
- Records had not been kept to show that staff had received appropriate training. For example, safeguarding or chaperoning.
- The practice did not have a clear infection control policy and there was no infection control lead.
- The arrangements for keeping prescriptions secure were not robust. For example, prescription pads used by GPs during home visits were kept in an unlocked drawer and no checks were made to ensure all pads were accounted for.
- Staff records were not complete. Some required information such as references and proof of qualifications was not held.
- Appraisals and personal development plans had not been completed for any staff. The most recent one we saw was dated 2010.

Inadequate



Are services effective?

The practice is rated as requires improvement for providing effective services.

- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patient's needs.
- We saw some evidence that clinical staff had the skills, knowledge and experience to deliver effective care and treatment and spoke to staff who said they had received training. However, the poor record keeping at the practice meant it was not possible to check what training each staff member had undertaken.

Requires improvement



Summary of findings

- The practice had undertaken clinical audits but was unable to demonstrate they had been used to drive improvement in performance and to improve patient outcomes.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

The practice is rated as inadequate for providing responsive services.

Inadequate



- Information about how to complain was available and easy to understand although the patient leaflet was out of date. The practice could not demonstrate a system to review or record summaries of complaints. There was no formal system to share the learning from complaints with the practice team.
- We saw no evidence that the practice reviewed the needs of its local population. This means they could not be sure the services they offered met the needs of their patients.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Patients said it was difficult to make an appointment over the phone. The telephone system did not give patients advice on what to do in an emergency.

Are services well-led?

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

Inadequate



- At the time of the inspection there was no clear long term strategy or vision as the future direction of the practice was being reviewed.
- There was a documented leadership structure and most staff felt supported by management. However, some roles and responsibilities had not been assigned, which meant the practice could not be sure all tasks were being carried out as required to ensure the safety of patients.
- The practice had a number of policies and procedures to govern activity, but some of these were out of date or not in

Summary of findings

use. For example, the confidentiality policy was due to be reviewed in March 2015 and the infection control policy was incomplete and not used. Nursing staff used an out of date guidance manual instead. This meant the practice could not be sure these procedures were up to date and in line with current guidelines.

- The arrangements for identifying, recording and managing risks and issues, and implementing mitigating actions, were not adequately robust. For example, there was no risk assessment on the security of patients' files and there was no policy or procedure for significant events.
- The partners encouraged a culture of openness and honesty. The practice had systems in place for reporting safety incidents although investigations were not thorough enough and lessons learned were not communicated widely enough to support improvement.
- Staff told us they had not received regular performance reviews. There was no system for ensuring mandatory training was given to staff, they did not have clear objectives and some staff were uncertain as to their responsibilities.

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 provider was rated as inadequate for safety, responsive and for well-led and requires improvement for effective. The issues identified as inadequate overall affected all patients including this population group.

The practice is therefore rated as inadequate for the care of older patients.

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice participated in a Deprivation of Liberty audit for patients in a local nursing home.
- A GP undertook weekly visits to local nursing homes where the practice had large numbers of registered patients.
- The percentage of patients aged 75 or over with a fragility fracture on or after 1 April 2012, who were currently treated with an appropriate bone-sparing agent (in the period 04/2013 to 03/2014) was 100% compared to a national average of 81.27%.

Inadequate



People with long term conditions

The provider was rated as inadequate for safety, responsive and for well-led and requires improvement for effective. The issues identified as inadequate overall affected all patients including this population group.

The practice is therefore rated as inadequate for the care of patients with long-term conditions.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that 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.

Inadequate



Summary of findings

Families, children and young people

The provider was rated as inadequate for safety, responsive and for well-led and requires improvement for effective. The issues identified as inadequate overall affected all patients including this population group.

The practice is therefore rated as inadequate for the care of families, children and young patients.

- 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 patients who had a high number of A&E attendances.
- 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.
- Childhood immunisation rates for the vaccinations given to under twelve months olds ranged from 78% to 98%, compared to a clinical commissioning group (CCG) average range of 83% to 97%.
- Immunisation rates were slightly higher than average for all standard childhood immunisations. For example, childhood immunisation rates (in the period April 2014 to March 2015) for the vaccinations given to under two year olds ranged from 94.4% to 98.4%, compared to a CCG average range of 93.6% to 97.3%.
- Although appointments were available outside of school hours patients found it hard to make an appointment at a time suitable to them.

Inadequate



Working age people (including those recently retired and students)

The provider was rated as inadequate for safety, responsive and for well-led and requires improvement for effective. The issues identified as inadequate overall affected all patients including this population group.

The practice is therefore rated as inadequate for the care of working age patients (including those recently retired and students).

- The age profile of patients at the practice is mainly those of working age, students and the recently retired but the services available did not fully reflect the needs of this group.
- We were told the appointment system and the telephone system made it very difficult for patients to get an appointment that was suitable for them. We observed a queue of patients

Inadequate



Summary of findings

outside the practice at 8.30am and were told this was a queue to make an appointment later that day. We were told this meant making two visits to the practice to see a GP or nurse. This was reflected in other feedback we received.

- The practice offered extended opening hours for appointments from 6.30pm to 7.30pm on Tuesday and 7.30am to 8.00am on Thursdays. Some appointments could be booked on-line but this was not widely publicised.

People whose circumstances may make them vulnerable

The provider was rated as inadequate for safety, responsive and for well-led and requires improvement for effective. The issues identified as inadequate overall affected all patients including this population group.

The practice is therefore rated as inadequate for the care of patients whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- It offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- 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; however the practice did not have adequate policies in place to protect patients and staff.

Inadequate



People experiencing poor mental health (including people with dementia)

The provider was rated as inadequate for safety, responsive and for well-led and requires improvement for effective. The issues identified as inadequate overall affected all patients including this population group.

The practice is therefore rated as inadequate for the care of patients experiencing poor mental health (including patients with dementia).

- 92.68% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Inadequate



Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 covered a survey period of July to September 2014 and January to March 2015. The results showed the practice was performing below the local and national averages in regard to access to appointments. Two hundred and seventy-seven survey forms were distributed and 103 were returned. This was a 37.2% completion rate.

- 28.6% found it easy to get through to this practice by phone compared to a clinical commissioning group (CCG) average of 78.2% and a national average of 73.3%.
- 70.3% were able to get an appointment to see or speak to someone the last time they tried (CCG average 88.1%, national average 85.2%).

- 86.9% said the last appointment they got was convenient (CCG average 92.7%, national average 91.8%).
- 48.4% described their experience of making an appointment as good (CCG average 76.1%, national average 73.3%).
- 37.9% usually waited 15 minutes or less after their appointment time to be seen (CCG average 69%, national average 64 %%).

We spoke with 12 patients during the inspection. All 12 said that they were happy with the care they received and thought that staff were approachable, committed and caring. However, most patients told us they encountered difficulties in getting an appointment. They also told us appointments often ran late and that contacting the practice by telephone was very difficult.

Widbrook Medical Practice

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 advisor, a practice manager specialist advisor, a practice nurse specialist advisor and an Expert by Experience. Experts by experience are members of the team who have received care and experienced treatment from similar services. They are granted the same authority to enter registered persons' premises as the CQC inspectors.

Background to Widbrook Medical Practice

Widbrook Medical Practice is a GP practice located in the Wiltshire town of Trowbridge. Services to patients are provided under a General Medical Services (GMS) contract with NHS England. (GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract).

Approximately 6,000 patients are registered with the practice. The practice has a higher than average number of working age patients. The practice had a higher than average population between 40 and 55 years old. The general Index of Multiple Deprivation (IMD) population profile for the geographic area of the practice is in the third least deprivation decile. (An area itself is not deprived: it is the circumstances and lifestyles of the people living there that affect its deprivation score. It is important to remember that not everyone living in a deprived area is

deprived and that not all deprived people live in deprived areas). Average male and female life expectancy for the area is 80 and 84 years, which is broadly in line with the national average of 79 and 83 years respectively.

The practice is purpose built with all patient services located on the ground floor of the building.

The practice has a total of three GPs. Two are full time (one male and one female) and one part-time (male). There are three part-time practice nurses, a practice manager, and a reception team of six. There is also a part-time secretary and a clerk.

The practice is open from 8.30am to 6.30pm Monday to Friday. Appointments with a GP are from 9am to 12.30pm and 3.15pm to 6.30pm Monday to Friday. Extended hours surgeries are offered from 6.30pm to 7.30pm on Tuesday and 7.30am – 8.00am on Thursdays.

There are arrangements in place for services to be provided when the surgery is closed and these are displayed at the practice, on the website and in the practice information leaflet.

The practice has opted out of providing out of hours services to their patients. The out of hours service is accessed by calling NHS 111.

All services are provided from: Widbrook Surgery, 72 Wingfield Road, Trowbridge, Wiltshire, BA14 9EN.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. The service was last inspected in January 2014 under regulations that have subsequently been superseded.

Detailed findings

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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 1st December 2015. During our visit we:

- Spoke with two GPs, three practice nurses, the practice manager, two receptionists and one admin staff.
- Spoke with 12 patients who used the service and a staff member from one of the local residential homes.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.
- Reviewed comments from members of the public who 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 patient's needs?
- Is it well-led?

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

- Older patients
- Patients with long-term conditions
- Families, children and young patients
- Working age patients (including those recently retired and students)
- Patients whose circumstances may make them vulnerable

Patients experiencing poor mental health (including patients with dementia)

A higher than average number of patients of working age were registered with the practice and the practice provided services to patients at a number of local residential and nursing homes where they have a high number of patients.

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

The practice system for reporting and recording significant events required improvement.

- Staff understood their responsibilities to raise concerns and told us they would inform the practice manager of any incidents and near misses.
- The practice carried out an analysis of the significant events.
- They held regular meetings attended by external professions such as the health visitor and community matron, where significant events and complaints were discussed.

However,

- There was no policy or procedure setting out how significant events should be managed.
- Reviews and investigations were not thorough enough and lessons learned were not communicated widely enough to support improvement.

Overview of safety systems and processes

The systems, processes and practices in place to keep patients safe and safeguarded from abuse required improvement and the systems that were in place were not operated consistently.

- There were some arrangements in place to safeguard children and vulnerable adults from abuse and policies were accessible to all staff. Staff knew who the safeguarding lead was for the practice. They told us they would report any concerns they had and had a good understanding relevant to their role. However, the safeguarding policy we were shown was incomplete. It did not contain the contact information of internal leads and external agencies responsible for dealing with safeguarding concerns. The practice could not demonstrate that staff had been appropriately trained in how to safeguard children and vulnerable adults from abuse.

- A notice in the waiting room advised patients that nurses would act as chaperones, if required. However, not all non-clinical staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS) check. (DBS .
- The arrangements for looking after vaccines did not always keep patients safe. For example, the fridges used to store vaccines did not have internal temperature probes and the records for monitoring the fridge temperatures were not kept everyday that the practice was open.
- The arrangements for keeping prescriptions pads secure were not adequate. The prescription pads were kept in an unlocked drawer in the back office, which due to the open plan design of the building could not be kept secure from other areas. There was a log which GPs used to record when they removed a new pad, but there was no audit or check made of this record. We saw the spare prescription pads used for printed prescriptions were also kept in an unlocked cupboard in the back office area. The serial numbers of these pads were recorded by reception staff.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- On the day of inspection we observed the premises to be clean and tidy. We saw cleaning schedules setting out what cleaning was required for each room. However, the practice did not have a system in place to monitor the standards of cleanliness achieved. The practice had not undertaken an audit of their infection control procedures.
- The infection control policy was incomplete although it was dated November 2015. For example, it did not have the name of the infection control lead. Nursing staff we spoke with were unaware of the practice policy and said they followed the guidance provided by Wiltshire Health Authority. Wiltshire Health Authority ceased to exist in April 2013 which meant the practice did not have a process for updating their practice in light of new guidance. Patients could have been at risk because a clear procedure to reduce the risk of cross infection was not in operation.

Are services safe?

- We were told by staff that they had not received infection control training relevant to their role. The training records we saw confirmed this.
- We reviewed the personnel files of six staff and one locum GP. These files were not complete because a number of records needed to ensure staff were recruited safely were not held. (DBS checks).

Monitoring risks to patients

There were some procedures in place for monitoring and managing risks to patient and staff safety. Risk assessments were in place to monitor safety of the premises such as control of substances hazardous to health and legionella.

- We looked at the management of Health and Safety in the practice. We found there were some policies and procedures in place. However, the identification, assessment and management of risk was not sufficiently robust because important assessments had not been undertaken. For example, there was no overall risk assessment in place for the practice. There was no evidence of routine audits or checks being conducted.
- The practice kept patient records in shelves located behind the reception area. The area was open plan and could not be secured from the waiting area. There was no risk assessment of the security of these files so the practice could identify what appropriate action could be taken to improve the security of these files.

- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.

Arrangements to deal with emergencies and major incidents

The practice had 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. There were emergency medicines available, kept in a secure cupboard. All staff knew where the emergency medicines were kept. All the medicines we checked were in date and fit for use. Checks carried out by staff were recorded.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- The fire alarm system was regularly serviced and the fire alarms were tested each week. There was appropriate signage and information throughout the building. However, the fire safety policy was out of date. Staff told us they had never received fire training or conducted a trial evacuation of the building. The designated fire marshal worked part-time and there was no-one designated to cover or deputise for this role when required.

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.

However, although individual nurses and GPs monitored and checked their performance there was no structured system to check the guidelines were followed through the use of risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for patients

The practice used the information collected for the Quality 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 are for 2014/15 when the practice achieved 96.6% of the total number of points available, with 2.6% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data showed;

- Performance for diabetes related indicators was similar to the national average. For example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (04/2013 to 03/2014) was 87% compared to a national average of 88.3%.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the national average, being 85.79% compared to the national average of 83.11%.
- Performance for mental health related indicators was better than the national average. For example, The percentage of patients with schizophrenia, bipolar

affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (04/2013 to 03/2014) was 94.55% compared to a national average of 88.61%.

- The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was better than the national average, being 92.68% compared to the national average of 83.82%.

The practice was unable to evidence learning from quality reviews. As an example, the Clinical audits had been done by individual GPs and there was no system for sharing any learning with others. Neither was there evidence that that they had been used to improve the quality of service provided. For example, an audit into the monitoring of patients being prescribed a high risk medicine said the audit had established a need for a revised protocol to tighten up the practices' repeat prescribing of dangerous medicines. When we asked we found no such protocol had been introduced.

Effective staffing

- The practice had an induction programme for newly appointed non-clinical members of staff that included fire safety, health and safety and confidentiality. However, there was no system for ensuring the induction training was delivered and no record that essential training such as safeguarding or infection control training had been given.
- There was a network for local practices that arranged training courses for nursing staff. The nursing staff told us they were able to identify their own training needs and attend courses to meet their training needs. For example, clinical update training on asthma and immunisation. They were supported by the practice manager. However, the practice had no system for recording what training clinical and non-clinical staff had attended so they could not be sure staff had the skills they needed.
- We were told the practice had been trying to recruit a new GP partner without success. A GP partner had left and had not yet been replaced. This resulted in greater use of locum GPs. A phlebotomist had also left and not been replaced. Two members of the nursing team said they thought they were understaffed. We were told the

Are services effective?

(for example, treatment is effective)

nurses had to take on roles that could be done by a health care assistant or phlebotomist and that as a result they were not doing as many clinical appointments as they had in the past.

- The learning needs of staff (excluding GPs) were not identified through a system of appraisals, meetings and reviews of practice development needs. Staff told us they had not had the opportunity to review their performance or formally identify their development and training needs, and the staff records confirmed this. We found that staff appraisals had not been completed since 2010.

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 computer 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 patient's 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 regular 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, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

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

- 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.
- QOF statistics showed that between April 2014 and March 2015, 99.5% of the patients who smoked were offered advice or referred to a specialist.

Childhood immunisation rates (in the period April 2014 to March 2015) for the vaccinations given to under two year olds ranged from 94.4% to 98.4%, compared to a clinical commissioning group average range of 93.6% to 97.3%.

The practice's uptake for the cervical screening programme was 81.82%, which was comparable to the national average of 81.88%.

Flu vaccination rates for the over 65s in the period 09/2013 to 01/2014 were 69.85%, compared to a national average of 73.24%.

The flu vaccination rates for patients at risk under 65 years old was 48.13% compared to the national average of 52.29%.

The practice need to consider the low immunisation rates and the potential impact of this on their patient population and consider how this can be improved.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated patients 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 and that 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.

We spoke with twelve patients attending the practice. They said the GPs, nurses and other staff were caring and respectful. The GPs gave them enough time and explained treatment and medication to them.

We also spoke with four members 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, published on 2 July 2015, showed patients felt they were treated with compassion, dignity and respect. The practice was comparable with other practices for its satisfaction scores on consultations with doctors and nurses. For example:

- 88.4% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90.3% and national average of 88.6%.
- 90.1% of patients said the GP gave them enough time (CCG average 88.8%, national average 86.6%).
- 97.6% of patients said they had confidence and trust in the last GP they saw (CCG average 96.1%, national average 95.2%).
- 81.2% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 86.8%, national average 85.1%).

- 90.6% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 92.2%, national average 90.4%).

However;

- 66.2% of patients said they found the receptionists at the practice helpful (CCG average 88.3%, national average 86.8%).

Care planning and involvement in decisions about care and treatment

Patients told us that 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 we received was also positive and aligned with these views.

Results from the national GP patient survey, published on 2 July 2015, showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. These results were in line with local and national averages. For example:

- 84.4% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88.4% and national average of 86%.
- 84.6% said the last GP they saw was good at involving them in decisions about their care (CCG average 84.6%, national average 81.4%).

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. 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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patient's needs

The practice could not demonstrate that they had reviewed the needs of their local population. We were told there were a significant number of Polish and Moroccan patients registered with the practice. We asked if there had been any assessment made of any particular needs they may have and were told this had not been considered. For example, none of the practice leaflets had been translated into Polish, French or Arabic.

- 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.
- There were disabled facilities, a hearing loop and translation services available.
- There were good facilities for children and mothers with babies.

Access to the service

The practice is open from 8.30am to 6.30pm Monday to Friday. Appointments with a GP are from 9am to 12.30pm and 3.15pm to 6.30pm Monday to Friday. Extended hours surgeries are offered from 6.30pm to 7.30pm on Tuesday and 7.30am to 8.00am on Thursdays.

We were told the appointment system was managed so that most appointments had to be made in person or by phone on the day. At the beginning of each day there were four appointments bookable for the next day, three appointments bookable seven days ahead and up to two appointments bookable 10 days ahead, for each GP. In addition to these, four appointments per day were bookable with each GP up to two weeks ahead through the on-line system.

The practice informed us that they had introduced their on-line appointment system in response to patients feedback. We found that this facility had not been widely publicised and staff told us the system was not used very much.

Patients told us telephoning the practice was difficult as the lines were often engaged. On the day of the inspection we saw eight patients queuing outside the practice waiting

for it to open at 8.30am in order to get an appointment later that day. They said attending in person was the only way to ensure they got an appointment that day. These patients also confirmed difficulty getting through to the practice by phone. They said that when they got through there were often no bookable appointments left.

This was reflected in the national GP Patient Survey, published on 2 July 2015, which found:

- 28.6% of patients found it easy to get through to this practice by phone compared to a clinical commissioning group (CCG) average of 78.2% and a national average of 73.3%.
- 70.3% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 88.1%, national average 85.2%).
- 86.9% of patients said the last appointment they got was convenient (CCG average 92.7%, national average 91.8%).
- 48.4% of patients described their experience of making an appointment as good (CCG average 76.1%, national average 73.3%).
- 37.9% of patients usually waited 15 minutes or less after their appointment time to be seen (CCG average 69%, national average 64 %%).

There was no queuing system when the phone line was busy. There was no message informing callers what to do if they were ringing in an emergency. The practice did not review information on how many callers were unable to get through or how long they waited for the phone to be answered so they could improve the service. The practice did not have an action plan to address the patient feedback on difficulties accessing appointments.

Listening and learning from concerns and complaints

The practice had a 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.

Are services responsive to people's needs? (for example, to feedback?)

- We saw that information was available to help patients understand the complaints system. However, the complaints leaflet for patients was out of date (for example it did not refer to Advocacy services) and it was not displayed on the practice website.
- The practice was unable to provide any evidence that reviews or summaries of complaints were undertaken. The practice did not have a system to share learning from complaints with the practice team.

We looked at three complaints received in the last 12 months and found they were satisfactorily handled and dealt with in a timely way. However the practice need to identify issues and learning from the complaints and ensure that they are cascaded through the practice.

Are services well-led?

Inadequate 

(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 vision to deliver high quality care,

- We were told the practice was actively considering its future direction and how to respond to the challenges of being a small practice. Some issues, such as reviewing their business plan had been put on hold until the way forward for the practice had become clearer.
- There was a mission statement which was displayed in the waiting areas and staff knew and understood the values.

Governance arrangements

The governance arrangements and their purpose were unclear. Strategy, values, objectives, plans and governance arrangements are out of date or inappropriate.

The practice used the Quality Outcomes Framework to monitor the performance of the practice and had regular meetings which were minuted to discuss concerns and issues. However there were weaknesses which included;

- Staff were not always aware of their roles and responsibilities and some roles had not been assigned.
- There was no system for ensuring staff had the appropriate skills to carry out their roles. There was no appraisal process in place and the most recent staff appraisal the practice could show us was dated 2010. It was not possible to evidence the training staff had received as it was not recorded by the practice. As a result, the practice could not be assured that staff had completed training or had the skills to enable them to carry out their roles.
- Policies and procedures were not reviewed and updated at appropriate intervals. There was no structure in place to enable this to happen in a managed way. For example, the complaints policy was due to be reviewed in June 2015 and the confidentiality policy in March 2015. The infection control policy was incomplete and was not being used by nursing staff. They told us they used a manual from the Wiltshire Health Authority which we found was out of date.
- There was no clear structure or programme of using continuous clinical and internal audit to monitor quality and to make improvements. For example there were no infection control audits.

- The arrangements for identifying, recording and managing risks and issues, and implementing mitigating actions were not robust. For example, there was no risk assessment on the security of patients files. There was no policy or procedure for significant events.
- Learning from significant events and complaints were not adequately shared throughout the practice.

Leadership, openness and transparency

The delivery of high quality care was not assured by the leadership, governance or culture in place. The weaknesses in the systems did not ensure they had sufficient oversight to assure themselves that all risks had been identified, assessed and mitigated.

The partners were visible and staff told us that they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

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

There was minimal engagement with people who use the services, or the public. The service does not respond to what the people who use the service, or the public say.

- There was a patient participation group (PPG) but we were told it was not very active and appeared unsure of its role. A PPG is a way in which the practice and patients can work together to help improve the quality of the service. In the absence of an active PPG the practice did not have any forums in which the patient voice could be heard.
- Although staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management, the practice was unable to demonstrate a structure for collecting or responding to feedback from staff.

Continuous improvement

We saw no evidence that the practice encouraged continuous learning and improvement. There was no evidence of significant incidents, complaints or patient feedback being used to improve services. There was no structure for supporting staff learning and development. There was no business plan for the future development of services.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12(2)(g)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>12. (2) without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include –</p> <p>12. (2)(g) the proper and safe management of medicines.</p> <ul style="list-style-type: none">• The arrangements for looking after vaccines did not always keep patients safe, fridge temps need to be recorded everyday the surgery is open.• The arrangements for keeping prescriptions pads secure were not adequate and there was no audit or check made of the prescriptions stored and used. <p>12. (2)(h) assessing the risk of, and preventing, detecting and controlling the spread of infections, including those that are health care associated.</p> <ul style="list-style-type: none">• The practice did not have appropriate policies and procedures in place relating to infection control, which were reviewed and updated at appropriate intervals.• The practice did not ensure that all staff were trained to carry out the policies and procedures suitable for their role.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Regulation 13 (1) & (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>13. (1) Service users must be protected from abuse and improper treatment in accordance with this regulation.</p>

This section is primarily information for the provider

Requirement notices

(2) Systems and processes must be established and operated effectively to prevent abuse of service users.

- The practice did not demonstrate that staff had been appropriately trained to identify and report potential abuse.
- The practice safeguarding policy was not up-to-date and did not identify the statutory authorities responsible for dealing with safeguarding matters.

Regulated activity

Diagnostic and screening procedures
Family planning services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

18(2) Persons employed by the service provider in the provision of a regulated activity must —

18(2)(a) receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

- The practice did not ensure that staff receive the appropriate professional development, supervision and appraisal as is necessary to enable staff to carry out their duties.
- The practice did not ensure that all staff who acted as chaperones were trained in the role and the procedure for raising concerns.
- Non-clinical staff were acting as chaperones without a DBS check or risk assessment being in place.

Regulated activity

Diagnostic and screening procedures
Family planning services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

Regulation 19(2)(4) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

19(2) Recruitment procedures must be established and operated effectively to ensure that persons employed meet the conditions in paragraph (1);

Requirement notices

19(4) Persons employed must be registered with the relevant professional body where such registration is required by, or under, any enactment in relation to – (a) the work that the person is to perform, or (b) the title that the person takes or uses;

- The practice did not have systems to ensure the relevant checks were carried out and recorded to verify new staff were of good character and have the qualifications, competence, skills and experience which were necessary for the relevant office or position or the work for which they were employed.
- The practice did not have a process for ensuring this regulation was met and no checks had been carried out on the four most frequently used locum GPs.

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17(2)(a),(b),(d)(ii) & (e), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>17(2) Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to—</p> <p>17(2)(a) assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services);</p> <p>17(2)(b) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity;</p> <p>17(2)(d) maintain securely such other records as are necessary to be kept in relation to –</p> <p>(ii) the management of the regulated</p> <p>17(2)(e) seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services;</p> <ul style="list-style-type: none">• The practice did not have a policy or procedure setting out how Significant Events will be managed.• The practice did not ensure patients records were kept secure.• The practice had not assessed what risks may be inherent in their premises or the activities conducted in their premises, so they could be mitigated.• The practice did not review or take appropriate action on feedback from patients about the difficulties in making an appointment.

This section is primarily information for the provider

Enforcement actions

- The practice did not have a system in place to share learning from Clinical audits and improve the quality of safety for patients.
- The practice did not have a system in place to share learning from complaints, identify learning and cascade this to staff.