

Victoria Cross Surgery

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



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 Victoria Cross Surgery. Overall the practice is rated as requires improvement.

Specifically, we found the practice to require improvement for provision of safe, effective and well-led services. It was good for providing caring and responsive services. The concerns which led to these ratings apply to all population groups using the practice.

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. Information about safety was recorded. However, reviews and follow ups of significant events and incidents were not thorough and lessons learned were not always communicated widely enough to support improvement.

- Risks to patients were assessed and well managed in some areas, with the exception of those relating to child protection, safeguarding, infection control, fire safety, legionella risk assessment and tracking of prescriptions. .
- We saw the practice was finding difficult to carry out repeat audits which was making it difficult to identify improvement areas and monitor continuous progress effectively.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Most staff had the skills, knowledge and experience to deliver effective care and treatment. However, some staff had not attended mandatory training.
- The practice had good facilities and was well equipped to treat patients and meet their needs. However, announcements in the waiting area was not always very clear to understand and there was no low level desk at the front reception.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

Summary of findings

- Information about services and how to complain were available and easy to understand.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The practice was aware of and complied with the requirements of the Duty of Candour.
- The practice had a lack of governance arrangements to enable assessment and monitoring of the service.

The areas where the practice must make improvements are:

- Review the process for investigating and implementing change following incidents and significant events to ensure actions are completed. Improve the recording of discussions and actions during practice meetings.
- Ensure safeguarding children and adults trainings are undertaken by all staff, and child protection register is maintained and continuously monitored.
- Review the management and security of blank prescription forms, to ensure this is in accordance with national guidance.
- Ensure all necessary recruitment checks are in place including systems for assessing and monitoring risks, carrying out Disclosure and Barring Scheme (DBS) checks or risk assessment.
- Implement and improve a system of clinical audit cycles to ensure effective monitoring and assessment of the quality of the service.

- Ensure all staff have undertaken all mandatory training including infection control, health and safety, fire safety, mental capacity and equality and diversity. Ensure an induction pack is available for locum GPs.
- Ensure development areas identified during appraisals are followed up and monitored systematically.
- Ensure there are formal governance arrangements in place and staff are aware how these operate to ensure the delivery of safe and effective services. For example, infection control protocol, fire safety arrangements and legionella risk assessment.

In addition the practice should:

- Implement a system to promote the benefits of cervical screening and smoking cessation to increase patient uptake.
- Develop and implement a clear action plan, to improve the outcomes for learning disabilities patients and patients experiencing poor mental health.
- Ensure that within response to complaints patients are given the necessary information of the complainant's right to escalate the complaint to the Ombudsman if dissatisfied with the response. The practice's complaints policy should also be updated.
- Consider patient feedback regarding dissatisfaction with the sound quality of announcements in the waiting area.

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 requires improvement for providing safe services as there are areas where it must make improvements.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when there were unexpected significant events and safety incidents, the system for review and follow up was inconsistent. Lessons learnt were not always communicated widely enough to support improvement.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, regular fire drills, legionella risk assessment and Disclosure and Barring Scheme (DBS) checks or risk assessments were not carried out for most staff undertaking clinical and chaperoning duties.
- There was a lead for safeguarding adults and child protection. However, the practice had not maintained a child protection register. Most GPs and nurses had not received safeguarding children and adults training relevant to their role.
- Prescriptions were stored securely but not always tracked and monitored safely.
- Staff we spoke to were not able to find infection control policy and most staff had not received up to date training.

Requires improvement



Are services effective?

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

- Data from the Quality and Outcomes Framework showed patient outcomes were below average for the local Clinical Commissioning Group (CCG) and compared to the national average. For example, the practice had achieved 79% of the total Quality and Outcomes Framework (QOF) points available for diabetes, compared to 90% locally and 89% nationally.
- However, we saw the practice had developed and implemented diabetes management plan and demonstrated improvements in diabetic patient's outcomes.
- There was no evidence that audit was driving improvement in performance to improve patient outcomes and there was no planned programme of future audits.

Requires improvement



Summary of findings

- Some staff had the skills, knowledge and experience to deliver effective care and treatment. However, a locum induction pack was not available and some staff had not completed mandatory training including health and safety, equality and diversity awareness, infection control and mental capacity.
- There was evidence of appraisals and personal development plans for all staff. However, the development areas identified during appraisals were not always followed up and progress was not monitored systematically.
- The practice's uptake for cervical screening and smoking cessation were below average. For example, cervical screening uptake was 74%, which was below the national average of 82%.
- 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 patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data showed that patient outcomes were mostly above to others in locality for several aspects of care.
- 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 good for providing responsive services.

Good



- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Results from the national GP patient survey showed 83% of patients said they could get through easily to the practice by phone compared to the CCG average of 74% and national average of 73%.
- The practice had good facilities and was well equipped to treat patients and meet their needs. However, the patients we spoke with on the day informed us they were not satisfied with the sound quality of announcements in the waiting area.

Summary of findings

- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. However, the practice had not always included necessary information of the complainant's right to escalate the complaint to the Ombudsman if dissatisfied with the response.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet people's needs.

Are services well-led?

The practice is rated as requires improvement for being well-led.

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was a weak governance framework which did not support the delivery of good quality care. The number of concerns we identified during the inspection reflected this.
- For example, monitoring of specific areas such as child protection register, safeguarding, infection control protocol, fire safety procedures, legionella risk assessment, tracking of prescriptions, undertaking Disclosure and Barring Scheme (DBS) checks or risk assessment and lessons learned from significant events and incidents were not always communicated widely enough to ensure risks were managed appropriately.
- There was a limited focus on continuous learning and improvement at some levels.
- The practice was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Requires improvement



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as requires improvement for the care of older patients. The practice was rated as requires improvement for safe, effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- It was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The percentage of patients aged 65 or over who received a seasonal flu vaccination was higher (74%) than the national average (73%).
- The premises were accessible to those with limited mobility. However, the front door was not automated and the practice did not provide a low level desk at reception.
- There was a register to manage end of life care and unplanned admissions.
- There were good working relationships with external services such as district nurses and community navigator.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of patients with long-term conditions. The practice was rated as requires improvement for safe, effective and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- There were clinical leads for 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 patients with long term conditions 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.

Requires improvement



Summary of findings

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young patients. The practice was rated as requires improvement for safe, effective and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Some systems were in place to identify and follow up children living in disadvantaged circumstances and who were at risk, however, the practice had not maintained a child protection register.
- Immunisation rates for the standard childhood immunisations were above the locality average.
- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme was 74%, which was below the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.
- The practice was providing youth counselling and sexual health clinics.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age patients (including those recently retired and students). The practice was rated as requires improvement for safe, effective and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The needs of the working age population, those recently retired and students had been identified.
- 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.
- Extended hours appointments were offered at the practice premises. In addition, the practice offered extended hours appointments as a part of clinical commissioning group (CCG) overflow service arrangements at two different clinics in the Swindon area which opened from 7am to 8pm (Monday to Friday).

Requires improvement



Summary of findings

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of patients whose circumstances may make them vulnerable. The practice was rated as requires improvement for safe, effective and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- There were no arrangements to allow patients with no fixed address to register or be seen at the practice. However, the practice ensured patients with no fixed abode wishing to register with the practice, were signposted to another local practice who provided a specialist service for these patients.
- It offered annual health checks for patients with learning disabilities. Health checks were completed for 25 patients out of 40 patients on the learning disability register.
- Longer appointments were offered to patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- The practice signposted vulnerable patients to 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.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of patients experiencing poor mental health (including people with dementia). The practice was rated as requires improvement for safe, effective and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- 59% of patients experiencing poor mental health were involved in developing their care plan in last 12 months.
- 85% of patients with dementia had been reviewed in the last 12 months, which was above the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice signposted patients experiencing poor mental health how to access various support groups and voluntary organisations.

Requires improvement



Summary of findings

- Systems were in place to follow up patients who had attended accident and emergency, when experiencing mental health difficulties.
- Staff we spoke to 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 on 7 January 2016 showed the practice was performing better than the local average and the national average in some aspects. There were 115 responses and a response rate of 41%.

- 83% find it easy to get through to this practice by phone compared with a CCG average of 74% and a national average of 73%.
- 85% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 83% and a national average of 85%.

However, the results were below to the CCG average and the national average for:

- 79% described the overall experience of their GP practice as good compared with a CCG average of 82% and a national average of 85%.
- 71% said they would definitely or probably recommend their GP practice to someone who has just moved to the local area compared with a CCG average of 74% and a national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 23 comment cards which were all positive about the standard of care received. We spoke with 12 patients and two patient participation group (PPG) members during the inspection. Patients we spoke with and comments we received were very positive about the care and treatment offered by the GPs and nurses at the practice, which met their needs. They said staff treated them with dignity and their privacy was respected. They also said they always had enough time to discuss their medical concerns.

We saw friends and family test (FFT) results for last three months and 81% patients were likely or extremely likely recommending this practice. Most patients we spoke to on the day would recommend this practice to their family and friends.

Areas for improvement

Action the service **MUST** take to improve

- Review the process for investigating and implementing change following incidents and significant events to ensure actions are completed. Improve the recording of discussions and actions during practice meetings.
- Ensure safeguarding children and adults trainings are undertaken by all staff, and child protection register is maintained and continuously monitored.
- Review the management and security of blank prescription forms, to ensure this is in accordance with national guidance.
- Ensure all necessary recruitment checks are in place including systems for assessing and monitoring risks, carrying out Disclosure and Barring Scheme (DBS) checks or risk assessment.
- Implement and improve a system of clinical audit cycles to ensure effective monitoring and assessment of the quality of the service.

- Ensure all staff have undertaken all mandatory training including infection control, health and safety, fire safety, mental capacity and equality and diversity. Ensure an induction pack is available for locum GPs.
- Ensure development areas identified during appraisals are followed up and monitored systematically.
- Ensure there are formal governance arrangements in place and staff are aware how these operate to ensure the delivery of safe and effective services. For example, infection control protocol, fire safety arrangements and legionella risk assessment.

Action the service **SHOULD** take to improve

- Implement a system to promote the benefits of cervical screening and smoking cessation to increase patient uptake.
- Develop and implement a clear action plan, to improve the outcomes for learning disabilities patients and patients experiencing poor mental health.

Summary of findings

- Ensure that within response to complaints patients are given the necessary information of the complainant's right to escalate the complaint to the Ombudsman if dissatisfied with the response. The practice's complaints policy should also be updated.
- Consider patient feedback regarding dissatisfaction with the sound quality of announcements in the waiting area.

Victoria Cross Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a practice nurse specialist advisor, a practice manager specialist advisor and an Expert by Experience. This is a person who has personal experience of using or caring for someone who uses this type of service.

Background to Victoria Cross Surgery

The Victoria Cross Surgery is situated in the Swindon area. The practice is located in a converted building with car parking for patients and staff. There is ramp access for patients and visitors who have difficulty managing steps. All patient services are offered on the ground and first floors. The practice comprises of five consulting rooms, two treatment rooms, a patient waiting area, administrative and management office and a meeting room. The practice has a branch surgery in the Swindon area.

There are three GP partners, a salaried GP and one long term locum doctor at the practice. Three GPs are male and two female. The practice employs one practice nurse manager, a practice nurse and health care assistant. The practice manager is supported by a services manager and two reception supervisors and a team of administrative and reception staff. Services are provided via a Primary Medical Services (PMS) contract (PMS contracts are negotiated locally between GP representatives and the local office of NHS England).

The practice has approximately 7,400 patients registered and patients can attend either of the two practice

locations. We visited both locations as part of this inspection. The practice population of patients aged between 25 and 44 years, and 55 and 64 years are higher than national average and there are a lower number of patients aged between 5 and 19 years old compared to national average. The practice has a transient patient population. The practice population is identified as having a deprivation rating of seven in a rating scale of ten. People living in more deprived areas tend to have greater need for health services.

Services are provided from the following two locations:

Victoria Cross Surgery

168-169 Victoria Road

Swindon

SN1 3BU

Nythe Surgery

5 Keble Close

Swindon

SN3 3NN

The practice has opted out of providing out of hours services to their patients. There are arrangements in place for services to be provided when the practice is closed and these are displayed at the practice, in the practice information leaflet and on the patient website. Out of hours services are provided during protected learning time and 30 minutes before opening between 8am and 8:30am and 60 minutes after closing time between 5:30pm and 6:30pm (Monday to Friday) by the practice internal on call duty arrangements or after 6:30pm, weekends and bank holidays by calling 111.

Detailed findings

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 practice is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, (Regulated Activities) Regulations 2014, 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

Prior to the inspection we contacted the Swindon Clinical Commissioning Group (CCG), NHS England area team and local Health watch to seek their feedback about the service provided by Victoria Cross Surgery. We also spent time reviewing information that we hold about this practice including the data provided by the practice in advance of the inspection.

The inspection team carried out an announced visit on 10 February 2016. During our visit we:

- Spoke with 12 staff and 12 patients who used the service.

- 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 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 are provided for specific groups of patients and what good care looks 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 open and transparent approach and we saw a system in place for reporting and recording significant events, however this was operated inconsistently.

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- We reviewed records of 15 significant events and incidents that had occurred during the last 12 months. There was evidence that the practice had investigated the incidents thoroughly and learned from some significant events but implementing change was not clearly defined or planned. For example, the outcome of one significant event regarding repeat prescriptions handed over to wrong patients was not fully implemented and similar incidents occurred again.
- Significant events were a standing item on the practice meeting agenda. However, we noticed in meeting minutes that significant events were not documented in detail. There was a risk that staff who did not attend the meeting would not be able to identify any action required from these events to improve safety.
- We saw safety records and national patient safety alerts were shared with the team.

Overview of safety systems and processes

The practice had inconsistent systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Although some arrangements were in place to safeguard children and vulnerable adults from abuse, the systems and processes were not implemented well enough to ensure patients were kept safe. The practice had safeguarding policies and they 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 were not always attending safeguarding meetings and the practice had not maintained a child protection register. Most staff had not received training relevant to their role. For example, most GPs (three out of four) were not trained to Safeguarding children level

three, all nurses (two out of two) were not trained to Safeguarding children level two, and most of the GPs (three out of four) and all nurses (two out of two) had not completed adult safeguarding training. A health care assistant had not completed Safeguarding children and adults training. Most administration staff (16 out of 17) had not completed Safeguarding children and adults training. However, staff demonstrated how to recognise signs of abuse in older patients, vulnerable adults and children.

- A notice in the waiting room advised patients that chaperones were available if required. Some staff who acted as chaperones were not trained for the role and had not 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). We could not evidence a risk assessment for the staff carrying out these duties who had not completed a DBS check.
- Some staff undertaking clinical duties had not received a Disclosure and Barring Service (DBS) check. For example, we found two GPs, one nurse and one Health Care Assistant (HCA) had not carried out a Disclosure and Barring Service (DBS) check. We noted the practice's recruitment procedures had not included when DBS checks should be completed.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse manager was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. Staff we spoke to were not able to find infection control policy and most staff had not received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms were not handled in accordance with national guidance as these were not tracked through the practice at all times.

Are services safe?

- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations.
- Records showed fridge temperature checks were carried out daily. There was a policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. However, this policy was not reviewed regularly.
- Recruitment checks were carried out and the six staff files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment with the exception of Disclosure and Barring Service (DBS) checks. For example, proof of identification, references, qualifications and registration with the appropriate professional body.
- Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe. The practice manager showed us records to demonstrate that actual staffing levels and skill mix met planned staffing requirements.

Monitoring risks to patients

Most risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.

- The practice had a policy in place to monitor safety of the premises such as legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, legionella risk assessment had not been carried out.
- The practice had fire risk assessments, however this was not reviewed since 2009. The practice had not carried out regular fire drills.

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 in all the consultation and treatment rooms which alerted staff to any emergency.
- All clinical and non-clinical staff had received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. We noted that defibrillator checks were carried out and documented regularly.
- There was also a first aid kit available at the reception. However, we found expired contents in two first aid kits and staff we spoke to were not able to locate record of regular checks.
- Emergency medicines were easily accessible to staff in the practice and most staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for 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). In 2014-15, the practice had achieved 91% of the total number of points available, compared to 95% locally and 94% nationally, with 8% exception reporting. The level of exception reporting was lower than the CCG average (10%) and similar to the national average (9%). Exception reporting is the percentage of patients who would normally be monitored but had been exempted from the measures. These patients are excluded from the QOF percentages as they have either declined to participate in a review, or there are specific clinical reasons why they cannot be included.

Data from 2014-15 showed;

- Performance for diabetes related indicators was lower than the CCG and national average. The practice had achieved 79% of the total number of points available, compared to 90% locally and 89% nationally.
- The percentage of patients with hypertension having regular blood pressure tests was lower than the CCG and national average. The practice had achieved 78% of the total number of points available, compared to 84% locally and 84% nationally.

- Performance for mental health related indicators was lower than the CCG and national average. The practice had achieved 81% of the total number of points available, compared to 93% locally and 93% nationally.
- Performance for dementia related indicators was higher than the CCG and national average. The practice had achieved 100% of the total number of points available, compared to 95% locally and 95% nationally.

The practice was aware of their low QOF scores in performance for diabetes related indicators. We saw the practice had developed and implemented diabetes management plan and was expecting improved patient outcomes by the end of this quarter. On the day of inspection the practice were able to demonstrate improvements in diabetic patient's outcomes.

Clinical audits were not always carried out to demonstrate quality improvement. .

- On the day of inspection the practice was not able to demonstrate evidence of completed clinical audit cycles which was making it difficult to identify improvement areas and monitor continuous progress effectively. There was no planned programme of future audits.
- We checked one clinical audit completed in the last year. For example, the practice had identified patients at risk of heart attack, who required medicines used to control heart rhythm and reduce high blood pressure.
- The practice participated in applicable local audits, national benchmarking and accreditation.

The practice was offering annual health checks for patients with learning disabilities. However, health checks were completed for 25 patients out of 40 patients on the learning disability register.

Effective staffing

Some staff had the skills, knowledge and experience to deliver effective care and treatment. However, most staff had not completed mandatory training.

- The practice had a staff handbook for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality. We noted an induction pack was not available to locum GPs.
- The learning needs of some staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to

Are services effective?

(for example, treatment is effective)

appropriate training to meet these learning needs, however, we found most staff had not completed mandatory training. This included ongoing support during one-to-one meetings, appraisals, coaching, mentoring, clinical supervision and facilitation and support for the revalidation of doctors.

- All staff had an appraisal within the last 12 months. However, we noted that development areas identified during appraisals were not followed up and the practice could not demonstrate how they monitored continuous progress.
- Most staff had not received training that included: safeguarding (five out of seven clinical and 16 out of 17 non-clinical staff), health and safety (all clinical and non-clinical staff), fire procedures (six out of seven clinical and 10 out of 17 non-clinical staff), and equality and diversity awareness (five out of seven clinical and seven out of 17 non-clinical staff had not completed). 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 was also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.
- Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. The practice had identified 132 patients who were deemed at risk of admissions and 80% of these patients had care plans created to reduce the risk of these patients needing admission to 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. However, most of the staff had not received mental capacity training at a level appropriate to their role.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The practice informed us that verbal consent was taken from patients for routine examinations and minor procedures and recorded in electronic records. The practice informed us that written consent forms were completed for more complex procedures.
- All clinical staff demonstrated a clear understanding of the Gillick competency test. (These are used to help assess whether a child under the age of 16 has the maturity to make their own decisions and to understand the implications of those decisions).

Supporting patients to live healthier lives

Patients who may be in need of extra support were identified by the practice.

- These included patients receiving end of life care, carers, those at risk of developing a long-term condition and those wishing to stop smoking. Patients were signposted to the relevant external services where necessary such as local carer support group.
- For example, information from Public Health England showed 68% of patients (15+ years old) who were recorded as current smokers had been offered smoking cessation support and treatment in last 24 months. This was below when compared to the CCG average (84%) and national average (86%).

The practice's uptake for the cervical screening programme was 74%, which was below the national average of 82%. There was a policy to offer text message reminders for patients about appointments. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. In total

Are services effective?

(for example, treatment is effective)

59% of patients eligible had undertaken bowel cancer screening and 79% of patients eligible had been screened for breast cancer, compared to the national averages of 58% and 72% respectively.

Childhood immunisation rates for the vaccinations given were above to the CCG averages. For example:

- Childhood immunisation rates for the vaccinations given in 2014/15 to under two year olds ranged from 82% to 99%, these were above to the CCG averages which ranged from 81% to 97%.

- Childhood immunisation rates for vaccinations given in 2014/15 to five year olds ranged from 95% to 100%, these were above to the CCG averages which ranged from 91% to 98%.

Flu vaccination rates for the over 65s were 74%, compared to national average of 73%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74 (carried out by Swindon borough council at the practice premises). Appropriate follow-ups on 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.

Most of the 23 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 89% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and national average of 95%.
- 87% said the GP gave them enough time compared to the CCG average of 85% and national average of 87%.
- 96% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 91%.

- 84% patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and national average of 87%.
- 82% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.

The two PPG members and 12 patients we spoke to on the day informed us that they were satisfied with consultations with doctors and nurses at the practice.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and 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 we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were above or similar to the CCG average and above or below the national average. For example:

- 87% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 85%.
- 81% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 82%.
- 78% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 78% and national average of 86%.

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.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of 100 patients (1.35% of the practice patient population list size) who were carers and they were being supported, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support

available to them. The practice website also offered additional services including counselling. Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to patient's needs and had systems in place to maintain the level of service provided. The demands of the practice population were understood and systems were in place to address identified needs in the way services were delivered. Many services were provided from the practice including diabetic clinics, mother and baby clinics and a family planning clinic. The practice worked closely with health visitors to ensure that patients with babies and young families had good access to care and support. Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations.
- There were disabled facilities and translation services available. However, a hearing induction loop and low level desk at front reception were not available.
- Some patients we spoke with on the day informed us they were not satisfied with the sound quality of announcements in the waiting area.

Access to the service

The practice was open from 8:30am to 5:30pm Monday to Friday. One of the practice GPs was available on call from 8am to 8:30am and 5:30pm to 6:30pm Monday to Friday (this out of hours service was managed internally by the practice by diverting their telephone calls to duty emergency number). The practice was closed on bank and public holidays and patients were advised to call NHS111 for assistance during this time. The practice offered range of scheduled appointments to patients every weekday from 8:45am to 5:30pm including open access appointments with a duty GP throughout the day.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them. The

practice offered extended hours appointments every second Monday evening until 7:45pm, every second Friday morning from 7:30am and first Saturday (once a month) at the practice from 8:30am to 11am. In addition, the practice offered extended hours appointments (urgent only) as a part of clinical commissioning group (CCG) overflow service arrangements at clinics at two locations which opened from 7am to 8pm Monday to Friday. The patients were also able to visit local walk-in centre (opened from 7:30am to 8pm Monday to Friday) and urgent children care centre (opened from 5pm to 8pm Monday to Friday) in Swindon area.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were above to the CCG average and the national average. For example:

- 83% of patients said they could get through easily to the practice by phone compared to the CCG average of 74% and national average of 73%.
- 92% of patients said the last appointment they got was convenient compared to the CCG average of 90% and national average of 92%.
- 85% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 83% and a national average of 85%.

However, the result was below to the CCG average and the national average for:

- 69% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 75%.
- 49% of patients said they always or almost always see or speak to the GP their preferred GP compared to the CCG average of 58% and national average of 59%.

The practice was aware of poor national GP survey results and they had taken steps to address the issues. For example;

- The practice had introduced an online appointment system and pre-bookable GPs appointments were available to book online.
- The practice had reviewed appointment booking system, was offering extended hours appointments and telephone consultation appointments with GPs.

Are services responsive to people's needs?

(for example, to feedback?)

- The two PPG members and 12 patients we spoke with on the day informed us they were mostly satisfied with appointment booking system and were able to get appointments when they needed them.
- We checked the online appointment records of three GPs and noticed that the next pre-bookable appointments with named GPs were available within two weeks and with a duty GP within one week. Urgent appointments with GPs or nurses were available the same day.

Listening and learning from concerns and complaints

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

- The 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. The complaints procedure was available from reception, detailed in the

patient leaflet and on the patient website. Staff we spoke with were aware of their role in supporting patients to raise concerns. Patients we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at seven complaints received in the last 12 months and found that all written complaints had been addressed in a timely manner. When an apology was required this had been issued to the patient and the practice had been open in offering complainants the opportunity to meet with either the manager or one of the GPs. We saw the practice had not always included necessary information of the complainant's right to escalate the complaint to the Ombudsman if dissatisfied with the response. The Ombudsman details were not included in complaints policy on the practice website.

Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which included to provide a high quality, customer friendly and cost effective service. This also included treating patients with dignity and respect and delivering high quality services to meet the specific needs of patients.
- The practice had a clear strategy which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had a governance framework but improvements were required. The number of concerns we identified during the inspection demonstrated this. For example:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. However, some staff had not received mandatory training to enable them to carry out the duties they were employed to do.
- There was minimal evidence of completed clinical audit cycles or that audit was driving improvement in performance to improve patient outcomes. There was no planned programme of future audits.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, monitoring of specific areas required improvement, for example:
- The child protection register had not maintained and Safeguarding children and adult training was not completed for most clinical and non-clinical staff, which was putting patient at risk.
- Legionella risk assessment had not undertaken, fire risk assessment was not reviewed and regular fire drills were not carried out.
- Infection control protocol was not reviewed regularly and most of the staff had not received infection control training.
- Blank prescription forms were not tracked in accordance with national guidance and regular first aid box checks were not carried out.

- The practice had not undertaken Disclosure and Barring Scheme (DBS) checks or risk assessment and lessons learned from significant events and incidents were not always communicated widely enough to ensure risks were managed appropriately.

Leadership and culture

The partner and GPs in the practice prioritised safe, high quality and compassionate care. They were visible in the practice and staff told us that they were approachable and always took time to listen to all members of staff. Staff told us there was an open and relaxed atmosphere in the practice and there were opportunities for staff to meet for discussion or to seek support and advice from colleagues. Staff said they felt respected, valued and supported, particularly by the partners and management in the practice.

The practice was aware of and complied with the requirements of the Duty of Candour. The GPs encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were significant safety incidents:

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.

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

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

Are services well-led?

Requires improvement 

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys including friends and family tests and complaints received. There was an active PPG which met on a regular basis, supported patient surveys and submitted proposals for improvements to the practice management team. For example, the practice appointment system had been reviewed (online appointments, telephone consultations and text reminders were introduced) and the practice website was updated (more user-friendly) following feedback from the PPG.
- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. We saw that appraisals were completed in the last year for staff. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a limited focus on continuous learning and improvement within the practice. The number of concerns we identified during the inspection demonstrated this. For example:

- We noted that development areas identified during appraisals were not always followed up and the practice could not demonstrate how they monitored continuous improvement.
- Most of the clinical and non-clinical staff had not completed mandatory training.
- However, we also saw that a current reception supervisor had started as a receptionist and was supported to grow and secure management position.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>We found the registered person did not have suitable arrangements in place for assessing and managing risks in order to protect the welfare and safety of service users and others who may be at risk from the carrying on of the regulated activity.</p> <p>National guidance was not followed in the tracking of prescriptions.</p> <p>Regulation 12(2)(g)</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery 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>How the regulation was not being met:</p> <p>We found the registered person did not have suitable arrangements in place for identifying, assessing and managing risks in order to protect the welfare and safety of service users and others who may be at risk from the carrying on of the regulated activity. For example:</p> <p>Child protection register had not been maintained.</p> <p>Most clinical and non-clinical staff had not completed safeguarding children and adults trainings at appropriate levels.</p> <p>Regulation 13(1)(2)</p>

Regulated activity	Regulation
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This section is primarily information for the provider

Requirement notices

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

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

We found the registered person did not have effective governance, assurance and auditing processes to assess, monitor and improve the quality of service provided in carrying out the regulated activities. For example, monitoring of specific areas required improvement, such as: Repeated clinical audits had not carried out.

Lessons learnt from significant events were not always communicated widely enough to support improvement.

Some policies were not reviewed regularly, for example, fire safety procedures, infection control protocol and cold chain policy.

Some risk assessments were not carried out or reviewed regularly, for example, legionella, infection control and fire risk assessments.

Regular fire drills and first aid box checks were not carried out.

Regulation 17(1)(2)(a)(b)(c)

Regulated activity

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

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not being met:

We found the registered person did not operate effective systems to ensure continuous monitoring of staff mandatory training and professional development of the areas identified during appraisal process.

Some staff had not received chaperone training.

An induction pack was not available for locum GPs.

Regulation 18(2)(a)

Regulated activity

Diagnostic and screening procedures
Family planning services

Regulation

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

This section is primarily information for the provider

Requirement notices

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

How the regulation was not being met:

We found the registered person did not have robust recruitment procedures including undertaking appropriate pre-employment checks to ensure persons employed for the purposes of carrying out regulated activity are of good character. DBS checks had not been completed for staff undertaking clinical and chaperone duties.

Regulation 19(1)(a)