

Dr R J Matthews and Partners

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Outstanding 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr R J Matthews and Partners on 23 June 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example the practice work with the town council had led to benefits for patients.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice implemented suggestions for improvements and made changes to the way it

delivered services as a consequence of feedback from patients and from the patient participation group (PPG). For example in collaboration with the PPG the practice ran a number of health educational evenings for patients.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice actively reviewed complaints and how they are managed and responded to, and made improvements as a result.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.

We saw several areas of outstanding practice:

- In response to a decline in the number of practices offering minor surgery and an increase in demand in the local population, the practice had worked with the clinical commissioning group to become a provider of

Summary of findings

a community surgical service for Wiltshire. The service included, skin surgery, carpal tunnel surgery (a hand and arm condition) and male sterilisation surgery. The local population had responded to the service very positively and there was evidence of excellent feedback from patients.

- In response to high admissions from care homes the practice had successfully gained funding to appoint a team of nurse practitioners. This team delivered planned, proactive and coordinated care which ensured that the right care was delivered in the right setting by the most appropriate health care professional. This had led to a 58% reduction in admissions in 2015-16.
- The practice had implemented a service that covered assessment, diagnosis and management of uncomplicated dementia in conjunction with

Alzheimer's support. A memory awareness volunteer attended the practice one morning a week to provide informal support to those who require it. Alzheimer support featured the practice in a film highlighting cooperative working, which went on to win a national award. A GP continued to work closely with the town council to promote dementia awareness and were working towards achieving dementia friendly town status.

The areas where the provider should make improvement are:

- Ensure safeguarding policies reflect current legislation.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. If GPs were unable to attend safeguarding meetings in person they attend via a telephone conference link. The implementation of safeguarding responsibilities were robust and in line with current legislation. However the practices safeguarding policy document did not reflect current legislation.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. In order to ensure skills were continually updated the practice shared educational events with a local practice to which specialists were invited on a regular basis.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. In areas where improvements could be made the practice had been proactive in implementing changes to their practice, for example the practice had implemented customer service training and supported receptionists in order to improve responses to this area in future surveys.
- 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 saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had been awarded the gold award for its work with carers.

Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example a GP attended the town council health forum meetings. Working together had led to the reopening of the towns x-ray unit which had been valued by patients and its reopening meant that patients did not have to travel to Bath.
- The practice had implemented a service that covered assessment, diagnosis and management of uncomplicated dementia in conjunction with Alzheimer's support. A memory awareness volunteer attended the practice one morning a week to provide informal support to those who require it. A GP continued to work closely with the town council to promote dementia awareness and were working towards achieving dementia friendly town status.
- There were innovative approaches to providing integrated patient-centred care. For example, in response to high admissions from care homes the practice had successfully gained funding to appoint a team of nurse practitioners. This had led to a 58% reduction in admissions in 2015-16.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. Following feedback that it was difficult to get through to the practice by telephone the practice had

Outstanding



Summary of findings

implemented a new telephone system and increased the number of lines available. Patients we spoke to on the day of the inspection told us that this had improved their ability to get through to the practice by telephone.

- Patients can access appointments and services in a way and at a time that suits them. Extended hours were available for those patients who found it difficult to attend within working hours and flexibility of appointments was offered to carers, and telephone appointments were offered to those who found it difficult to attend the practice in person. Appointments were bookable online and the website gave health promotion advice and sign posted patients to other organisation for further information.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had initiated an effective service for the care of the elderly at risk of hospital admissions. Weekly multi-disciplinary team meetings attended by all interested parties including social workers, occupational therapists and physiotherapists as well as nursing teams and GPs had led to a fully integrated service that avoided admissions for patients.
- In response to high admissions from care homes the practice had successfully gained funding to appoint a team of nurse practitioners. This team delivered planned, proactive and coordinated care which ensured the right care was delivered in the right setting by the most appropriate health care professional. This had led to a 58% reduction in admissions in 2015-16.

Outstanding



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with COPD (a range of chronic lung conditions) who had a review undertaken including in the preceding 12 months (04/2014 to 03/2015) was 95% compared to a local average of 91% and a national average of 90%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Summary of findings

Families, children and young people

The practice is rated as good for the care of families, children and young people.

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years (2014-2015) was 86% compared to a local average of 85% and a national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered extended hours surgeries from 7.15am on a Wednesday morning and until 7pm on Wednesday and Thursday evenings for working patients who could not attend during normal opening hours.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.

Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- The practice had implemented a service that covered assessment, diagnosis and management of uncomplicated dementia in conjunction with Alzheimer's support. A memory awareness volunteer attended the practice one morning a week to provide informal support to those who require it. Alzheimer support featured the practice in a film highlighting cooperative working, which went on to win a national award. A GP continued to work closely with the town council to promote dementia awareness and were working towards achieving dementia friendly town status.
- The percentage of patients with a serious mental illness who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (2014 to 2015) was 94% compared to a local average of 93% and a national average of 90%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had recognised that the community adolescent mental health services was not effective and had been proactive in locality working to engage a third sector organisation, Teen Talk, to improve local services for the teenage population. The pilot scheme will be evaluated to understand the effectiveness of this service and whether it has

Good



Summary of findings

been accessible, relevant and appropriate to the needs of this specific patient group. The potential to incorporate this service with an emotional distress service for the area had also being considered.

- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

- The national GP patient survey results were published in January 2016. The results showed that the practice was performing in line with local and national averages. Of the 245 survey forms that were distributed 116 were returned. This represented a 47% response rate compared to a national average of 38% and 1% of the practice population.
- 70% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 80% and a national average of 73%.
- 78% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 84% and a national average of 76%.
- 88% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and a national average of 85%.

- 85% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 84% and a national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 44 comment cards which were positive about the standard of care received. Common themes of the comments were that staff were courteous and helpful and that the practice was accommodating and caring. Seven cards commented that urgent appointments were easy to get but that it was more difficult to get routine appointments with a preferred GP.

We spoke with seven patients during the inspection. All seven patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. However comments were made regarding the difficulty in getting routine appointments and how sometimes it was difficult getting through to the practice on the telephone.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure safeguarding policies reflect current legislation.

Outstanding practice

We saw several areas of outstanding practice:

- In response to a decline in the number of practices offering minor surgery and an increase in demand in the local population, the practice had worked with the clinical commissioning group to become a provider of a community surgical service for Wiltshire. The service included, skin surgery, carpal tunnel surgery (a hand and arm condition) and male sterilisation surgery. The local population had responded to the service very positively and there was evidence of excellent feedback from patients.
- In response to high admissions from care homes the practice had successfully gained funding to appoint a team of nurse practitioners. This team delivered planned, proactive and coordinated care which ensured that the right care was delivered in the right setting by the most appropriate health care professional. This had led to a 58% reduction in admissions in 2015-16.
- The practice had implemented a service that covered assessment, diagnosis and management of uncomplicated dementia in conjunction with Alzheimer's support. A memory awareness volunteer

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attended the practice one morning a week to provide informal support to those who require it. Alzheimer support featured the practice in a film highlighting cooperative working, which went on to

win a national award. A GP continued to work closely with the town council to promote dementia awareness and were working towards achieving dementia friendly town status.

Dr R J Matthews and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser and a practice manager specialist advisor.

Background to Dr R J Matthews and Partners

Dr R J Matthews and Partners, known locally as Spa Medical Practice is located near to the centre of Melksham, a market town in rural Wiltshire. The practice has a slightly higher than average patient population in the 40 to 75 years age group and lower than average in the 25 to 40 years age group. The practice is part of the Wiltshire Clinical Commissioning Group and has approximately 11,000 patients. The area the practice serves is urban and semi-rural and has relatively low numbers of patients from different cultural backgrounds. The practice area is in the low to mid-range for deprivation nationally.

The practice is managed by five GP partners (two female and three male). The practice is supported by four salaried GPs, one female and three male, seven practice nurses, three health care assistants and an administrative team led by the practice manager. Spa Medical Practice is a teaching and training practice providing placements for GP registrars and medical students.

The practice is open between 8am and 6.30pm Monday to Friday. The telephone lines are transferred to a call answering service between 1pm and 2pm. Appointments are available between 8.30am and 12pm every morning and 2pm to 6pm every afternoon. Telephone appointments are also available to book. Extended hours appointments

are offered from 7.30am on Tuesday mornings and until 7.30pm on either a Wednesday or Thursday evening. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were available for patients that needed them.

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

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

Dr R J Matthews and Partners is registered to provide services from the following location:

Snowberry Lane

Melksham

Wiltshire

SN12 6UN

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 23 June 2016. During our visit we:

- Spoke with a range of staff, including four GP's, four nurses and six members of the administrative team and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following a delayed diagnosis we saw evidence that the incident had been recorded reflected upon and learnings from the event documented and shared with other staff members at a practice meeting.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. If GPs were unable to attend safeguarding meetings in person they attend via a telephone conference link. Staff

demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. All GPs and two of the nurses were trained to child protection or child safeguarding level 3. Other nurses were trained to level two. We saw evidence that the implementation of safeguarding responsibilities were robust and in line with current legislation. However the practices safeguarding policy document did not reflect current legislation.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. It was discussed with the practice on the day of the inspection that no checks were in place to ensure cleaning schedules had been adhered to by the practice employed cleaners. However this was implemented by the practice on the day of the inspection. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms were securely stored and there were systems in place to monitor their use. Three of the nurses had qualified as Independent Prescribers and

Are services safe?

could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions (written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction (PSD) from a prescriber. (A PSD is a written instruction, from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice carried out fire risk assessments in line with the practice policy and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was

working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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

Arrangements to deal with emergencies and major incidents

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

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. The practice shared educational events with a local practice to which specialists were invited on a regular basis. Recent educational sessions had included a visit from the local diabetes consultant nurse specialist to ensure all staff were kept updated. In house nurse specialists and GPs also delivered educational sessions.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.5% of the total number of points available. The practice's exception rating was 13% which was slightly above the local average of 11% and the national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

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

- Performance for diabetes related indicators were better than local and national averages. The percentage of patients with diabetes, on the register, in whom the last blood test was within target range in the preceding 12 months (2014 to 2015) was 84% compared to a local average of 83% and a national average of 78%.

- Performance for mental health related indicators were better than the local and national average. The percentage of patients with a serious mental illness who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (2014 to 2015) was 98% compared to a local average of 93% and a national average of 88%.

The practice had higher exception ratings when compared to local and national averages in a number of clinical areas, notably, dementia (20%), cancer (27%) and mental health (25%). This was investigated further by the inspection team on the day of the inspection who saw there were some coding anomalies, which the practice were working to resolve and we were shown action plans the practice had put into place to address areas of high exception reporting. For example the practice had investigated each area of high exception coding, a GP had been assigned to look at this further and update staff on exception coding rules. There were no common themes as to which patients were excepted and clinical care was found to be in line with guidelines.

There was evidence of quality improvement including clinical audit.

- There had been eight clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored. For example, the practice audited all patients who were being prescribed a specific medicine to see whether they were complying with the guidelines on blood monitoring of these patients. The audit found 54% had received appropriate monitoring. Following implementation of improved systems and processes a follow up audit showed that 88% had received monitoring in line with guidelines.
- The practice participated in local audits, national benchmarking, accreditation, peer review and findings were used by the practice to improve services.

Information about patients' outcomes was used to make improvements such as: the practice had looked at the efficacy of physical activity health advice delivered to patients. It was found that using standardised physical activity forms as well as oral advice was 30% more effective in motivating patients to change their behaviour with

Are services effective?

(for example, treatment is effective)

regards to physical activity. Following this the practice ensured opportunistic interventions around physical activity continued to be more structured in order to have an improved outcome for patients.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Nurses had undertaken diploma level studies in diabetes and respiratory disease. The practice facilitated regular updates for nurses in all areas they were working in.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

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

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were supported within the practice or signposted to the relevant service appropriately.

The practice's uptake for the cervical screening programme was 86%, compared to the local average of 85% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme

Are services effective?

(for example, treatment is effective)

by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes. For bowel cancer 61% of eligible patients had been screened compared to local average 63% and the national average of 58%. For breast cancer 78% of the eligible patients had received screening compared to a clinical commissioning group (CCG) average of 77% and a national average of 72%. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 84% to 99%, compared to a local average of 83% to 98% and five year olds from 98% to 100% compared to the local average of 92% to 97%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Of the 44 patient Care Quality Commission comment cards we received 36 were positive about the service experienced. Seven commented that whilst urgent appointments were always available getting routine appointments with a preferred GP was more difficult. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three 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 in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 84% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%. In response to this score the practice had implemented customer service training and supported receptionists in order to improve responses to this area in future surveys.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 91% and the national average of 90%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 82%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

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

Are services caring?

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

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 159 patients as

carers (1.4% of the practice list). The practice had been awarded the gold award by the Wiltshire Carers association for 2015-16 for its work with carers. Flexibility was provided to carers when booking appointments. A dedicated carer's notice board provided information, carers meetings were organised at the practice and carers were invited for regular health checks. Written information was available to direct carers to the various avenues of support available to them. Young carers were signposted to relevant services.

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



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, in response to a decline in the number of practices offering minor surgery and an increase in demand in the local population, the practice had worked with the CCG to become a provider of a community surgical service for Wiltshire. The service included, skin surgery, carpal tunnel surgery (a hand and arm condition) and male sterilisation surgery. The service has continued to expand and had taken 2,200 skin referrals, 200 carpal tunnel referrals and 100 vasectomy referrals over the past 12 months. The local population had responded to the service very positively and we saw evidence of excellent feedback from patients.

- The practice offered extended hours access from 7.15am on a Wednesday morning and until 7pm on Wednesday and Thursday evenings for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately/ were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.

We saw several examples of how the practice had tailored services to meet the needs of individual people and delivered these in a way to ensure flexibility, choice and continuity of care.

- In response to high admissions from care homes where medical services were provided, the practice worked proactively with another local practice to obtain funding from Wiltshire CCG to appoint a team of locality nurse practitioners. This team delivered planned, proactive and coordinated care which ensured the right care was

delivered in the right setting by the most appropriate health care professional. The nursing team also supported care homes to identify staff training needs and delivered appropriate training, for example in urinary tract infections and dehydration. Results from this approach had led to a reduction in admissions from care homes of 2% in 2014-15 and a 58% reduction in 2015-16.

- The practice has implemented a service that covered assessment, diagnosis and management of uncomplicated dementia in conjunction with Alzheimer's support. A memory awareness volunteer was available at a table in the waiting room one morning a week to provide informal support to those who require it. Alzheimer support featured the practice in a film highlighting cooperative working, which went on to win a national award. A number of practice staff have attended dementia friends training and wear badges to indicate this. A GP continued to work closely with the town council to promote dementia awareness and work collaboratively to achieve dementia friendly town status.
- The involvement of other organisations and the local community was integral to how services were planned and met patient needs and promote health within the town. A GP sat on the town council health forum. Working together had led to the reopening of the towns X-ray unit which had been valued by patients and its reopening meant that patients did not have to travel to Bath.
- The practice had worked with another local practice to successfully gain funding from the transferring care of older people funding stream and had initiated an effective care of the elderly at risk of hospital admissions service. Weekly multi-disciplinary team meetings attended by all interested parties including social workers, occupational therapists and physiotherapists as well as nursing teams and GPs had led to a fully integrated service for patients. The number of Emergency Admissions for 19 Ambulatory Care Sensitive Conditions (conditions where effective community care and case management can help prevent the need for hospital admission) per 1,000 population was 10% which was lower than the local average of 13% and the national average of 15% (01/04/2014 to 31/03/2015). Additionally the lead GP analysed all patients who had



Are services responsive to people's needs?

(for example, to feedback?)

attended the accident and emergency department in the previous week and all relevant patients were discussed at the meeting in order that services could be put in place to prevent further attendances.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 12pm every morning and 2pm to 6pm daily. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

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

- 81% of patients were satisfied with the practice's opening hours compared to the CCG of 80% and the national average of 78%.
- 70% of patients said they could get through easily to the practice by phone compared to the CCG of 80% and the national average of 73%. In response to this result the practice had implemented a new telephone system and increased the number of lines available. Patients we spoke to on the day of the inspection told us that this had improved their ability to get through to the practice by telephone.

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

The practice had a system in place to assess whether a home visit was clinically necessary; and

the urgency of the need for medical attention by telephoning the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where

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

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in a practice leaflet and on the practice website.

We looked at four complaints received in the last 12 months and found that these were satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a complaint was made regarding the communication by the practice following a bereavement. The practice ensured that the complainant was involved in the review by inviting them to a meeting with the GPs. Having listened to the patients concerns, the practice recognised that a change in practice was needed. The practice implemented these changes to prevent reoccurrence. The practice also used a complaints survey which was given to all complainants, in order to analyse their complaint handling process.

Are services well-led?

Good 

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

Our findings

The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care.

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The strategy and supporting objectives were stretching, challenging and innovative, while remaining achievable.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values and the impact on their roles.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice committed to working with other professionals in the care of their patients where it was in their best interests and demonstrated this by working with, for example mental health specialists, social workers and occupational therapists.
- The practice had been proactive in ensuring that the onsite independent pharmacy was effectively integrated with the practice. Both used the same computer system to ensure the provision of safe prescribing practices, staff from the pharmacy attended practice meetings and the practice had successfully mentored a pharmacist in achieving the prescribing qualification.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. We looked at a number of these and found them to be in date and regularly reviewed, for example, infection control and recruitment. However we did find that the practices safeguarding policy did not reflect the most current legislation.
- A comprehensive understanding of the performance of the practice was maintained. The practice had analysed

data in order to identify areas for improvement that would benefit patients, for example care home admissions and then proactively found solutions that would address this. In order to ensure success of the project, management had enlisted a care home representative from each care home to become members of the integrated team, had reviewed skills and competencies of care staff and introduced structured education sessions to meet training needs.

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. For example the practice conducted audits regarding accuracy of skin cancer diagnosis. A recent audit demonstrated that results were in line with the national community based surgical accuracy (CBSA) data.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- There was a clear proactive approach to seeking out and embedding new ways of providing care and treatment which had led to improved outcomes for patients. For example, the practices surgical service for the county.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners and management team encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

Are services well-led?

Good 

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

- The practice gave affected people reasonable support, truthful information and a verbal and written apology. We saw that the practice had invited a patient to be involved in a review meeting to resolve and learn from a complaint that had been made.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings. Minutes were kept and there was a structured agenda. The range of meetings encompassed full staff meetings, significant events, and fortnightly multidisciplinary team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team away days were held annually.
- 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 and management team encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- The management team were proactive in supporting staff develop advanced roles. For example a practice nurse had achieved qualifications to train GPs in the insertion of contraceptive devices.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had requested that the practice hold patient information evenings. Examples of subjects addressed included, pain management and men's health. A recent evening meeting to discuss mental health was so well supported that spaces to attend were full. The practice have agreed to hold another evening session on this topic.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example a nurse had requested that prior to patients being booked for travel vaccines a pre assessment form was to be completed by the patient which the practice implemented. This had led to a safer service for patients who required vaccines and a decrease in unnecessary appointments for those who did not. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice recognised that the community adolescent mental health services was not effective and had been proactive locally working to engage a third sector organisation, Teen Talk, to improve local services for the teenage population. The pilot scheme will be evaluated to understand the effectiveness of this service and whether it has been accessible, relevant and appropriate to the needs of this specific patient group. The potential to incorporate this service with an emotional distress service for the area had also been considered.