

Ridge Green Medical Practice

Quality Report

Ridge Green Medical Centre
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Date of inspection visit: 7 September 2016
Date of publication: 21/10/2016

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

Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Ridge Green Medical Centre on 7 September 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
 - The practice had liaised with a health and safety expert to update and review all their health and safety processes and procedures and ensure they were updated, comprehensive but also concise and supported safe working practices.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.

- The practice delivered regular training and development sessions for the clinical staff.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff we spoke to told us felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

We advised the practice they had an area where they should make improvements:

Continue to monitor the patient feedback and look to improve the service and experience for patients.

Summary of findings

Improve the numbers of personalised completed care plans for patients with dementia and mental health conditions.

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



- The practice had liaised with a health and safety consultant to review all their health and safety processes and procedures and ensure they were updated, comprehensive but also concise and supported safe working practices.
- 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 arrangements in place to safeguard children and vulnerable adults from abuse which reflected relevant legislation and local requirements. Policies were accessible to all staff. Staff we spoke to during the inspection demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- 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. Staff told us the practice valued their strengths and experience.
- The practice delivered regular training and development sessions for the clinical staff recent topics had included talks from a consultant paediatrician, a consultant in diabetes, safeguarding and awareness of domestic violence.
- There was evidence of appraisals and personal development plans for the staff.

Summary of findings

- 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.

- Data from the national GP patient survey showed patients rated the practice with mixed feedback compared to local and national averages, however many comments reported excellent 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 saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff 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.
- The practice recognised that there were delays accessing the correct care and treatment for patients with complex leg ulcers, they liaised with the clinical commissioning group (CCG) for support and developed a training plan with accredited assessment and doppler (a device which measures circulation usually in lower limbs) training with support from secondary care.
- Patients said they found it easy to make an urgent appointment and patients reported the daily nurse triage line as effective and valuable. We saw the urgent appointment system provided many urgent access appointments available the same day.
- The practice was part of a Swindon area scheme which offered extended hours through a local service for early and evening appointments and a rapid access clinic for under five year olds.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Summary of findings

Are services well-led?

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

Good



- The main clinical partner had been absent from clinical care at the practice since March 2016. On the day of the inspection the staff we spoke with demonstrated how they were working together to provide safe care for patients. The staff also confirmed that the team were working together and supporting each other.
- The practice had a 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.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- 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.

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 good for the care of older people.

Good



- 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.
- All patients over 75 had a named GP and the practice ensured continuity of care where possible.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice team met regularly with the community matron to review any patients who may benefit from extra support, all the patients had an individualised care plan to support their needs. This had shown to be effective in reducing unnecessary hospital admissions.
- Diabetes related indicators were in line with the clinical commissioning group (CCG) and national averages, for example:
- The percentage of patients with diabetes, on the register, in whom the blood test was in the target range in the preceding 12 months (2014/15), was 73% which was lower than the CCG average of 76% and the national average of 80%.
- The percentage of patients with diabetes, on the register, who had influenza immunisation in the preceding 1 August to 31 March (01/04/2014 to 31/03/2015) was 96% which was the same as the CCG average of 96% and higher than the national average of 94%.
- 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.

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.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

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.

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.
- 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.

Summary of findings

- 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 percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 77% which was lower than the clinical commissioning group (CCG) average of 85% and the national average of 84%.
- Performance for mental health related indicators were mixed compared to local and national averages, for example:
- The percentage of patients with a serious mental health problem who have comprehensive, agreed care plan documented in the record, in the preceding 12 months was 77% which was lower than the CCG average of 85% and the national average of 84%.
- The percentage of patients with a serious mental health problem whose alcohol consumption had been recorded in the preceding 12 months was 97% which was higher than the CCG average of 85% and the 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 and developed a template to support their care assessment.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing above or in line with local and national averages. The GP survey distributed 244 forms and 119 were returned. This represented 1.1% of the practice's patient list.

- 80% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 72% and the national average of 73%.
- 90% 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 83% and the national average of 85%.
- 78% of patients described the overall experience of this GP practice as good compared to the CCG average of 69% and the national average of 73%.

- 75% of patients would recommend this surgery to someone new to the area compared to the CCG average of 75% and the 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 five comment cards which were all positive about the standard of care received.

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

Data from the NHS Friends and Family test between November 2015 and August 2016 showed that 92% of patients were either extremely likely or likely to recommend the practice to family and friends. The practice conducted a MORI text feedback survey for patients, the results from the last six months showed that 93% of patients would recommend the practice to their friends or family moving to this area.

Areas for improvement

Action the service **SHOULD** take to improve

Continue to monitor the patient feedback and look to improve the service and experience for patients.

Improve the numbers of personalised completed care plans for patients with dementia and mental health conditions.

Ridge Green Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a CQC assistant inspector and a practice manager specialist adviser.

Background to Ridge Green Medical Practice

Ridge Green Medical Centre, West Swindon, currently supports a practice population of 10,400 patients. Ridge Green is the main surgery, with Freshbrook Surgery as the branch 1.6 miles from Ridge Green.

West Swindon has seen a considerable new build housing expansion, with predominantly young families moving to the area. The practice list represents this demographic with fewer over 65s and considerable lower numbers of over 70s compared to the local and national averages.

The practice is run by a team of two partners, one senior GP partner (male) and a practice managing non-clinical partner. The main senior GP partner is currently subject to undertakings from the General Medical Council. Further information in relation to the specific requirements can be found on the GMC website www.gmc-uk.org.

There are three salaried GPs, (two male, one female) and two long term locums. The GPs are supported by two Advanced Nurse Practitioners, three practice nurses (all female) and one health care assistant.

The practice is open between 8.30am and 12.30pm and from 2pm to 6.30pm Monday to Friday. The branch site at Freshbrook was open at the same times on Mondays, Wednesday and Fridays.

The practice holds a Personal Medical Services contract to provide medical services for the community.

The regulated activities the practice provides are available from:

Ramleaze Drive,

Shaw,

Swindon,

SN5 5PX.

Freshbrook Village Centre,

Freshbrook,

Swindon ,

Wilts,

SN5 8LY.

This is the first inspection of this practice.

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 7 September 2016. During our visit we:

- Spoke with a range of staff including, three of the GPs, four of the nursing team, the practice manager and four of the administration and reception team. We spoke to two members of the patient participation group 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 the practice investigated significant events and incidents when things went wrong with care and treatment, in the cases we looked through, 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.

Overview of safety systems and processes

The practice had undertaken a review of the health and safety core objectives and standards. They had worked with an external specialist consultant who undertook an audit, to ensure their processes and policies were comprehensive and followed best practice. The practice provided development to a member of the team to continue the audit and maintain the health and safety standards in conjunction with the consultant.

- 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 were lead members of staff for safeguarding adults and children.

The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff we spoke to during the inspection demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three and four. The nurses were trained to level two.

- A notice in the waiting room and in the clinical rooms advised patients that chaperones were available if required. The practice used the nursing team where possible as chaperones, and all staff who acted as chaperones were trained for the role. The practice had conducted a risk assessment as to whether the chaperones also required a Disclosure and Barring Service (DBS) check. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nursing team had recently undergone some changes, the nurse who was the infection control clinical lead was new in post, they had received up to date training and knew how to access 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 practice had recently taken measures to improve infection control which included new wall mounted soap dispensers, upgraded sinks and a hands free alcohol gel dispenser for the waiting room.
- 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 and pads were securely stored and there were systems in place to monitor their use. One of the nurses we spoke to had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical

Are services safe?

conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions 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 from a prescriber.

- 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 had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure 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 such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met 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). The most recent published results were 97% of the total number of points available. The practices overall exception rate was 10% which was 1% above the national average. (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 had slightly higher than average exception rates for some diabetes indicators and cervical screening but lower (better) than average exception rates for dementia, atrial fibrillation, mental health, heart failure and osteoporosis. During our inspection we looked into the clinical care and measures taken to complete reviews for these patients and found the care to be appropriate.

Data from 2014/15 showed:

- Performance for diabetes related indicators were mixed in comparison with the clinical commissioning group (CCG) and national averages, for example:

- The percentage of patients with diabetes, on the register, in whom the blood test was in the target range in the preceding 12 months (2014/15), was 73% which was lower than the CCG average of 76% and the national average of 80%.
- The percentage of patients with diabetes, on the register, who had influenza immunisation in the preceding 1 August to 31 March (01/04/2014 to 31/03/2015) was 96% which was the same as the CCG average of 96% and higher than the national average of 94%.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was in the target range was 78% which was in line with the CCG average of 79% and the national average of 78%.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 81% which was lower than the CCG average of 87% and the national average of 88%. Performance for mental health related indicators were mixed compared to local and national averages, for example:
- The percentage of patients with a serious mental health problem who have comprehensive, agreed care plan documented in the record, in the preceding 12 months was 77% which was lower than the CCG average of 85% and the national average of 84%.
- The percentage of patients with a serious mental health problem whose alcohol consumption had been recorded in the preceding 12 months was 97% which was higher than the CCG average of 85% and the national average of 90%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 77% which was lower than the CCG average of 85% and the national average of 84%.

There was evidence of quality improvement including clinical audit.

- We saw ten clinical audits completed in the last two years, six of these were completed audits where the improvements made were implemented and

Are services effective?

(for example, treatment is effective)

monitored. For example an audit to ensure patients with atrial fibrillation (a heart condition) were on the correct medicines demonstrated that the practice had achieved positive results.

- The practice participated in local audits, national benchmarking, accreditation, peer review.
- Findings were used by the practice to improve services. For example, recent action taken following a contraception audit included the introduction of a new contraceptive computer template which had to be completed before a prescription could be generated and the learning was shared across the clinical team.

Information about patients' outcomes was used to make improvements such as: for example the practice had noted that some patients were not following the best guidance advice for inhaler use in asthma, the practice had undertaken some training and had employed a nurse with asthma management skills to focus on this further to improve outcomes.

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. We spoke to three new members of staff who reported that they had received a supportive, structured induction programme.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, updates to the immunisation and vaccine programme, cervical smears, ear syringing, updates in diabetes management, respiratory conditions and sexual health.
- The practice delivered regular training and development sessions for the clinical staff recent topics had included talks from a consultant paediatrician, a consultant in diabetes, safeguarding and awareness of domestic violence.
- The practice held a weekly clinical meeting to discuss any complex cases or share any learning.
- 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 the staff had received an appraisal within the last 12 months except for one member of staff who had one scheduled.
- 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 team met regularly with the community matron to review any patients who may benefit from extra support, all the patients had an individualised care plan to support their needs. This had been shown to be effective in reducing unnecessary hospital admissions. For example one patient who had accessed accident and emergency (A+ E) departments on multiple occasions every month had a care plan put in place, significantly reduced their need to attend A+E.
- The practice had good links to a community navigator who offered support and signposting to patients with social care needs.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Are services effective?

(for example, treatment is effective)

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 on a monthly basis 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 smoking and alcohol cessation and weight management. Patients were offered support on site for smoking cessation, counselling was available on site. Where services were not available at the practice, patients were signposted to the relevant service.

There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The percentage of eligible women who had had their cervical screening test in the last five years was 91% which was higher than the CCG and national average of 82%. The practice demonstrated how they encouraged uptake of the screening programme by following up those that did not respond to their reminder letters and the practice ensured a female sample taker was available. 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 88% to 100% compared to the CCG range from 81% to 97% and five year olds from 90% to 98% compared to the CCG range from 91% to 98%.

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.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The practice could offer a quiet waiting area for patients if required.

All of the five patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We 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 were helpful and that they received good quality care when they needed help and that staff 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 below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 81% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 77% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 94% of patients had confidence and trust in the last GP they saw or spoke to compared to the CCG average of 95% and the national average of 95%.

- 72% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.
- 79% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 84% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

The partners had taken a number of measures to respond to the feedback from patients and understand any ways they could improve, including the teaching communication skills, motivational interviewing and customer service skills.

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 how patients responded to questions about their involvement in planning and making decisions about their care and treatment. Results were below local and national averages. For example:

- 72% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 66% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 82%.
- 81% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

Feedback we saw in comments left for the practice and comments we received from patients on the day did not

Are services caring?

support this. We saw many comments noting excellent care, and patients we spoke to told us they felt involved in their care and decisions, and that staff took the time to explain new treatments.

The practice was positive about learning from feedback and responding to ways to improve the experience for patients. The partners had looked into the results and were aware of a couple of factors which had impacted on their results, they had taken measures to improve the patient's experience including feedback to GPs and training.

The practice had introduced a feedback request after appointments for patients who were signed up to the text reminder service to try to increase feedback and opportunities to review the patient experience.

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

- Staff told us that translation services were available for patients who did not have English as a first language.

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 150 patients as carers, including three under 16 years old (1.4% of the practice list). The practice had developed a carer's champion role to help identify carers and offer support, the carers champion actively sought to identify anyone who may have a caring role and engage with any potential carers so further information and support could be offered. Written information was available to direct carers to the various avenues of support available to them. The practice offer regular carers coffee mornings.

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.

- The practice worked proactively with the Community Matron to review patients who may be at high risk of a hospital admission or multiple hospital attendances. They worked together to provide an individualised care plan for support.
- The practice worked with the community navigator to support patients with complex care needs and those who needed social support.
- The practice recognised that there were delays accessing the correct care and treatment for patients with complex leg ulcers, they liaised with secondary care and the CCG for support and developed a training plan with accredited assessment for doppler training (a device which measures circulation usually in lower limbs). They recruited appropriately skilled staff, developed a template with a tissue viability lead and purchased a doppler to increase the delivery of wound care to meet patient demand.
- The practice held joint clinics with the GP, diabetes consultant and nurses to ensure care was optimised and to support the upskilling of their nursing team in diabetes management.
- The practice continually monitored and adjusted the number and range of appointments available to try to meet the changing demands and needs of patients, for example the practice had introduced a daily system of nurse triage phone lines, available daily every morning and afternoon. The practice had increased the lines available on Mondays to meet increased demand.
- The practice was part of a Swindon area scheme which offered extended hours through a local service for early and evening appointments and a rapid access clinic for under five year olds.
- 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 vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had good access and all the clinical services accessible on the ground floor.

Access to the service

The practice was open between 8.30am and 12.30pm and from 2pm to 6.30pm Monday to Friday. Between 12.30pm and 2pm a phone line was still available and emergency cover provided. The branch site at Freshbrook was open at the same times on Mondays, Wednesday and Fridays. Appointments were from 8.30am to 12.30pm every morning and 2pm to 6pm daily. In addition to pre-bookable appointments that could be booked up to six 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 to local and national averages.

- 70% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 75% and the national average of 76%.
- 80% of patients said they could get through easily to the practice by phone compared to the CCG average of 72% and the national average of 73%.
- 75% of patients would recommend this surgery to someone new to the area compared to the CCG average of 75% and the national average of 78%.

People told us on the day of the inspection that they were able to get urgent appointments when they needed them. Two of the ten patients we spoke to were told us they found it difficult to get a routine appointment when they needed one. On the day of inspection we saw a routine appointment was available the following week and a number of urgent appointments were available on the day. The practice had undertaken a systematic review of the availability and range of appointments available for

Are services responsive to people's needs?

(for example, to feedback?)

patients and continually adjusted the appointments to try to meet this demand. The practice had developed a twice daily nurse triage line to support patients, which patients had fed back was valued.

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.

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 within the practice, in leaflets and through their website.

We looked at six complaints received in the last 12 months and found these were handled, dealt with in a timely way. The practice had involved the patient participation group in discussions of the patient experience to gain a better understanding of the patient's perspective relating to complaints to help them respond to complaints. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action were taken to as a result to improve the quality of care. For example, the practice had noted an area for improvement and introduced customer service training where relevant.

Are services well-led?

Good 

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

Our findings

The main clinical partner is currently subject to undertakings from the General Medical Council. Further information in relation to the specific requirements can be found on the GMC website www.gmc-uk.org.

The main clinical partner had been absent from clinical care at the practice since March 2016. On the day of the inspection the staff we spoke with demonstrated how they were working together to provide safe care for patients. The staff also confirmed that the team were working together and supporting each other. Two new staff who had started since March 2016 confirmed they had been well supported by the partners and the rest of the team.

Governance arrangements

The practice had a 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.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

- The practice gave affected people reasonable support, truthful information and a verbal and written apology. The practice kept written records of verbal interactions as well as written correspondence. Staff told us the practice held regular team meetings.
- Staff told us they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.

- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and were encouraged to identify opportunities to improve the service delivered by the practice.

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 and were involved in patient surveys and submitted proposals for improvements to the practice management team. For example, message boards a patient information television screen in reception, introduction of text messaging. The PPG also promoted the online services and worked with the practice to try to reduce unattended appointments and share information for patients regarding repeat prescriptions.
- 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. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement within the practice. For example: The practice worked with a clinical commissioning group pharmacist to undertake medicine reviews and ensure treatment plans were following best practice guidelines.

The practice reviewed the needs of the patients, the challenges facing primary care and looked for ways to deliver patient centered services in the community.

The practice continually reviewed the access and availability of appointments to meet demand where possible and gain feedback where possible, for example text feedback, PPG involvement in promoting online

Are services well-led?

Good 

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

services and the adjustment of appointments offered, including the use of nurse appointments for some minor illness, and a triage system to make the optimum use of appointments.