

# Burbage Surgery

## Quality Report

9 The Sprays  
Burbage  
Marlborough  
Wiltshire  
SN8 3TA

Tel: 01672 810566

Website: [www.the.burbagesurgery.co.uk/](http://www.the.burbagesurgery.co.uk/)

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

### Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Burbage Surgery on 29 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.
- Staff assessed patients' needs and delivered care in line with current evidence-based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- 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.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The patient participation group (PPG) were well engaged and represented across a diverse range of ages and backgrounds. The PPG suggestions for changes to the practice management team had been acted upon and as well as this, the group had raised awareness about patient services.
- 100% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was better than both the clinical commissioning group (CCG) average of 86% and national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their records in the preceding 12 months was 100%, which was better than the national average of 88%.
- 99% of patients said they could get through easily to the practice by phone (national average 73%).

# Summary of findings

- The practice was proactive in ensuring that vulnerable patients who did not attend their scheduled appointments were contacted by the practice nurse, assessed and if necessary booked for a same day appointment at the practice.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice hosts a talking therapy service on one afternoon per week, for patients who have experienced a bereavement, were carers, or were experiencing mental health issues. The service is funded by the local clinical commissioning group (CCG) and available on referral.
- The practice offers a 'community clinic' run by a nurse and GP, for patients with complex medical needs. Patients are allotted one hour, during which time their medical condition is reviewed and managed, and they are screened for dementia.

**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.

- 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.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework for April 2015 to March 2016 showed patient outcomes were above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- We saw a programme of clinical audits that included improvements for patient care.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey (July 2016) showed patients rated the practice as either comparable with or better than other local practices for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Good



# Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified patients who were carers and alerted them whenever a local carers group met. This provided an opportunity for carers to gain support and raised awareness of carer's services locally.
- Vulnerable patients who did not attend their scheduled appointments were contacted by a practice nurse, to check their welfare.
- A carer's co-ordinator, based at the practice, telephoned patients on discharge from hospital to offer support, and to enquire whether a GP visit or other assistance was required. The carer's co-ordinator also visited patients in their homes.
- The practice provides an unpaid out of hours service for terminal care patients. We saw evidence that the GP was available at all times by telephone and carried out home visits as necessary.
- The practice worked with the CCG to purchase urgent nursing home beds and had commissioned a taxi service for late afternoon urgent blood samples, measures taken in order to prevent unnecessary hospital admissions. We saw evidence that this measure had contributed to the practice's low patient referral and unplanned hospital admissions rates in Wiltshire. Figures available between June 2015 and August 2016 indicated that the practice had admitted five patients to nursing home beds as a result of the fund.

## 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. For example, the practice worked with the CCG to purchase urgent nursing home beds, and commissioned a taxi service for late afternoon urgent blood samples, measures taken in order to prevent unnecessary hospital admissions.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with regular appointments available the same day.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of patient feedback.
- The practice had good facilities and was well-equipped to treat patients and meet their needs.

Good



# Summary of findings

- 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.
- The practice worked with other health professionals to minimise unnecessary hospital admissions.
- The practice provided a cholesterol testing machine for patients.
- Patients were able to access the practice by telephone, and face to face.
- The practice sent text reminders for appointments.
- The practice increased the length of individual appointment times for patients with complex medical conditions.
- Telephone appointments were offered where appropriate, as an alternative to face-to-face consultations.
- The practice offered International Normalised Testing (INR). INR tests monitor the use of a drug used to reduce the risks of heart attacks and strokes.
- The practice offered cryotherapy treatment for benign skin lesions and some pre-malignant conditions such as sun damage.
- The practice hosted a talking therapy service for patients who have experienced a bereavement, were carers, or were experiencing mental health issues. The service is funded by the local clinical commissioning group (CCG) and is available on referral.
- The practice provides mobile 24 hour electrocardiogram (ECG) testing. An ECG is a test to determine whether the heart it is working normally.

## 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.

Good



# Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The provider encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on.
- 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.

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- Older patients with complex care needs or those at risk of hospital admissions had personalised care plans which were shared with local organisations to facilitate continuity of care.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- A care co-ordinator based at the practice worked closely with district nurses, occupational therapists and social services agencies to avoid unplanned hospital admissions for older patients.
- The practice referred patients to local community health improvement schemes.
- The practice offered cryotherapy treatment for benign and malignant tissue damage.

Good



### 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.
- Performance for patients with long-term conditions was better than national averages. For example, 83% of patients with asthma, on the register, had had an asthma review in the preceding 12 months, compared to the national average of 75%. The review included three patient-focused outcomes that act as a further prompt to review treatment.
- 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.
- The practice routinely offered longer appointments for patients with complex medical needs and a 'community clinic' run by a nurse and GP.

Good





# Summary of findings

- The practice provides an unpaid out of hours service for terminal care patients. We saw evidence that the GP was available at all times by telephone and carried out home visits as necessary.
- The practice worked with the CCG to purchase urgent nursing home beds and had commissioned a taxi service for late afternoon urgent blood samples, measures taken in order to prevent unnecessary hospital admissions.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates 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 practice assessed the capability of young patients using Gillick competencies. These competencies are an accepted means to determine whether a child is mature enough to make decisions for themselves.
- The percentage of women aged 25-64 whose notes record that a cervical screening test had been performed in a target period of three-and-a-half or five-and-a-half years was 88%, which was better than the 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.

Good



## Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- 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.

Good



# Summary of findings

- The practice offered extended hours appointments with a GP on two evenings a week.
- Patients were able to order repeat prescriptions on-line.
- The practice offered text reminders for appointments.
- Telephone appointments were offered where appropriate, as an alternative to face-to-face consultations.

## 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 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.
- 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.
- The practice was proactive in ensuring that vulnerable patients who did not attend their scheduled appointments were contacted by the practice nurse, assessed and if necessary, booked for a same day appointment at the practice.

## 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).

Good



- 100% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was better than both the clinical commissioning group (CCG) average of 86% and national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their records in the preceding 12 months was 100%, which was better than the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.

# Summary of findings

- 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 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 latest national GP patient survey results were published in July 2016. The results showed the practice performance was better than national averages. For the survey 211 survey forms were distributed and 126 were returned, representing around 4% of the practice's patient list.

- 99% of patients found it easy to get through to the practice by telephone compared with the national average of 73%.
- 98% of patients were able to get an appointment to see or speak to someone the last time they tried compared with the national average of 76%.
- 96% of patients described the overall experience of their GP practice as good compared with the national average of 85%.
- 98% of patients said they would recommend their GP practice to someone who has just moved to the local area, compared with the national average of 82%.

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our visit. We reviewed the 39 comment cards we had received which were positive about the service experienced. Patients described GPs and reception staff as being caring and respectful, and taking the time to listen to their concerns. Patients told us they were given advice about their care and treatment which they understood and which met their needs. We spoke with three patients during the inspection who told us they were happy with the care they received and thought staff were approachable, committed and caring.

We looked at the latest submitted NHS Friends and Family Test results, where patients are asked if they would recommend the practice. The practice submitted data for 2016 which showed that all 29 respondents (100%) would recommend the practice to family and friends.

# Burbage Surgery

## 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 advisor.

## Background to Burbage Surgery

Burbage Surgery is located in Burbage, a village and civil parish in the Vale of Pewsey, Wiltshire. The practice has occupied its current, single-storied facility since 1980. The practice has three GP consulting rooms, a treatment room, a general office area located behind the reception desk, and a dispensary.

Burbage Surgery is one of 57 GP practices in the NHS Wiltshire Clinical Commissioning Group (CCG) area. Burbage Surgery has around 3,600 registered patients dispersed over an area of 400 square miles, most of whom live within a five to six mile radius of the practice. The practice patient populations deviate from the England average for certain age groups, thereby providing an indication of the area's demographic profile. For instance, patient populations aged between 45 and 54 years are noticeably above the England average, and all age groups between 20 and 34 years are noticeably below the England average.

The practice population is 97% white, with the largest minority ethnic population (around 1.3%) being Asian or Asian British. A measure of deprivation in the local area recorded a score of 9, on a scale of 1-10. A higher score indicates a less deprived area. (Note: an area itself is not

deprived, it is the circumstances and lifestyles of the people living there that affect its deprivation score. Not everyone living in a deprived area is deprived and not all deprived people live in deprived areas).

The practice team consists of two GP partners (one male, one female) and two salaried GPs (both female). In addition there are two practice nurses and two phlebotomists. The clinicians are supported by two dispensers, a practice manager, and a team of administrators and secretaries. The practice has a Personal Medical Services contract.

Burbage Surgery takes calls from 8am. Doors are open from 8.30am to 6.30pm on Monday, Tuesday, Thursday and Friday. On Wednesday doors are open from 8.30am to 12pm. The practice is closed on Wednesday afternoon but a sign on the practice front door, and an answerphone message, informs patients that a nearby surgery will deal with emergencies and urgent problems from 12pm to 6.30pm.

Routine GP appointments are available from 9am to 12pm and 4.30pm to 5.50pm on Monday, Tuesday, Thursday and Friday. Routine nurse appointments are available from 8.30am to 6.30pm on Monday, Tuesday, Thursday and Friday; and from 8.30am to 12pm on Wednesday. The practice provides some extended hours evening appointments with a GP and a nurse until 7pm on Monday and Tuesday and with a nurse until 6.45pm on Thursday. Extended hours appointments are provided at a nearby surgery until 6pm on Wednesday. All appointments can be pre-booked up to four weeks in advance.

Burbage Surgery has a dispensary and dispenses to around 90% of its patients. A member of the dispensary team is available from 9am to 6pm on Monday, Tuesday, Thursday and Friday, and from 9am to 12pm on Wednesday.

The practice has opted out of providing Out Of Hours services to its own patients. Outside of normal practice

# Detailed findings

hours, patients can access NHS 111, and an Out Of Hours GP service is available from 6pm to 8am, Monday to Friday. Information about the Out Of Hours service was available on the practice website, on the front door, in the patient registration pack, and as an answerphone message.

Burbage Surgery provides regulated activities from its sole location at 9 The Sprays, Burbage, Wiltshire SN8 3TA.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

## How we carried out this inspection

We reviewed a range of information we hold about the practice in advance of the inspection and asked other organisations to share what they knew. We carried out an announced visit on 29 September 2016. During our visit we:

- Spoke with a range of staff including GPs, nurses and administrative staff, and three patients who used the service;

- Observed how patients were being cared for and talked with carers and family members;
- Reviewed an anonymised sample of the personal care or treatment records of patients;
- Reviewed 39 Care Quality Commission 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 Care Quality Commission 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. Lessons were shared to make sure action was taken to improve safety in the practice. Discussions took place immediately following a significant event, at one of the (daily) clinical meetings. Information was cascaded to staff through circulated minutes. We saw evidence that lessons learnt were shared and action was taken to improve safety in the practice. For example, staff called for an urgent ambulance for a patient at the practice, and assumed that it had been dispatched. After a period of time the ambulance had not arrived and when staff rang the ambulance service again, they were informed that it was yet to be allocated. Staff discussed the incident and no longer assume that requesting an ambulance means that one has been allocated or will arrive immediately. Staff reported the response time to the clinical commissioning group (CCG). Staff now also ensure that they ask the ambulance service for an estimated time of arrival and that they inform the GP immediately, so that an alternative course of action can be considered if necessary.

### 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. Practice staff had designed a template to record any concerns they may have about a patient's welfare. The completed template was then referred to the GP safeguarding lead, and acted as an additional assurance process.
- All staff had received the appropriate safeguarding training. A GP was the lead member of staff for safeguarding adults and another GP the lead member of staff for safeguarding children. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and adults relevant to their role. All GPs and nursing staff were trained to safeguarding level three. The phlebotomist, dispensing staff, practice management team and other non-clinical staff were trained either to level one or level two.
- A notice at the reception desk and in all the consulting rooms advised patients that chaperones were available if required. All staff who acted as chaperones had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Two practice nurses were the infection control leads who liaised with the local infection prevention teams to keep up-to-date with current 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,

## Are services safe?

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.

- 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.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- 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.
- The practice had used one locum GP in 2016 due to holiday cover. We found that appropriate recruitment checks were in place.

### 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 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 that 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, fit for use 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 peoples' 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 100% of the total number of points available, with 5% exception reporting overall. (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. Exception rate for the clinical commissioning group was 11% and the national rate 9%).

- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 99% compared to the clinical commissioning group (CCG) average of 91% and national average of 88%.
- The percentage of patients with high blood pressure having regular blood pressure tests was better than local and national averages. For example, the percentage of patients with high blood pressure in whom the last blood pressure reading was a satisfactory level was 92%, compared to the CCG average of 85% and national average of 84%.
- Performance for mental health related indicators was either better than or comparable with local and national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other

psychoses who have a comprehensive, agreed care plan documented in the record in the preceding 12 months was 100%, compared to the CCG average of 93% and national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits completed in the last year, two of which were completed second-cycle audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, the practice conducted an audit to determine how many cancer diagnoses made in the last year were referred on the fast track system. The audit found that most cancers were diagnosed quickly after first presentation and that when this was not the case, a patient's examination was normal, and it was not felt necessary to investigate at that stage. The practice is aware of changing national guidelines and now refers patients earlier if there is any suspicion of a cancer diagnosis.

### 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. They 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.
- 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 accessing on-line resources and discussion at practice nurse meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice

# Are services effective?

## (for example, treatment is effective)

development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- The practice nurses regularly attend multi-disciplinary team meetings to review patients' care.

### 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 on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

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

- Staff had undertaken 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 records audits.

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, those requiring advice on their diet, smoking and alcohol cessation and those aged over 75 years. Patients were then signposted to the relevant service.
- The practice nurses offered support with health and well-being issues for patients. We saw evidence that this support included self-managing a long term health condition or changing health behaviours.
- The percentage of women aged between 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was 88%, which was comparable with the clinical commissioning group (CCG) average of 84% and above the national average of 82%. The practice demonstrated how they encouraged uptake of the screening programme by using a system of alerts for those patients with an identified learning disability, by using information in different languages, and by ensuring whenever possible that 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 following abnormal results.
- The practice also encouraged patients to attend national screening programmes for bowel and breast cancer screening. Bowel cancer screening rates in the last 30 months for those patients aged between 60 and 69 years of age were 66%, which was comparable with the clinical commissioning group (CCG) average of 63% and above the national average of 58%.
- Childhood immunisation rates were comparable with CCG averages. For example, vaccines given to under two year olds at the practice ranged from 97% to 100%

## Are services effective? (for example, treatment is effective)

compared with 94% to 97% for the CCG. Vaccines given to under five year olds at the practice ranged from 85% to 100% compared with the CCG range from 91% to 97%.

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

NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patient 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 and could offer them a private room to discuss their needs.
- Vulnerable patients who did not attend their scheduled appointments were contacted by a practice nurse, to check their welfare.
- The practice provides an unpaid out of hours service for terminal care patients. We saw evidence that the GP was available at all times by telephone and carried out home visits as necessary.
- The practice worked with the CCG to purchase urgent nursing home beds and had commissioned a taxi service for late afternoon urgent blood samples, measures taken in order to prevent unnecessary hospital admissions. We saw evidence that this measure had contributed to the practice's low patient referral and unplanned hospital admissions rates in Wiltshire.

All of the 39 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 and caring, and treated them with dignity and respect. The practice proactively sought feedback from staff and patients, which it acted on. For example, following patient feedback, the practice has installed a radio in the reception area. The radio is played throughout the day, to help protect the confidentiality of patient and staff conversations.

Results from the national GP patient survey (July 2016) also showed patients felt they were treated with compassion, dignity and respect. The practice exceeded local clinical commissioning group (CCG) and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 96% of patients said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 95% of patients said the GP gave them enough time (CCG average 90%, national average 87%).
- 99% of patients said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%).
- 93% of patients said the last GP they spoke to was good at treating them with care and concern (national average 85%).
- 99% of patients said the last nurse they spoke to was good at treating them with care and concern (national average 91%).
- 96% of patients said they found the receptionists at the practice helpful (CCG average 90%, national average 87%).

### Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey (January 2016) showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were better than local and national averages. For example:

- 95% of patients said the last GP they saw was good at explaining tests and treatments compared to the clinical commissioning group (CCG) average of 90% and national average of 86%.
- 91% of patients said the last GP they saw was good at involving them in decisions about their care (national average 82%).
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care (national average 85%).

Staff told us translation services were available for patients who did not have English as a first language, and the practice website had the functionality to translate information into around 90 different languages.

## Are services caring?

### **Patient and carer support to cope emotionally with care and treatment**

- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 65 patients as carers (around 1.7% of the practice list). A carer's co-ordinator was based at the practice and employed by the clinical commissioning group. The carer's co-ordinator reviewed the carers register at all staff

meetings, and outlined the different support groups available to carers. We saw patient records were flagged for those identified as carers, and that the practice offered more flexibility around appointment times.

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 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, the practice had engaged with the CCG to prevent unnecessary hospital admissions by purchasing urgent nursing home beds, and commissioning a taxi service, for late afternoon urgent blood samples.
- Home visits were available for patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- The practice system alerted staff to patients with a learning disability who would benefit from flexibility around length and times of appointments.
- Patients were able to receive travel vaccines available on the NHS. Those vaccines only available privately were done at the surgery when enough notice was given, so that they could be ordered. The practice referred patients to a nearby surgery for yellow fever vaccinations.
- Receptionists dealt with all queries both in person and on the phone, and were responsible for booking appointments.
- Patients with a long term condition were offered an annual review.
- We saw evidence that the practice was working to the Gold Standards Framework for those patients with end of life care needs.
- The practice worked with other health professionals to minimise unnecessary hospital admissions.
- The practice provided a cholesterol testing machine for patients.
- Patients were able to access the practice by telephone, and face to face.
- The practice sent text reminders for appointments.
- Telephone appointments were offered where appropriate, as an alternative to face-to-face consultations.
- The practice offered International Normalised Testing (INR). INR tests monitor the use of a drug used to reduce the risks of heart attacks and strokes.
- The practice offered cryotherapy treatment for benign and malignant tissue damage.

- The practice offered a 'community clinic' run by a nurse and GP, for patients with complex medical needs. Patients are allotted one hour, during which their medical condition is reviewed and managed, and they are screened for a number of conditions including early onset dementia.
- The practice hosts a talking therapy service on one afternoon per week, for patients who have experienced a bereavement, were carers, or were experiencing mental health issues. The service is funded by the local clinical commissioning group (CCG) and available on referral.
- The practice was costing the price of a portable hearing loop at the time of inspection and offered an interpreting service for patients, who were either deaf, had a hearing impairment or whose first language was not English. The practice offered patients access to a service which enabled deaf, deaf blind, deafened, hard of hearing and speech impaired people to communicate with hearing people anywhere in the world by providing a link between the text phone user and the hearing person.
- The practice provides mobile 24 hour electrocardiogram (ECG) testing. An ECG is a test to determine whether the heart it is working normally.

### Access to the service

Burbage Surgery takes calls from 8am. Doors open from 8.30am to 6.30pm on Monday, Tuesday, Thursday and Friday. On Wednesday doors open between 8.30am and 12pm. The practice is closed on Wednesday afternoon but a sign on the practice front door, and an answerphone message, informs patients that a nearby surgery will deal with emergencies and urgent problems from 12pm to 6.30pm.

Routine GP appointments are available from 9am to 12pm and 4.30pm to 5.50pm on Monday, Tuesday, Thursday and Friday. Routine nurse appointments are available from 8.30am to 6.30pm on Monday, Tuesday, Thursday and Friday; and from 8.30am to 12pm on Wednesday. The practice provides some extended hours evening appointments with a GP and a nurse until 7pm on Monday and Tuesday and with a nurse until 6.45pm on Thursday. Extended hours appointments are provided at a nearby surgery until 6pm on Wednesday. All appointments can be pre-booked up to four weeks in advance. Burbage Surgery



# Are services responsive to people's needs?

(for example, to feedback?)

has a dispensary and dispenses to around 90% of its patients. A member of the dispensary team is available from 9am to 6pm on Monday, Tuesday, Thursday and Friday, and from 9am to 12pm on Wednesday.

The practice has opted out of providing Out Of Hours services to its own patients. Outside of normal practice hours, patients can access NHS 111, and an Out Of Hours GP service is available from 6pm to 8am, Monday to Friday. Information about the Out Of Hours service was available on the practice website, on the front door, in the patient registration pack, and as an answerphone message.

Results from the latest national GP patient survey (July 2016) showed that patient satisfaction with how they could access care and treatment was better than local and national averages. For example:

- 91% of patients were satisfied with the practice's opening hours compared to the national average of 80%.
- 99% of patients said they could get through easily to the practice by phone (national average 73%).
- 66% of patients said they usually get to see or speak to the GP they prefer (CCG average 64% and national average 59%).
- 98% of patients were able to get an appointment to see or speak to someone the last time they tried compared with the national average of 76%.

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

## Listening and learning from concerns and complaints

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

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The Practice Manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, through feedback forms available at reception and in the waiting area, and comment cards on the practice website. A Friends and Family Test suggestion box and a patient suggestion box were available within the patient waiting area which invited patients to provide feedback on the service provided, including complaints.

We looked at the one complaint received by the practice in 2016. This was discussed and reviewed, and learning points noted. We saw that this was handled and dealt with in a timely way. Complaints were a standing agenda item at monthly staff meetings. We saw evidence of lessons learnt from patient complaints and action taken to improve the quality of care. For example, a patient thought that practice staff had not provided information about their medical history to a minor injuries unit, meaning their medication was not dispensed and that they had to travel to a local hospital instead. Following a phone call from practice staff, it was discovered that there had been a miscommunication between the patient and the nurse at the minor injuries unit. A practice GP then spoke to the patient and explained that they had in fact provided the information, but that because the patient's notes recorded an allergic reaction to the medication, medical staff at the unit were unable to prescribe it. We saw that the patient was satisfied with the explanation and the complaint was resolved.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. The practice mission statement was 'to improve the health, well-being and lives of those we care for.'
- The practice had a strategy and supporting business plans which reflected the vision and values and was regularly monitored.

### 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:

- There was a clear staffing structure and 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 continuous 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 partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- 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. The practice manager was described as engaged, professional, dynamic and extremely competent in their role.

- Staff told us that although staff meetings were held every month, and that clinical team meetings were generally held daily, there was no designated schedule.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. For example, staff suggested that the treatment room be reconfigured for greater ease of access. Staff also suggested that the practice change the length of appointment times for childhood vaccinations, to increase the numbers of children vaccinated. Both suggestions were adopted 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. The practice proactively sought patient 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. When we spoke to the PPG members, they told us that having canvassed patients through a patient survey, there was little that patients believed could improve the practice. At the time of inspection, the PPG members were working with the practice to raise funding for electric front doors, to make



# Are services well-led?

Good 

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

wheelchair access easier. We also looked at the latest submitted NHS Friends and Family Test results, where patients are asked if they would recommend the practice. The practice submitted data for 2016 which showed that 100% of respondents would recommend the practice to family and friends.

## **Continuous improvement**

There was a strong focus on continuous learning and improvement at all levels within the practice. For example, the practice worked with the CCG to purchase urgent nursing home beds and had commissioned a taxi service for late afternoon urgent blood samples, measures taken in order to prevent unnecessary hospital admissions. We saw evidence that this measure had contributed to the practice's low patient referral and unplanned hospital admissions rates in Wiltshire.