

Three Chequers Medical Practice

Inspection report

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

Ratings

Overall rating for this location

Outstanding 

Are services safe?	Good 
Are services effective?	Outstanding 
Are services caring?	Good 
Are services responsive?	Good 
Are services well-led?	Outstanding 

Overall summary

This practice is rated as Good overall.

The key questions are rated as:

- Are services safe? – Good
- Are services effective? – Outstanding
- Are services caring? – Good
- Are services responsive? – Good
- Are services well-led? – Outstanding

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

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

We carried out an announced comprehensive inspection at Three Chequers Medical Practice on 17 April 2018. This is our first inspection of Three Chequers Medical Practice, which we carried out as the practice is a newly registered service. The practice was formed in 2017, by the merger of Endless Street Doctors Surgery, Three Swans Surgery and St Ann Street Surgery (all based in Salisbury city centre). The practice now operates across five sites, three of which have a dispensary.

At this inspection we found:

- The recent merger of three practices to create Three Chequers Medical Practice had caused some disruption to services. However, the practice was aware of the issues and we saw numerous examples of a clear and structured approach to resolving them. The strategy and supporting objectives were stretching, challenging and innovative, while remaining achievable.
- The practice had a clear and strong management structure. GP partners at the practice had a long history of initiating and developing new ways of working prior to the merger and we saw evidence this was continuing. For example, they had recently introduced a computerised workflow system to manage medical correspondence.

- The practice had systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes. However, we found that routine checks recommended to reduce the risk of Legionella infection had not been carried out since February 2017.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect. There was evidence staff went ‘that extra mile’ to support patients when necessary.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

We saw a number of areas of outstanding practice:

- The practice ran a specialist service to deliver annual health checks to people with a learning disability. The service included a GP, a consultant in learning disabilities and a learning disability specialist nurse. Patients with the most complex care needs were reviewed by the GP and Consultant in joint consultations.
- The practice ran a service that aimed to improve the care provided to older people and reduce unplanned admissions to hospital for people aged 75 or over. There was evidence that while the rate of unplanned admissions for this group of patients had gone up nationally, the practice rate had remained the same.
- The practice led a Community Heart Failure project in partnership with other local practices. It was a pilot project designed to establish the need for a community service and to set up such a service if the evidence showed it to be a practical and cost effective service model. In the three months up to December 2017, 322 new patients had been referred to the service, all had been seen within 14 days, with an average waiting time of 6 days, and 34 patients had been cared for at home who might otherwise have needed hospitalisation.
- The practice had developed a service for patients with mental health and substance misuse problems, and who frequently used health services, such as the accident and emergency department. The service was

Overall summary

led by a GP with an interest in mental health and a psychiatric nurse. Patients were offered a more intensive service and we saw evidence it was helping patients achieve more stability and positive outcomes.

The areas where the provider **should** make improvements are:

- Review their systems to allow the practice to confirm that all learning points from complaints and significant events had been shared with all appropriate staff.

- Review their systems to allow the practice to confirm that all patients who make a complaint are given information about the escalation process if they are not satisfied with the practice response.
- Review their systems to ensure the appropriate checks are carried out for the prevention of legionella.

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

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, a practice manager specialist adviser, a member of the CQC medicines team and a CQC inspection manager.

Background to Three Chequers Medical Practice

Three Chequers Medical Practice is a GP practice located in Salisbury, in Wiltshire. It is one of 47 practices within the Wiltshire Clinical Commissioning Group (CCG) area and has approximately 25,300 patients.

The practice was formed in 2017, by the merger of Endless Street Doctors Surgery, Three Swans Surgery and St Ann Street Surgery (all based in Salisbury city centre). The practice now operates across five sites, three of which have a dispensary. The practice was able to offer dispensing services for those patients on their practice list who live more than one mile (1.6km) from their nearest pharmacy.

This is our first inspection of Three Chequers Medical Practice. Previously, Endless Street Doctors Surgery was inspected in May, 2016, and rated good overall, but as requires improvement for effective care. We did a follow up inspection of the effective domain in February, 2017, and found the practice had resolved the issues we had previously found and rated them as good for providing effective care. We previously inspected Three Swans Surgery July, 2016, and rated them as good overall and in all the individual domains we look at. We previously

inspected St Ann's Street Surgery in November, 2016 and rated them as outstanding overall. We rated them as Good for providing safe services and as outstanding for the effective, caring, responsive and well-led domains.

The practice's main surgery in Endless Street is based in three converted Georgian town houses close to the centre of Salisbury. The buildings are Grade 2 listed, which has limited the improvements to the building structure that the practice wished to make. It has seven consulting rooms, three treatment rooms and a dispensary. Some of the consulting and treatment rooms are on the first floor. There is no lift but arrangements are in place to see patients in a downstairs consulting or treatment room when necessary.

The practice is registered to provide the following activities:

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

The practice provides a number of services and clinics for its patients including childhood immunisations, family

planning, minor surgery and a range of health lifestyle management and advice including asthma management, diabetes, heart disease and high blood pressure management.

The practice provided medical care for 22 Intermediate Care beds in Salisbury as part of an Intermediate Care team (Intermediate care is a specific type of short term residential care involving medical and social care services).

Data available shows a measure of deprivation in the local area recorded a score of 9, on a scale of 1-10, where a higher score indicates a less deprived area. (Note that the circumstances and lifestyles of the people living in an area affect its deprivation score. Not everyone living in a deprived area is deprived and not all deprived people live in deprived areas). The area the practice serves has relatively low numbers of patients from different cultural backgrounds. 97% of the practice population describes itself as White British. Average male and female life expectancy for patients at the practice is 81 years and 85 years respectively, which is the same as the Wiltshire average and broadly in line with the national average of 79 and 83 years respectively.

There are 13 GP partners and 11 salaried GPs. Some are part-time making a full-time equivalent of 15.75 GPs. There is a clinical pharmacist and a nursing team of two advanced nurse practitioners, six nurses including the nurse lead (who is a nurse prescriber) and seven healthcare assistants. There are 12 dispensers and an administrative and reception team of 43 staff led by the practice manager. In addition the practice had a business manager.

The practice is a training and teaching practice for medical students and trainee GPs. (A teaching practice accepts medical students while a training practice accepts qualified doctors training to become GPs who are known as Registrars.) At the time of our inspection there were two registrars being supported by the practice. The practice is also accredited to participate in medical research.

Most of the practice buildings, including the main surgery at Endless Street, are open from 8am to 6.30pm, Monday to Friday. The branch surgery at Winterslow has more restricted opening times which are available on the practice website. Appointments are from 8.30am to 6.30pm. Extended hours appointments with a GP are available from 7.30am to 8am on Tuesday, 6.30pm to 7.30pm on Monday and from 10am to 12 noon on alternate Saturdays.

The practice has opted out of providing a full Out Of Hours service to its own patients. Patients are directed to access an Out Of Hours GP service by calling NHS 111.

The practice has a General Medical Services contract with NHS England (a locally agreed contract negotiated between NHS England and the practice).

The practice provides services from the following sites:

- Endless Street Surgery, 72 Endless Street, Salisbury, SP1 3UH
- St Ann Street Surgery, 82 St Ann Street, Salisbury, SP1 2PT
- Three Swans Surgery, Rolleston Street, Salisbury, SP1 1DX
- Winterslow Surgery, Middleton Road, Winterslow, Salisbury, SP5 1PQ
- Porton Surgery, 32 Winterslow Road, Porton, Salisbury, SP4 0LR

As part of our inspection we visited all sites, except Winterslow Surgery.

The practice has a website containing further information. It can be found here:

On the day of our inspection the practice registration with the CQC was not correct. There was one GP partner who was not shown in the practice registration with the CQC and three partners had left but continued to be registered as partners with us. Our records showed the practice was in the process of dealing with these issues.

Are services safe?

We rated the practice as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice had a suite of safety policies including adult and child safeguarding policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. Policies were regularly reviewed and were accessible to all staff, including locums. They outlined clearly who to go to for further guidance.
- There was a system to highlight vulnerable patients on records and a risk register of vulnerable patients.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for the role and had received a DBS check.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- There was an effective system to manage infection prevention and control.
- There were systems for safely managing healthcare waste.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety, with the exception of risks associated with Legionella infection.

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective approach to managing staff absences and for responding to epidemics, sickness, holidays and busy periods.
- There was an induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis. The practice used a computerised template to help them assess the risk of sepsis in a standardised way that met best practice guidance.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.
- The practice had a Legionella risk assessment carried out by an external consultant in 2015, which rated the practice building (a Grade 2 listed building) as medium to high risk of Legionella infection. (Legionella (a term for a particular bacterium which can contaminate water systems in buildings). This risk assessment recommended a number of routine monthly actions the practice should take to reduce the risks. The practice records showed that these actions had not been carried out since February 2017.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The practice had a clear documented strategy for management of test results and other clinical correspondence. They had recently recruited a dedicated team of administrators who had been trained to use a workflow process developed by an external supplier. Administrative staff reviewed all

Are services safe?

correspondence and only passed it to the clinicians if action was required or other criteria were met. There was clear guidance for these tasks and a GP carried out a weekly audit on a sample of correspondence to ensure safety and consistency. The system was designed to be more efficient free up GP time for appointments with patients. This new system had been proactively reviewed, amendments made (such as the purchase of a second document scanner) and performance targets set.

- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice had carried out an appropriate risk assessment to identify medicines that it should stock. The practice kept prescription stationery securely and monitored its use.
- The practice had dispensaries at the Endless Street surgery and the branches in Porton and Winterslow. They were able to offer dispensing services to those patients on the practice list who lived more than one mile (1.6km) from their nearest pharmacy. Arrangements for dispensing medicines at the practice kept patients safe.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- The practice learned and made improvements when things went wrong. Dispensing incidents and near-miss errors were recorded.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.

- With the exception of systems relating to Legionella, the practice monitored and reviewed safety activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system and policy for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, when an elderly patient was admitted to one of the intermediate care beds managed by the practice, they deteriorated and there was some confusion about what resuscitation instructions the patient might have requested. Following an investigation the practice revised their procedures for patients in the intermediate care beds to prevent the confusion from happening again.
- We saw evidence that learning from significant events and other learning opportunities were shared and discussed at regular staff meetings. However, not all significant events were discussed if there were no identified learning points to be shared and it was not clear how this decision was made or who by. There was no clear system to ensure all learning points were shared with all appropriate staff who may not have attended the meeting when the issues were discussed.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts. We saw evidence that alerts were logged and sent to all appropriate staff. However, on the day of our inspection the practice was unable to demonstrate that all appropriate action had been taken to deal with the alerts. The log, which was managed by an administrator, included details such as who the alert was sent to and the outcome. However, it did not include evidence to confirm staff had taken appropriate action to deal with the alert when necessary, which is recommended good practice. We were told this information was held by the

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practice manager in emails, but the practice manager was not available to provide us with evidence to confirm this. Following the inspection the practice sent us a revised Alert process.

Are services effective?

We rated the practice and three of the population groups as outstanding for providing effective services. We rated services for older people, people with long term conditions, and people experiencing poor mental health (including people with dementia) as outstanding. We rated services for people whose circumstances make them vulnerable, working age people, and families, children and young people as good.

The practice took a holistic approach to assessing, planning and delivering care and treatment to patients. They used innovative and pioneering approaches to care and treatment using evidence based technologies and new technologies. There was a clear approach to reviewing services to ensure they were meeting quality standards and delivering the benefits to patients that had been expected.

Effective needs assessment, care and treatment

The practice had clear systems to keep clinicians up to date with current evidence-based practice that were updated whenever new guidance was published. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice was forward thinking and we saw a number of examples of how they used technology to improve treatment and to support patients' independence. For example, they had adopted a system of treatment templates, which were used across all practice sites. The templates helped clinicians plan and structure their consultations and treatment in a uniform way across all sites and met the latest best practice guidance. The practice was able to amend the templates if necessary and feedback potential improvements to the system developers.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- The practice ran a service that aimed to improve the care provided to older people and reduce unplanned admissions to hospital for people aged 75 or over. The practice had a dedicated team to deliver this service. The practice had developed a computerised process to identify elderly patients who might be at risk, so they could contact them to review their care. As part of this service, older patients who were identified as frail or vulnerable received a full assessment of their physical, mental and social needs, including a review of medication. There was a clear strategy which was proactively reviewed and modified to improve its effectiveness. This included reviewing feedback from staff and patients. We saw evidence that while the rate of unplanned admissions for this group of patients had gone up nationally, the practice rate had remained the same.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan. The practice had 3050 patients aged 75 and over. Over the past 12 month period 400 patients over 75 had attended for a health check.
- Clinicians regularly visited 17 local care homes to visit patients and attend "ward rounds". The practice had proactively reviewed how they did this and developed a clear strategy for making effective use of clinician's time whilst providing effective care for their patients.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- The practice provided medical care for 22 Intermediate Care beds in Salisbury as part of an Intermediate Care team (Intermediate care is a specific type of short term residential care involving medical and social care services. It is more usually offered to older people.) Patients did not have to be registered with the Three Chequers Medical Practice to access this service. The practice had a standard operating procedure for this service. There was evidence this service had treated patients who would otherwise have been admitted to hospital.

People with long-term conditions:

Are services effective?

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice ran an innovative Community Heart Failure project. It was a pilot project designed to establish the need for a community service and to set up such a service if the evidence showed it to be a practical and cost effective service model. In the three months up to December 2017, 322 new patients had been referred to the service, all had been seen within 14 days, with an average waiting time of 6 days, and 34 patients had been cared for at home who might otherwise have needed hospitalisation.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice had identified that the three practices that had merged to form Three Chequers Medical Practice had different systems for caring for patients with a long term condition. As a result, they had carried out a review of their systems, identified changes they wished to make and agreed a structured plan for achieving this, which was set out in a written report.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. The practice had recently appointed a new childhood immunisation administrator to ensure they followed up patients who did not attend for immunisation.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation

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

- Unverified data provided by the practice showed they had scored 100% of the QOF target points for cervical

screening in the year ending 31 March 2018. The exception reporting rate was 5% compared to a national average the previous year of 7%. The practice had introduced appointments for smear tests during their extended hours to improve accessibility.

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks when abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Following the recent merger, the practice realised each previously separate practice offered an annual health check to patients with a learning disability using a slightly different format. The practice reviewed these and decided to develop a new service which would operate across all the practice sites to ensure these patients' needs were met. Joint review appointments were held with a GP with a special interest in learning disability, a learning disability consultant and a specialist learning disability nurse. The practice had reviewed how they managed this service and we saw a written report which included a review of the service objectives, the outcomes and how they could improve the service. The service used a recognised holistic health assessment tool specifically developed for people with a learning disability. The practice had identified 124 adult patients on their register as having a learning disability and all had been asked to attend for an annual health check. Of these 23 chose not to attend and 36 were seen by the learning disability consultant and GP at a joint appointment.

People experiencing poor mental health (including people with dementia):

Are services effective?

- Unverified data held by the practice showed they had scored 100% of the QOF target points for dementia. The exception reporting rate was 10% compared to a national average last year of 15%.
- Unverified data held by the practice showed they had scored 100% of the QOF target points for mental health across seven indicators. The exception reporting rate was 13% compared to a national average last year of 11%.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice had developed a service for patients with mental health and substance misuse problems in partnership with another local GP practice. The service was led by a GP with an interest in mental health and a psychiatric nurse. The aim was to offer more intensive interventions to patients who frequently used health services, such as the accident and emergency department. The practice worked with the local hospital and other agencies to identify appropriate patients. Since the service had started in July 2017, 33 patients had been referred, and during our inspection we saw care summaries for six patients showing the service was helping them achieve more stability and positive outcomes.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. We saw numerous examples of innovative and pioneering approaches to care using evidence based techniques and new technologies than delivered high quality care. Services were regularly reviewed and monitored to ensure the objectives and outcomes were being met. Examples of these innovative services included a Community Heart Failure project, a new system for managing medical correspondence and the service offering annual health checks to patients with a learning disability, which included a joint GP and Consultant review for patients with the most care needs.

Where appropriate, clinicians took part in local and national improvement initiatives. For example, the practice led a Community Heart Failure project in partnership with other local practices. It was a pilot project designed to

establish the need for a community service and to set up such a service if the evidence showed it to be a practical and cost effective service model. The team running the service included three specialist heart failure nurses and an echocardiographer directly employed by the practice, and a Cardiologist. It accepted patients from any of the participating GP practices and ran clinics from a number of sites in the locality. There was a documented approach to the regular review of this project. The practice had purchased equipment to carry out diagnostic tests, such as echocardiograms and electrocardiograms. In the three months up to December 2017, 322 new patients had been referred to the service, all had been seen within 14 days, with an average waiting time of 6 days, and 34 patients had been cared for at home who might otherwise have needed hospitalisation.

The most recent Quality Outcome Framework (QOF) results were supplied to us by the practice and are unverified. They show the practice achieved 99% of the total number of points available compared with the national average last year of 94.5%.

(Please note: This report uses unverified quality outcomes (QOF) data. QOF is a system intended to improve the quality of general practice and reward good practice. Data is collected, verified and published annually. This allows comparisons to be made between the practice and the local and national averages. There is no previous published data for the practice because Three Chequers Medical Practice is a new practice formed by the merger of three other practices in April 2017. This report uses data from 2017/18, supplied to us by the practice which is unverified. The comparison data used is from the previous year and is for illustrative purposes only.)

- The practice had a computer system that enabled them to check patients' treatments against best practice guidance.
- The practice was actively involved in quality improvement activity, which were routinely discussed in practice meetings. We saw evidence of 16 clinical audits that had been completed since April 2017. Four of these were full cycle audits that had been repeated to monitor the improvements made. For example, we saw an audit to check the prescribing of sodium valproate to women of childbearing age was in line with national guidance.

Effective staffing

Are services effective?

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice had a structured plan for the integration of the staff teams from the three practices that merged in 2017 to form Three Chequers Medical Practice. They told us that in the initial stages they had kept the clinical teams working separately while they focused on merging the administration staff and processes. They told us they were currently planning how to fully merge the clinical teams and we saw evidence to support this.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- Dispensary staff were appropriately qualified and their competence was assessed regularly. They could demonstrate how they kept up to date.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.

- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Are services caring?

We rated the practice as good for caring.

Patient feedback

As part of our inspection we sought evidence of patient's views about the service they had received. This feedback informed our judgement about the service the practice provided. We usually refer to the annual national GP patient survey, but the most recent results do not include Three Chequers Medical Practice because it is a new practice formed by a merger of three practices in 2017. However there was other feedback available. Overall the feedback was positive or highly positive, except in relation to getting appointments which was mixed.

- On the day of our inspection we spoke to nine patients. All were very happy with the service provided overall. One patient said there was sometimes a three week wait for a routine appointment although on the day appointments were always available. Patients spoke of receiving an excellent service from helpful, caring and professional staff who were prepared to go that extra mile to deliver a good service. One patient gave an example of an occasion when there was no nurse available on site to re-dress their wound. However a nurse working at another site attended to carry this out avoiding the need for them to have to wait or come back for a second appointment.
- We reviewed Care Quality Commission comment cards, which were sent to the practice prior to our inspection for patients to complete. We received 13 completed comments card, of which six were positive or highly positive about the practice, six were mixed and one negative. Most patients said the care and treatment they received was excellent and staff were caring and professional. Most of the negative comments related to difficulty in getting a routine appointment; three respondents stated that the nearest appointment they were offered was up to six weeks away.
- We saw feedback received by Healthwatch Wiltshire in November 2017, which was passed to us prior to this inspection. Healthwatch Wiltshire is a local independent service which exists to speak up for local people on Health and care. Of the ten patient comments passed to us, three were positive and five were negative and two gave mixed feedback. Most of the negative comments

related difficulties in getting an appointment and waiting times. Three patients said the practice service had declined since the merger. The positive comments praised the GPs.

- We looked at comments left on the NHS Choices website between December 2017 and March 2018. The practice had an overall rating of three out of five, based on 12 reviews. The feedback was separated into the three practices prior to the merger. This showed that the main surgery in Endless Street had one feedback with a rating score of 5 out of 5; the branch surgery in St Anns Street had two items of feedback both with a rating of 5 out of 5; and the Three Swans branch surgery had nine feedback comments and an average rating of 2.6. A number of patients criticised the Three Swans branch surgery for difficulties in getting through to the practice by phone and getting an appointment.
- We looked at results of the Friends and Family test recorded by NHS England between October 2017, and January 2018. This showed that out of 98 patients who completed the survey, 87% said they were likely or extremely likely to recommend the practice to their friends and family.
- We saw ten complimentary letters and emails that the practice had received from patients since January 2018. Patients had written to express their gratitude for the quality of service they had received.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices

Are services caring?

in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.

- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. They had information for carers and the benefits of being identified as a carer in the practice waiting rooms and on their website. There was a carers section in the practice newsletter and a carers leaflet. The practice also approached potential carers who accompanied a patient to the surgery, to check that their needs were met.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 684 patients as carers (1.7% of the practice list).

- A member of staff acted as a carers' lead to help ensure that the various services supporting carers were coordinated and effective. Carers were signposted to local activities, groups, or services as appropriate.

- The practice offered appointments with the carers lead. These were phone appointments or face to face appointments of up to one hour. We were told carers often used these appointments to request help in completing finance and application forms.
- All carers were offered an annual flu jab.
- The practice held regular carers clinics in partnership with Carers Support Wiltshire (a local carers organisation).
- The practice organised external events for carers on an ad hoc basis. For example, in April 2018, the practice had organised an Easter carer's coffee morning and we saw evidence they were planning a garden party for carers in May.
- Carers were offered an annual health check and 63 carers had taken up this offer.

Staff told us that if families had experienced 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.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Conversations with receptionists could not be overheard by patients in the waiting room.

Are services responsive to people's needs?

We rated the practice, and all of the population groups, as good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments.
- The facilities and premises were appropriate for the services delivered.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice provided dispensary services for people who needed additional support with their medicines, for example a delivery service, weekly or monthly blister packs, large print labels.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- There was a medicines delivery service for housebound patients.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- Patients with heart failure were able to attend on-site clinics with specialists.

Families, children and young people:

- We found there were systems 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 accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and Saturday appointments.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

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

People experiencing poor mental health (including people with dementia):

- Staff interviewed had an enhanced understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was able to refer patients to the community service which held dedicated weekly clinics for patients with mental health and substance misuse problems.

Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.

Are services responsive to people's needs?

Feedback from patients showed that most were satisfied with how they could access care and treatment. A few patients reported that it had become more difficult to get a routine appointment booked in advance with a wait of up to six weeks and on the day appointments were sometimes not available in two of the four branch surgeries. The practice told us they accepted that in the initial period after the merger there had been delays for routine appointments. They said the situation had improved and we saw that on the day of our inspection a routine appointment with a GP could be offered within three weeks. The practice was taking additional step to improve appointment times.

- We saw evidence the practice had reviewed their telephone system and had purchased a new centralised system to improve call waits that would operate over all five surgery sites and was due to become operational in June 2018
- The practice told us some of the service developments they were introducing, such as the workflow process for medical correspondence was partly aimed at releasing GP time so it could be allocated to increasing the number of appointments available.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available.
- The Health and Social Care Act 2014 regulations say that the practice must inform patients who make a complaint of the process for escalating the complaint if they are not satisfied with the practice response. The practice included escalation information in their procedure that was available in paper form in the practice and on their website. It was also on the complaints form complainants were asked to complete when making a complaint. However, the practice did not include this information in the final letter to patients following an investigation of their complaint in line with best practice.
- Seventeen complaints had been received since July 2017. We reviewed two complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. They were used as an opportunity to improve the quality of care”.

We saw evidence that learning from complaints and other learning opportunities were shared and discussed at staff meetings. However, complaints were not routinely discussed if there were no identified learning points to be shared and it was not clear how this decision was made or who by. The practice could not demonstrate how any learning points were shared with all appropriate staff who may not have attended the meeting.

Are services well-led?

We rated the practice and all of the population groups as outstanding for providing a well-led service.

Leadership capacity and capability

Leaders had an inspiring shared purpose, they worked to deliver and motivate staff to succeed. The leadership encouraged continuous improvement and staff were accountable for delivering change. Safe innovation was celebrated. There was a clear proactive approach to seeking out and embedding new ways of providing care and treatment. Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capability and integrity to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a strategy and supporting objectives that were stretching, challenging and innovative, while remaining achievable.
- We saw numerous examples of areas which had been proactively reviewed and documented with changes made to improve service delivery and new targets set. For example, the practice had reviewed the effectiveness of the monthly meetings at which significant event, compliments and complaints were discussed. The report we saw included a review of the current situation and staff feedback, changes they would make and some new targets.
- The practice had a structured plan for the integration of the staff teams from the three practices that merged in 2017 to form Three Chequers Medical Practice. They told us that in the initial stages they had kept the clinical teams working separately while they focused on merging the administration staff and processes. They

told us they were planning how to merge the clinical teams effectively and with minimal disruption and we saw evidence to support this. They had recently appointed a lead nurse to support this work.

- We saw numerous examples of innovative and pioneering approaches to care, using evidence based techniques and new technologies than delivered high quality care.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.
- A systematic approach was taken to working with other organisations to improve care outcomes, tackle health inequalities and obtain best value for money. For example, we were told the merger of the three city centre practices was aimed at creating a more efficient organisation that was able to provide better services for patients. New initiatives were clearly researched and planned with clear outcome measures agreed prior to initiation, then reviewed against the outcome measures and changes made to the service if required. These steps were clearly documented to ensure a common understanding of developments was maintained.

Culture

The practice had a clear and visible culture of striving to deliver high-quality sustainable care.

- There were high levels of staff satisfaction. Staff were proud of the organisation as a place to work and spoke highly of the culture. They stated they felt respected, supported and valued. There were consistently high levels of constructive staff engagement. Staff at all levels were actively encouraged to raise concerns.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

Are services well-led?

- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management which were proactively reviewed and reflected best practice.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. The partners had clearly documented areas of lead responsibility and we saw evidence the partners took a proactive approach to their areas of responsibility and we saw numerous reviews by the lead GPs of their areas of responsibility. For example, the GP partner responsible for staffing had written a review of staff issues, which included feedback from staff exit interviews and identified further areas of action.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance, except for the management of legionella.

There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.

The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of incidents and complaints. Their oversight of national and local safety alerts did not meet best practice guidance.

Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.

The practice had plans in place and had trained staff for major incidents.

The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.

Are services well-led?

- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice worked to involve patients, the public, staff and external partners to support high-quality sustainable services.

- The practice collected complimentary comments from patients so they could be shared with staff. We saw ten letters and emails from patients expressing their gratitude for the service they had received and numerous examples of compliments given verbally by patients in the previous three months, which they had recorded and shared by email.
- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. The practice conducted exit interviews with staff who left the practice to help them get a better understanding of the views of staff. Staff we spoke to had mixed views about the recent merger, most felt positive about their role and the support they received from the practice. Some expressed dissatisfaction at the way it was initially managed. Staff we spoke to felt that the communication had improved greatly since the early stages of the merger.
- The practice produced a quarterly newsletter to keep patients informed about the practice and to promote services, such as those for carers and immunisation clinics.
- The practice told us that the three active patient participation groups (PPG) which supported the three practices prior to the merger had not been able to merge and had disbanded. The practice was in the process of developing a new group and during our inspection we confirmed this when we spoke to a patient who had volunteered to join the new PPG.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was clear evidence of a long-standing and on-going drive to continuous improvement and seeking new and innovative ways to achieve this. Staff knew about

improvement methods and had the skills to use them. There was clear documentation that new developments had been fully researched and discussed by the practice before implementation, with targets sets which were later reviewed to ensure the new development was delivering the anticipated benefits. We saw numerous examples of this. For example;

- When the three practices merged to form Three Chequers Medical Practice, they realised the different teams had different procedures for dealing with medical correspondence and the systems in use could be more efficient. We saw evidence the practice had researched to clearly identify and quantify the work being done to deal with the correspondence. They identified an external provider who was able to supply a computerised workflow system that met the quality assurance standards they required. The practice recruited and trained a dedicated team of administrators to use the new workflow process and developed policies and procedures to support this. A GP carried out a weekly audit on a sample of correspondence for quality assurance purposes. This new system had been proactively reviewed, amendments made (such as the purchase of a second document scanner) and performance targets set.
- The practice had led the development of a community heart failure pilot project in partnership with other local practices and the clinical commissioning group. The aim was to establish whether a community service for patients with cardiac problems was practical and cost effective. The project had been reviewed and the report we saw showed that in the three months up to December 2018, 322 new patients had been referred to the service, all had been seen within 14 days, with an average waiting time of 6 days, and 34 patients had been cared for at home who might otherwise have needed hospitalisation.

The practice is accredited as a research practice with Wessex Clinical Research Network, which is part of the National Institute for Health Research. GPs and nurses participate in the research and have been trained for this role. At the time of our inspection the practice was involved in six research projects. For example, one was a randomised controlled trial investigating use of long term

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maintenance antidepressants in patients who feel well enough to consider stopping. The practice employed a clinical research nurse and administration staff to support this work.

The practice is a training and teaching practice for medical students and trainee GPs. (A teaching practice accepts

medical students while a training practice accepts qualified doctors training to become GPs who are known as Registrars.) At the time of our inspection there were two registrars being supported by the practice.