

Lansdowne Surgery

Quality Report

Waiblingen Way

Devizes

Wiltshire

SN10 2BU

Tel: 01380 722278

Website: www.thelansdownesurgery.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 Lansdowne Surgery on 17 November 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.

- 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.
- The practice was consistently caring in its approach to patients. This was reflecting in the feedback from patients. Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. We heard examples of when the practice went that extra mile for patients.

However there are two areas of practice where the provider needs to make improvements.

Importantly the provider should:

- Review its practices and procedures for storing controlled drugs and ensure that controlled drugs are stored in an appropriate cupboard that meets the standards set out in the regulations.
- Ensure that staff appraisals are done annually.

Summary of findings

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are 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 people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- However, the practice should review its practices and procedures for storing controlled drugs and ensure that controlled drugs are stored in an appropriate cupboard that meets the standards set out in the regulations.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff appraisals had not been carried out in the last year but we were shown evidence that the process of conducting staff appraisals had re-started.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data showed that patients rated the practice higher than others 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.

Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and that 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.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- It 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 this.
- 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. We saw that in the last year the practice had reviewed and in many cases completely rewritten most of its policies and procedures. Staff had received inductions, regular support in one to one sessions and attended staff meetings and events, such as staff away-days.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

- 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

Good



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

- Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice runs a carers clinic that has been given a Gold Award by Wiltshire Investors in Carers. Wiltshire Investors in Carers is scheme run by a local charity and supported by Wiltshire Council and NHS Wiltshire Clinical Commissioning Group.
- The percentage of patients aged 65 and older who have received a seasonal flu vaccination between 09/2013 to 01/2014 was slightly lower than the national average, being 66.24% compared to a national average of 73.24%.

People with long term conditions

Good



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.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met.
- We were told that recently the system for giving structured annual reviews to patients with diabetes and vascular conditions had been combined so that patients only needed to attend one annual appointment rather than two.
- For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The percentage of patients with diabetes, on the register who have a record of an albumin;creatinine ration test in the preceding 12 months 09/2013 to 01/2014) was 92.03% compared to a national average of 85.94%.

Summary of findings

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- They offered extended postnatal appointments of 30 minutes.
- The practice was good at delivering child immunisation. For example 100% of eligible babies were given a Meningitis C vaccination in their first 12 months compared to CCG average of 98% and 99% were given the booster at age five compared to CCG average of 95%.
- The practice was providing services to an independent boarding school.

Working age people (including those recently retired and students)

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

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered extended hours appointments which was the result of a patient survey.
- The last GP patient survey shows that 98.9% of patients say the last appointment they got was convenient, compared to a CCG average of 92.7% and a national average of 91.8%.
- 92.7% of patients said they usually get to see or speak to their preferred GP, compared to a CCG average of 64.3% and a national average of 60%.

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.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- The practice was providing services to two women's refuges.

Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- Staff knew how to recognise signs of abuse in vulnerable adults and children.
- Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- 88% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months compared to the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice has links with the community mental health team via the primary care liaison service and the older adult's mental health team.
- They offer several appointments a week at the practice with the Wiltshire psychology service.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing broadly above local and national averages. Two hundred and fifty four survey forms were distributed and 53.1% were returned.

- 74.4% find it easy to get through to this practice by phone compared with a CCG average of 78.2% and a national average of 73.3%.
- 91.4% find the receptionists at this practice helpful compared with a CCG average of 88.3% and a national average of 86.8%.
- 92.7% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 64.3% and a national average of 60%.
- 90.7% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 88.1% and a national average of 85.2%.
- 98.9% say the last appointment they got was convenient compared with a CCG average of 92.7% and a national average of 91.8%.
- 84.2% describe their experience of making an appointment as good compared with a CCG average of 76.1% and a national average of 73.3%.

- 85.2% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 69% and a national average of 64.8%.
- 71.3% feel they don't normally have to wait too long to be seen compared with a CCG average of 59.6% and a national average of 57.7%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 51 comment cards which were all positive about the standard of care received. Many of the comments said the practice was very caring, kind and always prepared to give extra care when necessary. Other comments said the receptionist were always pleasant and understanding. We spoke to seven patients who also spoke positively about the service.

We also spoke to four members of the Patient Participation Group. They said it had become increasingly harder to get new people to join the group and it no longer meets on a regular basis. With the support of the new Practice Manager, they were planning to relaunch the PPG as a virtual group.

Lansdowne Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Lansdowne Surgery

The Lansdowne Surgery provides GP primary medical services to approximately 7,700 patients living in Devizes which is a market town in the middle of Wiltshire. Services are provided via a General Medical Services (GMS) contract (GMS contracts are negotiated nationally between GP representatives and the NHS).

The Lansdowne Surgery is located in a purpose built building and all the clinical areas are on the ground floor. The practice operates from a single site.

Data from the Office for National Statistical Data shows that the area is less deprived than average. The area scores eight on a one to ten scale where a lower number indicated areas of greater deprivation. The practice population of patients aged between 15 and 19 years is higher than national and clinical commissioning group averages and there are a higher number of patients over 50 years old.

The practice currently has four GP partners, one salaried GP, four practice nurses, one health care assistant and a phlebotomist. Three GPs are male and two female. Two of the nurses were nurse prescribers. The practice manager is supported by a team of administrative and reception staff.

The practice was open from 8am to 6:30pm Monday to Friday. The practice opened for extended hours one morning from 7am to 8am and one evening from 6:30pm to 7:30pm. Appointments are offered between 8:15am to 12pm and 2pm to 5:45pm on Monday, Wednesday and Thursday; 2pm to 5:30pm on Tuesday afternoon and 2pm to 5:15pm on Friday afternoon.

Out of hours services are provided by Wiltshire Medical Services.

The practice is registered to provide the following regulated services: treatment of disease, disorder or injury, diagnostic and screening procedures, maternity and midwifery services, family planning and surgical procedures.

Each patient has a named GP and the practice makes efforts to ensure patients see their named GP whenever possible.

All services are provided from The Lansdowne Surgery, Waiblingen Way, Devizes, Wiltshire, SN10 2BU.

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

Detailed findings

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 November 2015. During our visit we;

- Spoke with a range of clinical staff including GP's and nurses, the practice manager and five of the administration team.
- We spoke with people who used the service including members of the practice Patient Participation Group.
- We observed how people were being cared for and talked with carers and/or family members and reviewed the personal care or treatment records of patients.
- We reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed the personal care or treatment records of patients.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events.

- Patients affected by significant events received a timely and sincere apology and were told about actions taken to improve care.
- Staff told us they would inform the practice manager of any incidents.
- The practice carried out an analysis of the significant events.
- We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice.
- Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.
- The practice used the National Reporting and Learning System (NRLS) eForm to report patient safety incidents.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- A wide range of procedures which helped ensure a consistent approach by all staff. For example they had procedures for booking locum GPs, processing repeat prescriptions and for dealing with a medical emergency in the surgery. Staff knew where to find the SOPs and said they were able to inform the practice manager when any SOP needed to be revised.
- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings

when possible. All GPs had been trained to level three. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.

- A notice was displayed in the waiting room, advising patients that nurses would act as chaperones, if required. We were told only nurses acted as chaperones. We saw they had all received a disclosure and barring check (DBS). (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 were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and regular fire drills were carried out. 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 also 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.
- The patient's record system alerted staff to patients who had been identified as being vulnerable, disabled or a child on the risk register.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- We noted that the COSHH data sheets were kept in the office rather than in the cupboard where the cleaning materials were kept. (COSHH data sheets provide safety information on chemical being used in cleaning products and should be easily available to cleaning staff.) When this was pointed out the practice took immediate steps to correct it.
- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe (including obtaining, prescribing,

Are services safe?

recording, handling, storing and security). Regular medication audits were carried out with the support of the local Clinical Commissioning Group pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.

- The practice kept one controlled drug at the premises. There were appropriate systems in place for the receiving, checking and handling of controlled drugs. The medicine was stored in a loose metal box with a lock that was kept in a locked medicine cupboard. We found that the locked medicine cupboard was not made of metal or secured to the wall as required by the regulations. When this was pointed out the practice took immediate steps to correct it.
- Recruitment checks were carried out and the files we reviewed showed that 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.
- 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.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. 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 also 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.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

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 had received annual basic life support training and there were emergency medicines available.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- There was also a first aid kit and accident book available.

Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location.

- All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met 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 participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. The latest available results (2013/14) were 99.2% of the total number of points available, with 6.9% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013-14 showed;

- Performance for diabetes related indicators was similar to the national average. For example, the percentage of patients with diabetes, on the register, who had influenza immunisation in the preceding 1 September to 31 March, was 100% compared to a national average of 93.46%.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the national average. The practice had achieved 87% of the total number of points available, compared to a national average of 83%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months 04/2013 to 03/2014 was 88% compared to a national average of 84%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to

improve care and treatment and people's outcomes. For example, we saw a complete audit cycle of their smear test. As a result of the audit they revised their procedures to ensure the tests were done by experienced staff.

The practice participated in applicable local audits, peer review and research. Findings were used by the practice to improve services.

Effective staffing

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

- The practice had a good induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of one to one sessions with the practice manager, other meetings and reviews of practice development needs. We were told that appraisals had not been conducted in the last 12 months due to exceptional circumstances but had now been scheduled. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, clinical supervision and facilitation and support for the revalidation of doctors.
- 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.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Are services effective?

(for example, treatment is effective)

Staff worked together and with other health and social care services to understand and meet the range and complexity of patient's 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 are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

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

Health promotion and prevention

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

- These included patients receiving end of life care, carers, those at risk of developing a long-term condition and those wishing to stop smoking. Patients were signposted to the relevant external services where necessary such as local carer support group.

Childhood immunisation rates for the vaccinations given were comparable to the local Clinical Commissioning Group or national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 99% and five year olds were all 98%, compared the CCG averages of 83% to 96%. Flu vaccination rates for the over 65s were 66%, and at risk groups 47%, which is below the the national averages of 73% and 52% .

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 on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

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

All of the 51 patient CQC comment cards we received were positive about the service experienced. Two cards included negative comments whilst also praising the care. One patient said that although on the whole they were very satisfied with the service, on a couple of occasions it had been difficult for them see their own GP. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We also spoke with four members of the patient participation group on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was well above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 98% said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 88% and national average of 86%.
- 95% said the GP gave them enough time compared to the CCG average of 88% and national average of 86%.

- 96% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 90%.
- 91% patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 86%.

Care planning and involvement in decisions about care and treatment

Patients told us that they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views. For example, one comment card said that on a visit to the surgery staff stayed on after usual closing times in the evening in order to give him further tests and the receptionist telephoned his wife to inform her.

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

- 95% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 89%.
- 93% said the last GP they spoke to was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 81%.
- 95% said the last GP they saw or spoke to was good at giving them enough time compared to the CCG average of 88% and national average of 86%.
- 96% said the last nurse they spoke to was good at listening to them compared to the CCG average of 92% and national average of 91%.
- 92% said the last nurse they spoke to was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 84%.

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

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. They ran special clinics for carers in partnership with Wiltshire Carers which included giving emotional support. Written information was available for carers to ensure they understood the various avenues of support available to them.

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

The practice runs a carers clinic that has been given a Gold Award by Wiltshire Investors in Carers. Wiltshire Investors in Carers is scheme run by a local charity and supported by Wiltshire Council and NHS Wiltshire Clinical Commissioning Group. The clinic offered additional support to carers and could signpost them to other services as appropriate.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local Clinical Commissioning Group (CCG) to plan services and to improve outcomes for patients in the area. The demands of the practice population were understood and systems were in place to address identified needs in the way services were delivered. Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- There was a carers clinic carried out in partnership with Wiltshire carers.

Access to the service

The surgery was open from 8am to 6.30pm Monday to Friday. The surgery opened for extended hours one morning from 7am to 8am and one evening from 6.30pm to 7.30pm. Appointments are offered between 8.15am to 12pm and 2pm to 5.45pm on Monday, Wednesday and Thursday; 2pm to 5.30pm on Tuesday afternoon and 2pm to 5.15pm on Friday afternoon. The practice offered extended hours on Wednesday evening between 6.30pm - 7.30pm and Friday morning between 7am – 8am for working patients who could not attend during normal opening hours.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 78.8% patients were satisfied with the practice's opening hours compared to the CCG average of 75.7% and national average of 74.9%.
- 74.4% patients said they could get through easily to the surgery by phone compared to the CCG average of 78.2% and national average of 73.3%.
- 84.2% patients described their experience of making an appointment as good compared to the CCG average of 76.1% and national average of 73.3%.
- 85.2% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 69% and national average of 64%.

Listening and learning from concerns and complaints

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

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

We looked at five complaints received in the last 12 months and found these were satisfactorily dealt with in a timely, open and transparent manner. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care.

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 had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice had undergone significant changes in the last 12 months, with a new Practice Manager and a complete review of the governance arrangements, policies and procedures. We found that all staff felt involved with these changes and felt they had enabled them to improve the quality of the care they provide.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. There was staff newsletter that kept all staff informed.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice.
- Clinical and internal audit were carried out, which were used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Staff told us they understood these arrangements and the related policies and procedures.

Leadership, openness and transparency

We saw evidence that the partners in the practice prioritise safe, high quality and compassionate care. For example, the very thorough review they had instigated in the last

year of all the practices policies and procedures. The partners were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff.

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 gives affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

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

- Regular team meetings were held.
- Staff told us that there was an open culture within the practice. They had the opportunity to raise any issues at team meetings, were confident in doing so and felt supported if they did.
- We noted that team away days were held every 12 months.
- Staff said they felt respected, valued and supported, by the partners in the practice and the practice manager.
- They had a 360 degree appraisal system in which feedback was sought from other members of the practice team on an individual's performance. We were told this would be used for the up-coming scheduled appraisals.

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

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

- The patients participation group had met twice in the previous six months and was in the process of re-launching itself as a virtual group in order to encourage new members to join. A virtual group is one that communicates mostly by email rather than having regular meetings.

Are services well-led?

Good 

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

- The practice had gathered feedback from staff through staff away days and more generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and.
- Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a clear focus on continuous learning and improvement at all levels within the practice.

- The practice had reviewed most of its policies and procedures in the last year. Staff told us that this had been a significant body of work. However, they supported and felt involved in the process of changes. They believed the changes were aimed at making the practice better and could see the benefits to patients.