

Hathaway Medical Partnership

Quality Report

Middlefield Road,
Chippenham,
Wiltshire
SN14 6GT

Tel: 01249 462775

Website: www.hathawaysurgery.co.uk/

Date of inspection visit: 30 June 2016

Date of publication: 02/09/2016

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	9
What people who use the service say	13
Areas for improvement	13

Detailed findings from this inspection

Our inspection team	14
Background to Hathaway Medical Partnership	14
Why we carried out this inspection	14
How we carried out this inspection	14
Detailed findings	16

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Hathaway Medical Partnership on 30 June 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence-based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice received a 'Gold Standard Award' from the Wiltshire Stop Smoking Service in 2015. This is the highest level award, which recognised that the practice exceeded its required annual target of patients who stopped smoking.
- A practice nurse had enrolled on an LGBTI (Lesbian, Gay, Bisexual, Transgender/ Transsexual and Intersex)

Summary of findings

awareness course, to better meet the needs of these population groups. At the time of inspection, the practice supported eight patients with issues related to their gender identity.

- The practice is a registered location for the Breastfeeding Welcome Scheme, which aims to facilitate greater acceptance and promotion of breastfeeding.

The area where the provider should make improvement is:

- The provider should review arrangements for gathering patient feedback, including the effective use of the patient participation group, to help improve services.

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?

We carried out an announced comprehensive inspection at Hathaway Medical Partnership on 30 June 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence-based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice received a 'Gold Standard Award' from the Wiltshire Stop Smoking Service in 2015. This is the highest level award, which recognised that the practice exceeded its required annual target of patients who stopped smoking.
- A practice nurse had enrolled on an LGBTI (Lesbian, Gay, Bisexual, Transgender/ Transsexual and Intersex) awareness course, to better meet the needs of these population groups. At the time of inspection, the practice supported eight patients with issues related to their gender identity.

Good



Summary of findings

- The practice is a registered location for the Breastfeeding Welcome Scheme, which aims to facilitate greater acceptance and promotion of breastfeeding.

The area where the provider should make improvement is:

- The provider should review arrangements for gathering patient feedback, including the effective use of the patient participation group, to help improve services.

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

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework for April 2015 to March 2016 showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- We saw a programme of clinical audits that included improvements for patient care, with schedules identified for second cycle audits.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- The practice received a 'Gold Standard Award' from the Wiltshire Stop Smoking Service in 2015. This is the highest level award, which recognised that the practice exceeded its required annual target of patients who stopped smoking.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey (January 2016) showed patients rated the practice as slightly below or comparable with 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.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Summary of findings

- There was a carer's notice board in the practice reception area with information regarding services, and links to local organisations.
- The practice hosted a twice-yearly carer's clinic and an annual carer's day.
- Carers were offered well-being therapy sessions (such as manicures, massages and pedicures) by Carer Support Wiltshire, a local charity supporting carers in Wiltshire.
- Patients could be referred to a care co-ordinator, employed by the Great Western Hospital, and based at the practice. The co-ordinator visited patients in their own homes to assess their needs, and signposted them to various support agencies.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. For example, the practice was working with the CCG to look at maintaining or reducing non elective admissions of elderly patients. The practice offered extended appointments bookable by clinicians or the care co-ordinator where an older person could have a review of all their health care problems, and be screened for potential problems.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with regular appointments available the same day.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of patient feedback.
- The practice had good facilities and was well-equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.
- The practice offered home visits by its health care assistants for urgent blood tests.
- The practice offered telephone appointments where appropriate, as an alternative to face to face consultations, and at the time of inspection were piloting video consultations.
- The practice had increased the length of individual appointment times for patients with complex medical conditions.

Good



Summary of findings

- The practice offered text reminders for appointments.
- The practice provided in-house spirometry testing, for diagnosing and monitoring of lung air capacity.
- The practice was a registered location for the Breastfeeding Welcome Scheme, which aimed to facilitate greater acceptance and promotion of breastfeeding.
- The practice hosted a confidential sexual health clinic for young people aged 13-24, which provided advice on relationships, and general and sexual health issues.
- A practice nurse had enrolled on an LGBTI (Lesbian, Gay, Bisexual, Transgender/ Transsexual and Intersex) awareness course, to better meet the needs of these population groups. At the time of inspection, the practice supported eight patients with issues related to their gender identity.
- Patients could access a weekly memory clinic hosted by the practice.
- The practice offered a dementia care clinic to support patients living with dementia.
- The reception area was sub-divided into colour coded zones to aid triaging.

Are services well-led?

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

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

Good



Summary of findings

- The Hathaway Medical Partnership was a training practice for doctors and had one doctor in their second year of foundation training, and two doctors in their second and third years of speciality training.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- Older patients with complex care needs or those at risk of hospital admissions had personalised care plans which were shared with local organisations to facilitate continuity of care.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Data for patients with long-term conditions compared well with national figures. For example, the percentage of patients with a diagnosis of diabetes, on the register, whose last measured total cholesterol was that of a healthy adult was 84%, compared to the national average of 81%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had increased the length of individual appointment times for patients with complex medical conditions.
- The practice had received the 'Carers Gold Plus Award' from a local charity, Wiltshire Investors in Carers, in 2015. This was the highest level award, in recognition of the 'outstanding' services the practice provided to carers.
- There was a carer's notice board in the practice reception area with information regarding services, and links to local organisations.
- The practice hosted a twice-yearly carer's clinic and an annual carer's day.

Summary of findings

- Carers were offered well-being therapy sessions (such as manicures, massages and pedicures) by Carer Support Wiltshire, a local charity supporting carers in Wiltshire.
- The practice had received a 'Gold Standard Award' from the Wiltshire Stop Smoking Service in 2015. This was the highest level award, which recognised that the practice exceeded its required annual target of patients who stopped smoking.
- Patients could be referred to a care co-ordinator (employed by the Great Western Hospital) based at the practice. The co-ordinator visited patients in their own homes to assess their needs, and signposted them to various support agencies.
- The practice provided in-house spirometry testing, for diagnosing and monitoring lung air capacity.

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. The practice assessed the capability of young patients using Gillick competencies. The competencies were a means to determine whether a child was mature enough to make decisions for themselves.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 95%, compared to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice was a registered location for the Breastfeeding Welcome Scheme, which aimed to facilitate greater acceptance and promotion of breastfeeding.
- The practice hosted a confidential sexual health clinic for young people aged 13-24, which provided advice on relationships, and general and sexual health issues.
- All children living in vulnerable circumstances or on a child protection plan were easily identified with a gold star and category heading in their electronic notes, allowing faster liaison with multi-agency safeguarding teams.

Summary of findings

Working age people (including those recently retired and students)

Good



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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Patients could book early appointments on four mornings per week; and late appointments on one evening per week.
- Patients were able to order repeat prescriptions on-line.
- The practice offered text reminders for appointments.
- The practice offered telephone appointments where appropriate, as an alternative to face to face consultations and at the time of inspection was piloting video consultations.
- A practice nurse had enrolled on an LGBTI (Lesbian, Gay, Bisexual, Transgender/ Transsexual and Intersex) awareness course, to better meet the needs of these population groups. At the time of inspection, the practice supported eight patients with issues related to their gender identity.

People whose circumstances may make them vulnerable

Good



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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice was proactive in ensuring that vulnerable patients who did not attend their scheduled appointments were visited by the practice nurse, assessed and if necessary, booked for a same day, emergency appointment at the practice.

Summary of findings

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).

- 76% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was below the clinical commissioning group (CCG) average of 88%, and the national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose level of alcohol consumption had been recorded over the course of a year was 94%, which was comparable with the national average of 90%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice offered a dementia care clinic to support patients' dementia care needs.

Good



Summary of findings

What people who use the service say

The latest national GP patient survey results were published on 7 January 2016. The results showed the practice was performing in line with or below local and national averages. For the survey 285 survey forms were distributed and 120 were returned, representing around 0.7% of the practice's patient list.

- 70% of patients found it easy to get through to the practice by telephone compared to the clinical commissioning group (CCG) average of 83% and national average of 73%.
- 75% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 89% and national average of 85%.
- 70% of patients described the overall experience of their GP practice as good compared to the CCG average of 89% and national average of 85%.
- 65% of patients said they would recommend their GP practice to someone who has just moved to the local area, compared to the CCG average of 84% and national average of 79%.

We saw that over the period of June 2014 to March 2016, results were affected by a combination of GP retirements, sickness, and unplanned resignations, and a substantial increase in the local population. The practice was

currently reviewing its systems and processes, to facilitate patient care and further enhance its service provision. Changes made included development of their nurse and health care assistant roles, filling vacancies and offering greater choice and flexibility for appointments.

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our visit. We reviewed the 21 comment cards we had received which were positive about the service experienced, although one patient commented on what they perceived to be the negative attitude of two of the GPs. Patients described reception staff in particular as being caring and respectful, and taking the time to listen to their concerns. Patients told us they were given advice about their care and treatment which they understood and which met their needs. We spoke with three patients during the inspection who told us they were happy with the care they received and thought staff were approachable, committed and caring.

We looked at the latest submitted NHS Friends and Family Test results, where patients were asked if they would recommend the practice. The practice's only submitted data for 2016 was for the month of May. Results showed that 84% of respondents would recommend the practice to family and friends.

Areas for improvement

Action the service **SHOULD** take to improve

The area where the provider should make improvement is:

The provider should review arrangements for gathering patient feedback, including the effective use of the patient participation group, to help improve services.

Hathaway Medical Partnership

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, and two additional CQC inspectors.

Background to Hathaway Medical Partnership

The Hathaway Medical Partnership is based in Chippenham, a market town lying 96 miles west of London. In 2007 the practice relocated from the site currently occupied by its branch practice, to the Hathaway Medical Centre: a large, purpose built building which it shares with a cosmetic treatments clinic, a dental practice and an independent health group.

The large reception area is divided into zones that are colour coded for triaging. Patients are directed to zones for minor illnesses, 'on the day' appointments, and for pre-booked appointments with a nurse practitioner or GP. Clinical assessment and consulting rooms are on the ground floor. A telephone room for handling patient calls is upstairs along with a room for medical secretaries.

The Hathaway Medical Partnership is the main site located at, Hathaway Medical Centre, Middlefield Road, Chippenham, Wiltshire. SN14 6GT. There is a local branch practice just over one mile away at 32 New Road,

Chippenham, Wiltshire SN15 1HP. The branch practice was not inspected during this inspection. This report relates to the main site at the Hathaway Medical Centre. 95% of the practice's patients are seen at the main site.

The Hathaway Medical Partnership has around 16,092 registered patients, most of whom who live within a two to three mile radius of the Hathaway Medical Centre. The practice has lower than national average patient populations aged from 20 to 24, and 25 to 29 years of age. The patient populations aged from 40 to 44, 45 to 49, and 50 to 54 years of age are higher than the national average. The Hathaway Medical Partnership is one of 57 GP practices in the NHS Wiltshire Clinical Commissioning Group (CCG) area. The practice population is 98% white, with the largest minority ethnic population (around 1.6%) being Asian or Asian British. A measure of deprivation in the local area recorded a score of 8, on a scale of 1-10. A higher score indicates a less deprived area.

The practice team consists of five GP partners (three male, two female) and five salaried GPs (one male, four female). In addition, three advanced nurse practitioners, nine nurses (one with an extended role), and seven health care assistants are employed. The clinicians are supported by a practice manager, and a team of office assistants, secretaries, receptionists, data analysts and prescription clerks. The practice has a General Medical Services contract with NHS England (a nationally agreed contract negotiated between NHS England and the practice).

The Hathaway Medical Partnership is a training practice for doctors and currently has one doctor in their second foundation year, and two doctors in their second and third years of speciality training.

Detailed findings

The Hathaway Medical Partnership was open from 8am to 6.30pm, Monday to Friday. Telephone contact is from 8am to 6.30pm, Monday to Friday. Appointments are available from 8am to 6.30pm, Monday to Friday. The practice offers extended morning opening hours from 7.30am to 8am on Tuesday and Friday; and from 7am to 8am on Wednesday and Thursday. Extended evening opening hours are from 6.30pm to 7.30pm on Monday. All appointments can be pre-booked four to six weeks in advance.

The branch practice at 32 New Road, Chippenham (SN15 1HP) is open from 8am to 1pm, Monday to Friday, for pre-booked appointments only. All appointments can be pre-booked four to six weeks in advance.

The practice has opted out of providing Out Of Hours services to its own patients. Patients can access NHS 111 and an Out Of Hours GP service is available. Information about the Out Of Hours service is available on the practice website but not displayed at the entrance to the practice.

The Hathaway Medical Partnership provided regulated activities from its location at The Hathaway Medical Centre, Gloucester, Gloucestershire GL4 4BL.

Why we carried out this inspection

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

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

How we carried out this inspection

We reviewed a range of information we hold about the practice in advance of the inspection and asked other organisations to share what they knew. We carried out an announced visit on 30 June 2016. During our visit we:

- Spoke with a range of staff. For example three GPs, two nurses and two administrative staff;
- Spoke with three patients who used the service;
- Observed how patients were being cared for and talked with carers and family members;
- Reviewed an anonymised sample of the personal care or treatment records of patients;
- Reviewed 21 Care Quality Commission comment cards where patients and members of the public shared their views and experiences of the service;

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. Discussions took place promptly following a significant event, usually at the next daily clinical team meeting, with each event discussed individually. Information was cascaded to staff through circulated meeting minutes. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a patient was found to have had high blood sugar levels following a blood test, even though early indicators of diabetes had been marked as borderline in their notes eight months previously. The incident was discussed and the practice reviewed its diabetes diagnosis protocol and recirculated this to all clinicians, including gestational diabetes guidelines.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements.

Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. A salaried GP was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3, with all other clinical staff trained to level two. We saw evidence that non-clinical staff were trained to level one.

- All children living in vulnerable circumstances or on a child protection plan were easily identified with a gold star and category heading in their electronic notes, allowing faster liaison with multi-agency safeguarding teams and better awareness for clinical staff about patient concerns.
- A notice in the waiting room and in all the consulting rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A practice nurse was the infection control lead who liaised with the local infection prevention teams to keep up-to-date with current practice. There was an infection control protocol in place and staff had received up-to-date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to ensure

Are services safe?

prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.

- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- The practice used three locums in the past year, to cover sickness, staff shortages and holiday absence. We found that appropriate recruitment checks were in place.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available in the practice manager's room which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.

- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

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

Are services effective?

(for example, treatment is effective)

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. Discussions took place promptly following a significant event, usually at the next daily clinical team meeting, with each event discussed individually. Information was cascaded to staff through circulated meeting minutes. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a patient was found to have had high blood sugar levels following a blood test, even though early indicators of diabetes had been marked as borderline in their notes eight months previously. The incident was discussed and the practice reviewed its diabetes diagnosis protocol and recirculated this to all clinicians, including gestational diabetes guidelines.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements.

Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. A salaried GP was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3, with all other clinical staff trained to level two. We saw evidence that non-clinical staff were trained to level one.

- All children living in vulnerable circumstances or on a child protection plan were easily identified with a gold star and category heading in their electronic notes, allowing faster liaison with multi-agency safeguarding teams and better awareness for clinical staff about patient concerns.
- A notice in the waiting room and in all the consulting rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A practice nurse was the infection control lead who liaised with the local infection prevention teams to keep up-to-date with current practice. There was an infection control protocol in place and staff had received up-to-date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to ensure

Are services effective?

(for example, treatment is effective)

prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.

- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- The practice used three locums in the past year, to cover sickness, staff shortages and holiday absence. We found that appropriate recruitment checks were in place.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available in the practice manager's room which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.

- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

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

Are services caring?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. Discussions took place promptly following a significant event, usually at the next daily clinical team meeting, with each event discussed individually. Information was cascaded to staff through circulated meeting minutes. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a patient was found to have had high blood sugar levels following a blood test, even though early indicators of diabetes had been marked as borderline in their notes eight months previously. The incident was discussed and the practice reviewed its diabetes diagnosis protocol and recirculated this to all clinicians, including gestational diabetes guidelines.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements.

Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. A salaried GP was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3, with all other clinical staff trained to level two. We saw evidence that non-clinical staff were trained to level one.

- All children living in vulnerable circumstances or on a child protection plan were easily identified with a gold star and category heading in their electronic notes, allowing faster liaison with multi-agency safeguarding teams and better awareness for clinical staff about patient concerns.
- A notice in the waiting room and in all the consulting rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A practice nurse was the infection control lead who liaised with the local infection prevention teams to keep up-to-date with current practice. There was an infection control protocol in place and staff had received up-to-date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to ensure

Are services caring?

prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.

- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- The practice used three locums in the past year, to cover sickness, staff shortages and holiday absence. We found that appropriate recruitment checks were in place.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available in the practice manager's room which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.

- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. For example, the practice was working with the CCG to look at maintaining or reducing non elective admissions to hospital of elderly patients. The practice offered extended appointments bookable by clinicians or the care co-ordinator where an older person could have a review of all their health care problems, and be screened for potential problems.
- Home visits were available for patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccines available on the NHS. Those vaccines only available privately were referred to other clinics.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had a lift to improve access for mobility impaired staff.
- Receptionists dealt with all queries both in person and on the phone, and were responsible for booking appointments. They also assisted GPs in contacting patients.
- Patients with a long term condition were offered an annual review.
- We saw evidence that the practice was working to the Gold Standards Framework for those patients with end of life care needs.
- The practice offered telephone appointments where appropriate, as an alternative to face to face consultations and at the time of inspection was piloting video consultations.
- The practice offered text reminders for appointments.
- The practice provided in-house spirometry testing, for diagnosing and monitoring lung air capacity.
- The practice was a registered location for the Breastfeeding Welcome Scheme, which aimed to facilitate greater acceptance and promotion of breastfeeding.
- The practice hosted a confidential sexual health clinic for young people aged 13-24, which provided advice on

relationships, and general health and sexual health issues. Patients could ask for a 'No Worries!'

appointment at reception and would see a practice nurse or doctor during normal practice hours.

Alternatively, patients could attend one of the practice's drop-in clinics.

- A practice nurse had enrolled on an LGBTI (Lesbian, Gay, Bisexual, Transgender/ Transsexual and Intersex) awareness course, to better meet the needs of these population groups. At the time of inspection, the practice supported eight patients with issues related to their gender identity.
- The practice offered a dementia care clinic to support patients' living with dementia.
- The practice was proactive in ensuring that vulnerable patients who did not attend their scheduled appointments were visited by the practice nurse, assessed and if necessary, booked for a same day, emergency appointment at the practice.

Access to the service

The Hathaway Medical Partnership was open from 8am to 6.30pm, Monday to Friday. Telephone contact was from 8am to 6.30pm, Monday to Friday. Appointments were available from 8am to 6.30pm, Monday to Friday. The practice offered extended morning opening hours from 7.30am to 8am on Tuesday and Friday; and from 7am to 8am on Wednesday and Thursday. Extended evening opening hours were from 6.30pm to 7.30pm on Monday. All appointments could be pre-booked four to six weeks in advance.

The branch practice at 32 New Road, Chippenham (SN15 1HP) was open from 8am to 1pm, Monday to Friday, for pre-booked appointments only. All appointments could be pre-booked four to six weeks in advance.

Results from the national GP patient survey (January 2016) showed that patient satisfaction with how they could access care and treatment was either below or comparable with local and national averages.

- 69% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and national average of 78%.
- 70% of patients said they could get through easily to the practice by phone (CCG average 80% and national average 73%).

Are services responsive to people's needs?

(for example, to feedback?)

- 38% of patients said they usually get to see or speak to the GP they prefer (CCG average 64% and national average 59%).

We saw that over the period of June 2014 to March 2016, results were affected by a combination of GP retirements, sickness, and unplanned resignations, and a substantial increase in the local population. The practice was reviewing its systems and processes, to facilitate patient care and further enhance its service provision. Changes made included development of their nurse and health care assistant roles, filling a number of vacant posts and offering greater choice and flexibility for appointments.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. The practice system alerted staff to patients with a learning disability who would benefit from flexibility around length and times of appointments.

Listening and learning from concerns and complaints

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

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

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

We looked at 18 complaints received by the practice in the last 12 months. These were all discussed and reviewed, and learning points noted. We saw that these were handled and dealt with in a timely way. Complaints were a standing agenda item at monthly meetings. We saw evidence of lessons learnt from patient complaints and action taken to improve the quality of care. For example, a patient experienced a delay in receiving their prescription because it was sent to the wrong pharmacy. The practice discussed the incident and spoke to staff to ensure that they confirmed the correct pharmacy with the patient; and reiterated to staff the importance of correct information during a short training session.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. The practice mission was to 'provide patients with the highest quality of health care and advice within the resources available.'
- The practice had a robust strategy and supporting business plans which reflected the vision and values and was regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

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

When there were unexpected or unintended safety incidents:

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management. The practice manager was described as engaged, professional, dynamic and extremely competent in their role.

- Staff told us the practice held weekly clinical team meetings and team leaders' meetings every four to six weeks. The partners held away half-days five times per year where staffing levels, staff skill mix and long term aims and objectives were discussed and agreed upon. In addition, whole practice away days were held twice a year. The aim of the away days was to develop team building and discuss practice processes.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. For example, reception staff suggested that they be given greater access to release patient appointment slots, the introduction of team leaders, out of office signs, and the creation of a patients' charter. These suggestions were implemented by the practice.

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

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

The practice did not have a patient participation group (PPG), but had started to canvass patients to see who would be interested in joining an on-line group. There was a notice in the waiting area and information regarding this in the practice information leaflet. Although the practice had been unable to recruit any patients to the PPG, patients provided feedback to improve the waiting area,

Are services well-led?

Good 

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

and endorsed the use of an online system to book appointments and order repeat medicines. We also looked at the latest submitted NHS Friends and Family Test results, where patients were asked if they would recommend the practice. Data from May 2016 showed that 84% of respondents would recommend the practice to family and friends.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example:

- The Hathaway Medical Partnership was a training practice for doctors and had one doctor in their second year of foundation training and two doctors in their second and third years of specialty training.
- To improve patient access to appointments, the practice was part of the Primary Care Demand Study (2015). The study aimed to identify the frequency and range of ways that general practice teams in five areas of the UK were providing alternatives to face-to-face consultations, or had plans to do so in the future.
- To improve the effectiveness of supporting patients with diabetes, the practice diabetes nurses, in collaboration with a specialist diabetes nurse in Portsmouth, were establishing an in-house educational programme. The programme covers various aspects around understanding diabetes and improving self-management.
- The practice was discussing hosting a clinic for parents to discuss their anxieties and concerns about their young children.