

The Southbroom Surgery

Quality Report

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

Ratings

Overall rating for this 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 of The Southbroom Surgery on 25 November 2015.

Overall the practice was rated as good. Specifically we found the practice good for the provision of safe, effective, caring, responsive and well led services. Consequently we rated the provision of services to all six population groups as good.

Our key findings included:

- 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 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 the services provided was available and was easy to understand. This included how to make a complaint and how to provide feedback.
- Patients' satisfaction with the care and treatment they received was higher than other practices in the locality.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure with resilience built in and staff felt supported by management.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The practice was aware of and complied with the requirements of the Duty of Candour.

There were areas of service delivery where the practice needs to make improvements.

Importantly the practice should:

- Consistently record the results of checks of emergency equipment.

Summary of findings

- Ensure the risk assessment for medicines held to respond to an emergency is formalised.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were 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 had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

However,

- We found that a medicine listed as required in the emergency stock was not present. The provider told us this medicine had not been required for some time but the risk assessment leading to the decision not to keep the medicine had not been recorded.
- The checks of emergency equipment and medicines were conducted but not recorded consistently. For example, there were gaps in the recording of the checks of the defibrillator and the emergency oxygen. The provider assured us that the monthly check of this equipment would be recorded each month in the future.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality. For example the practice achieved 99% of the national targets for managing the care of patients with diabetes.
- 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.
- 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 patient's needs.

Good



Summary of findings

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 almost all aspects of care. For example 95% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- Feedback from patients about their care and treatment was consistently and strongly positive.
- We observed a strong patient-centred culture.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. For example, the practice worked with a care coordinator shared with a neighbouring practice. The coordinator reviewed the needs of carers to ensure this group of patients received services that met both their health and social care needs.
- We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on.

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. For example it had worked with the CCG to implement an emergency care practitioner service for patients requiring an urgent home visit.
- The views of patients about booking an appointment with their preferred GP, and getting routine appointments in advance, were not as positive as those for other practices in the area. However, the practice had made and was continuing to make adjustments to the appointment system to mitigate this issue.
- 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



Summary of findings

- 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.
- 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 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.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- It was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was higher than the CCG and national averages.
- Care and treatment of older people reflected current evidence-based practice

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice achieved 99% of the QOF diabetes targets compared to the CCG average of 96% and national average of 89%.
- 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. 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.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young patients who were on the at risk register.

Good



Summary of findings

- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice was above the national average for cervical smears achieving 79% compared to the national average of 77%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

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

- 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.
- Early morning appointments were available every weekday and telephone consultations were available for patients who found it difficult to attend the practice during normal opening hours.
- Use of online services and e-mail correspondence was promoted.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

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 carers, travellers and those with a learning disability.
- It offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- All the patients with a severe mental health problem who had not declined an appointment had their care reviewed during a face to face appointment with their GP.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- It 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.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The most recent national GP patient survey results were published in July 2015. They were taken from surveys conducted between July and September 2014 and January to March 2015. The results showed that in many areas of care patients rated the practice above average. However, the results from questions relating to accessing appointments were just below local and national averages. There were 263 survey forms distributed for this practice and 118 forms were returned (45% response rate).

- 95% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 90% said the GP gave them enough time. This compared to the CCG and national average of 89%.
- 96% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.

- 90% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 85%.
- 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%.
- 92% said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%.

We spoke with eight patients. All were complimentary of the care and treatment they received and of the continuity of care the practice provided. These views were also reflected on the 18 CQC comment cards patients completed in the two weeks prior to our visit.

Areas for improvement

Action the service **SHOULD** take to improve

- Consistently record the results of checks of emergency equipment.
- Ensure the risk assessment for medicines held to respond to an emergency is formalised.

The Southbroom Surgery

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 advisor and a Practice Nurse advisor.

Background to The Southbroom Surgery

The Southbroom Surgery is located within a converted building. Consultation rooms are located across three floors with lift access to each floor. The practice population has grown significantly since 2011 expanding from 9,500 to the current 11,300. This results in a significant challenge because the practice premises cannot be expanded and space is at a premium. Data shows minimal income deprivation among the practice population. There are a higher number of patients aged under four years, and also in the age range 40 to 54, than the local and national average.

The practice is managed by a managing GP partner supported by a senior administrator and the nurse manager. There are eight GPs at the practice and they make up the equivalent of five point four whole time GPs. Six of the eight GPs are male. There is a nursing team of ten. The nurse manager, four practice nurses, three health care assistants and two phlebotomists (a phlebotomist takes blood tests). Administration and reception services are provided by a team of 16. The practice is a training practice and supports two qualified doctors training to be GPs at any one time. Teaching opportunities for medical students are also offered.

Services are delivered via a Personal Medical Services (PMS) contract. PMS contracts are negotiated by the practice with the local office of NHS England.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 8.30am to 12pm every morning and 2.30pm to 6pm daily. Extended hours surgeries are offered every morning. On Monday from 6.30am, on Tuesday and Friday from 7.30am and on Wednesday and Thursday from 7.20am. These early morning surgeries are available for booking in advance.

The practice has opted out of providing out of hours services to their patients. Out of hours services are provided by Medvivo. The out of hours service is accessed by calling NHS 111. There are arrangements in place for services to be provided when the surgery is closed and these are displayed at the practice and in the practice information leaflet.

All services are provided from: The Southbroom Surgery, 15 Estcourt Street, The Green, Devizes, Wiltshire, SN10 1LQ.

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.

Detailed findings

How we carried out this inspection

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 patients 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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other stakeholders to share what they knew, such as the local clinical commissioning group. We carried out an announced visit on 25 November 2015. During our visit we spoke with a range of staff. This included six GP's, a GP in training, three members of the nursing staff and five members of the administration and reception team. We also spoke with patients who used the service. We observed how patients were being cared for and looked at documentation related to the services provided and the management of the practice. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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 also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons learnt were shared to make sure action was taken to improve safety in the practice. For example, when there had been a confirmed case of measles in a patient who visited the practice the isolation procedures were reviewed. The practice also introduced tighter monitoring of staff's immunisation status to ensure staff could not pass the disease on to others.

When there were 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.

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 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 and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. We checked records that confirmed GPs were trained to Safeguarding level three for children.
- A notice in the waiting room advised patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and

had received a disclosure and barring 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 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 training relevant to their roles. 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 drugs and vaccinations, in the practice were generally appropriate and kept patients safe (including obtaining, prescribing, recording, handling, storing and security). However, we found the practice had not updated their list of the medicines held for use in an emergency. There was a consistent procedure for monitoring patients taking high risk medicines and we saw that nursing staff had conducted an audit to ensure the procedure was followed. The practice carried out regular medicines audits. There was engagement with the CCG pharmacy team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription 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. The practice had a system for production of Patient Specific Directions to enable health care assistants to administer vaccinations.
- We reviewed 10 personnel files and found 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.

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 and staff we spoke

Are services safe?

with knew where to access the policy. The practice had up to date fire risk assessments and carried out 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, 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. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. For example, there were more staff on duty in the morning when the practice was busier.

Arrangements to deal with emergencies and major incidents

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

- There was a call alert and 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. However, although we were told these items were checked each month the records of these checks taking place were not kept consistently. For example we found that there had been a gap in recording of three months. We checked both and found them to be fit for use. 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. However, the practice had not recorded a risk assessment which influenced their decision not to retain a medicine for dealing with an overdose of opiates but the medicine was still listed as required in the emergency medicines box.
- 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. Staff we spoke with knew where to access the plan if an incident arose.

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 discussions at clinical meetings and checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.8% of the total number of points available, with 16% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was above the Clinical Commissioning Group (CCG) and national averages. The practice achieved 99% compared to the CCG average of 96% and national average of 89%.
- The percentage of patients with hypertension achieving a blood pressure within the target range was above the CCG and national averages. The practice achieved 91% compared to the CCG 84% and national average of 83%.
- Performance for mental health related indicators was above the CCG and national averages at 100% compared to the CCG 98% and national average of 93%.

The dementia diagnosis rate was below the national average. It was 39 per 1000 compared to 62 per 1000. The practice was aware of this and had embarked on a project to check their diagnosis rates.

We reviewed records relating to patients who had been excepted from the QOF monitoring programme. These showed us that the decision to except a patient was made by a GP and that there were valid reasons for the exceptions.

Clinical audits demonstrated quality improvement.

- There had been six clinical audits undertaken in the last two years. Two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included standardising the assessment of patients who may have needed referral to the orthopaedic department to ensure referrals were appropriate.

Information about patients' outcomes was used to make improvements such as ensuring patients taking blood thinning medicine received the most effective course of treatment. The last audit identified that one patient could cease treatment.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.

Are services effective?

(for example, treatment is effective)

- 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 patients to other services.

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 records that confirmed multi-disciplinary team meetings took place six times a year 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 patients, 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 in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking, alcohol cessation and exercise. Patients were then signposted to the relevant service. Data showed that the practice had identified the smoking status of 84% of patients aged over 16 which was just below the national average of 87%. However, advice on smoking cessation had been given to 98% of patients identified as smokers compared to the national average of 95%.
- Smoking cessation advice was available at the practice and the GPs were able to refer patients for advice on diet and exercise.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 79% and the national average of 77%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 96% compared to the national averages of 79% to 98%. For five year olds from 92% to 95%. This was also comparable to the national averages of 94% to 97%.

Flu vaccination rates for the over 65s were 77% compared to the national average of 73%. Flu vaccination for at risk groups was marginally below the national average at 51% compared to 53%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups 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 patients with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations 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 room to discuss their needs.

All of the 18 patient CQC comment cards we received were positive about the care the practice offered. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four patients during the inspection and four members of the patient participation group. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They also told us how they appreciated the continuity of care the practice offered. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey, which was undertaken between July and September 2014 and January to March 2015, showed patients felt they were treated with compassion, dignity and respect. Two hundred and sixty-three survey forms were distributed and 118 were returned. This was a 45% completion rate. The practice was consistently above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 95% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 90% said the GP gave them enough time. This compared to the CCG and national average of 89%.

- 96% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.
- 90% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 85%.
- 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%.
- 92% said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%.

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.

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 in line with local and national averages. For example:

- 94% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 89% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 81%.
- The practice worked with a care coordinator shared with a neighbouring practice. The coordinator reviewed the needs of carers to ensure this group of patients received services that met both their health and social care needs.

Staff told us that translation services were available for patients who did not have English as a first language. The practice had rarely used this service because we were told the few patients who did not have English as their first language usually brought a friend or relative to translate for them when they attended the practice.

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. The practice had identified 2.4% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them. The practice worked with a carers coordinator who

organised annual health checks for carers. The practice had won awards for their work with carers in each of the last three years. Gold awards in 2012 and 2013 and a silver award in 2014.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice had worked with other practices in the Devizes area to introduce the emergency care practitioner service to speed up response to patients, particularly the elderly, who required a home visit. They were also working with the CCG in the planning of an urgent care centre where practices could pool staff to respond to urgent need for medical care and support.

- The practice offered 'Commuter's Clinics' every morning for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- The practice had a lift to enable access to first and second floor consulting rooms.
- The practice offered services to patients who travelled the local rivers and canals or resided in 'houseboats'.
- Other reasonable adjustments were made and action was taken to remove barriers when patients found it hard to use or access services.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 12pm every morning and 2.30pm to 6pm daily. Extended hours surgeries are offered every morning. On Monday from 6.30am, on Tuesday and Friday from 7.30am and on Wednesday and Thursday from 7.20am. These early morning surgeries are available for booking in advance. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

Telephone consultations had been introduced to assist patients who could not attend the practice. Patients had online access to appointments and repeat prescription services. An e-mail query service was available. The practice demonstrated that they were promoting online access to reduce the pressure on the telephone system and to benefit patients who found it difficult to 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 below local and national averages in some areas. Patients told us on the day that they were able to get appointments when they needed them. We reviewed the practice appointment system and saw that adjustments had been made to offer a wider choice of appointments such as telephone consultations, appointments within two working days, book in advance and book on the day.

- 83% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 75%.
- 76% patients described their experience of making an appointment as good compared to the CCG average of 76% and the national average of 73%.

However,

- 63% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 69% and national average of 65%
- 61% found it easy to contact the surgery by phone compared to the CCG average of 69% and national average of 65%.

The practice had recognised the challenge of improving access to appointments. A new telephone system had been introduced and practice staffing had been adjusted to make more staff available to answer incoming calls. Telephone consultations had been introduced to reduce the demand on face to face appointments and offer an alternative for patients who found it hard to attend the practice.

The progress the practice was making was reflected in the results of the friends and family survey. This survey asked patients if they would recommend the practice to others. When this question was asked in the national survey 77% of the 118 patients who responded said they would recommend the practice. This compared to the CCG

Are services responsive to people's needs?

(for example, to feedback?)

average of 81% and national average of 78%. However, between November 2014 and August 2015 the practice had 195 patients respond to the friends and family test and 89% said they would recommend the practice. Patients we spoke with and a number of the patients who completed comment cards referred to a significant improvement in accessing appointments and recognised the practice was making efforts to improve further.

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. This was available in the practice leaflet and on the patient website.

We looked at 14 complaints received in the last 12 months and found that all had been responded to in a timely manner following an investigation of the issue concerned. Complaint responses were detailed and open and transparent. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, when a test result had been passed to a family member without checking identity. The practice investigated, offered an apology to the patients and reinforced the system for giving out test results to ensure it did not happen again.

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 strategy and supporting business plans which reflected the vision and values and this was regularly monitored.
- The practice recognised the challenges it faced. For example, with a practice population expected to grow by nearly 2000 in the next five years. They were committed to work with other stakeholders to find solutions. This included exploring the establishment of an urgent care centre where patients needing on the day care and treatment could be directed to a larger healthcare team.
- The need to maintain a safe environment was recognised by a three year refurbishment and development plan.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. The partners at the practice demonstrated a corporate responsibility for delivery of safe, caring and responsive services. They delegated authority to the managing partner who worked closely with the senior administrator and nurse manager which built resilience into the management of the practice. However we noted that from our discussions with nurses that they were not always aware of the management responsibilities their nurse manager carried. There was a risk that nurse management decisions would be deferred in the absence of the nurse manager. The management and governance structure and procedures in place ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- There was a comprehensive understanding of the performance of the practice. The practice team were aware of their high performance in several areas of patient care.

- A programme of clinical audit was in place and the practice demonstrated that it led to improvements. For example, changes to the management of referrals were implemented as a result of audits.
- There were arrangements for identifying, recording and managing risks.

Leadership, openness and transparency

The partners in the practice prioritised safe, high quality and compassionate care and responded to the challenges of offering a more responsive service. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

The practice was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. When they identified concerns these were addressed. For example, when the practice identified the need to build resilience into their management structure in 2012 a major re-organisation of responsibilities was undertaken. The practice had systems in place for knowing about notifiable safety incidents.

When there were safety incidents:

- The practice gave affected patients 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.

- Staff told us that the practice held regular team meetings.
- Staff also told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings. They felt confident in doing so and supported if they did. We also noted that staff events were held twice a year.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. 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.

Are services well-led?

Good 

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

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.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis. We saw that improvements had been made in response to patient feedback. For example changing the telephone number

to avoid costly calls for patients and reorganising the reception and waiting room to create a privacy barrier that reduced the opportunity for conversations to be overheard.

- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, when staff sought to expand skills they were given opportunities. We noted that a member of the administration staff was also trained in phlebotomy which meant that there was flexibility in the workforce to cover absences. Staff told us they felt involved and engaged to improve how the practice was run.