Jubilee Field 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	Requires improvement
Are services safe?	Inadequate
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires improvement

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Jubilee Field Surgery on 15 December 2016. Overall the practice is rated as requires improvement.

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.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Nurses had received appropriate training and regular updates. However learning was not always appropriately applied. For example, management of vaccine temperatures in line with Public Health England guidance and ensuring equipment used for lung function testing was calibrated in line with nationally agreed guidelines.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- 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.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.

However we found that patients were at risk of harm because systems and processes were not implemented in a way to keep them safe. For example:

• The arrangements for storage and managing the cold chain for vaccines did not keep patients safe. We looked at fridge temperature logs going back to 2011 and found

Summary of findings

recordings outside of recommended ranges on many occasions. There was no evidence that any action had been taken regarding this. This meant that the practice could not be sure that vaccines administered to patients during this period of time were effective and opportunities to prevent or minimise harm were missed.

• A fire risk assessment had been carried out by an external assessor. However many of the actions recommended had not been completed, for example installation of an integrated fire alarm system. The practice was unable to provide evidence which demonstrated that the recommended actions had been considered.

The areas where the provider must make improvements are:

- Ensure vaccine fridges are correctly monitored and actions taken and recorded appropriately.
- Ensure recommended actions are followed or risk assessed for fire safety.
- Ensure equipment is calibrated according to manufacturers recommendations.
- Ensure essential training is undertaken and able to be applied by staff throughout the practice, including infection control and Mental Capacity Act 2005 training.
- Review the emergency equipment checking process to include contents required and record checks.

In addition the provider should:

- The practice should improve the identification of patients who are also carers.

Where a service is rated as inadequate for one of the five key questions or one of the six population groups or overall, it will be re-inspected within six months after the report is published. If, after re-inspection, the service has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group or overall, we will place the service into special measures. Being placed into special measures represents a decision by CQC that a service has to improve within six months to avoid CQC taking steps to cancel the provider's registration.

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?

Inadequate

The practice is rated as inadequate for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.

However patients were at risk of harm because systems and processes were not implemented in a way to keep them safe. For example:

- The arrangements for storage and managing the cold chain for vaccines did not keep patients safe. We looked at fridge temperature logs going back to 2011 and found recordings outside of recommended ranges on many occasions. There was no evidence that any action had been taken regarding this. This meant that the practice could not be sure that some vaccines administered to patients during this period of time were effective and opportunities to prevent or minimise harm were missed. Following the inspection the practice informed the relevant organisations of the findings. The NHS England team raised a serious incident in order to investigate the issue in line with the Serious Incident Management Guide.
- A fire risk assessment had been carried out by an external assessor. However many of the actions recommended had not been completed, for example installation of an integrated fire alarm system. The practice was unable to provide evidence which demonstrated that the recommended actions had been considered.
- Emergency equipment was kept on an easily accessible trolley, however there was no list of equipment that should be available, that could be referred to when checks were made.This meant that it would be difficult to identify missing items that may be needed in an emergency.
- The spirometer (equipment used to test lung function) had not been calibrated as recommended by national guidelines. This meant that the practice could not be assured that readings provided were reliable.

Summary of findings

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Nurses had received appropriate training and regular updates. However learning was not always appropriately applied. For example, management of vaccine temperatures in line with Public Health England guidance and ensuring equipment used for lung function testing was calibrated in line with nationally agreed guidelines.
- The nursing and administrative staff had not received training relating to the Mental Capacity Act 2015. A nurse we spoke with was unsure of the relevant assessment, consent and decision-making requirements of legislation and guidance.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Multidisciplinary working was taking place but was generally informal and record keeping was limited or absent.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- 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.
- The practice had only identified 35 of their patients who were also carers, which represented 0.7% of the practice list.

Are services responsive to people's needs?

Good

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

Summary of findings

Commissioning Group to secure improvements to services where these were identified. For example, the practice had engaged with the Wiltshire Transforming Care of Older People project and employed an additional GP to review older patients with multiple chronic problems to optimise care.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice delivered medical services to a residential home for patients with learning disabilities. Health reviews were either carried out at the surgery or at the patients home, depending on which best suited a patients individual needs.
- We saw that the practice tailored care delivered to meet individual patient needs. For example we saw that patients who suffered with mental health issues received continued medical support from the practice when going to university to ensure a smooth transition for these patients.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led.

- The practice had a clear vision 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 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice sought feedback from staff and patients, which it acted on. The practice recognised that the patient participation group was not operating in an effectively manner. We saw that the practice had previously made efforts to improve this.

However:

Summary of findings

- We saw that there were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions but these were not always effectively implemented in relation to:
- Not all staff had received essential training, for example relating mental capacity.
- Actions identified in risk assessments had not been completed, for example the fire risk assessment.
- The storage of vaccines had not been managed effectively.
- Lung function testing equipment had not been calibrated to ensure reliability of measurements.

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

Requires improvement

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

The provider was rated as inadequate for providing safe services, good for providing caring and responsive services and requires improvement for effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had engaged with the Wiltshire Transforming Care of Older People project and employed an additional GP to review older patients with multiple chronic problems to optimise care.

People with long term conditions

Requires improvement

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

The provider was rated as inadequate for providing safe services, good for providing caring and responsive services and requires improvement for effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (2015-2016) was 93% and similar compared to a local average of 92% and a national average of 91%.
- Longer appointments and home visits were available when needed.

Summary of findings

- 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.

Families, children and young people

Requires improvement

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

The provider was rated as inadequate for providing safe services, good for providing caring and responsive services and requires improvement for effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- 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.
- 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 percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 82% which was similar to the local average of 85% and the same as 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, health visitors and community nurses. However multidisciplinary working was generally informal and record keeping was limited or absent.

Working age people (including those recently retired and students)

Requires improvement

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

The provider was rated as inadequate for providing safe services, good for providing caring and responsive services and requires improvement for effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Summary of findings

- 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.
- Extended hours surgeries were offered to ensure working age patients could easily access health care.
- Students who suffered with mental health issues received continued medical support from the practice when going to university to ensure a smooth transition for these patients.

People whose circumstances may make them vulnerable

Requires improvement

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

The provider was rated as inadequate for providing safe services, good for providing caring and responsive services and requires improvement for effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- 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 had no homeless people or people from the travelling community registered with them. However processes were in place, if there were a need, to register these
- 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.

People experiencing poor mental health (including people with dementia)

Requires improvement

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

Summary of findings

The provider was rated as inadequate for providing safe services, good for providing caring and responsive services and requires improvement for effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Staff from the practice engaged and participated in a local community dementia friendly workshop to raise awareness within the community.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months (01/04/2014 to 31/03/2015) as 89% which was similar to the local average of 88% and the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. However meetings were generally informal and record keeping was limited or absent.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published July 2016. The results showed the practice was performing in line with local and national averages. Of the 213 survey forms that were distributed and 124 were returned. This represented a 58% response rate compared to a national average of 38% and approximately 3% of the practice population.

- 99% of patients found it easy to get through to this practice by phone compared to the local average of 83% and the national average of 73%.
- 96% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 89% and the national average of 85%.
- 94% of patients described the overall experience of this GP practice as good compared to the local average of 89% and the national average of 85%.
- 88% of patients said they would recommend this GP practice to someone who has just moved to the local area good compared to the local average of 83% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 59 comment cards which were all positive about the standard of care received. For example comments received included the staff are brilliant with their care and attention, and also, I am truly amazed with this surgery.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. For the period January to July 2016 the friends and family test showed 93% of patients would recommend the practice to their family or friends.

Jubilee Field 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 specialist adviser and a practice nurse specialist adviser.

Background to Jubilee Field Surgery

Jubilee Field Surgery is situated in the village of Yatton Keynell located near to Chippenham, a market town in Wiltshire. The practice has a slightly higher than average patient population in the above 40 years age group and lower than average in the 20 to 40 years age group. The practice is part of the Wiltshire Clinical Commissioning Group and has approximately 4,500 patients. Jubilee Fields Surgery offers dispensing services to eligible patients (those who live further than one kilometre from the practice). The area the practice serves is semi-rural and has relatively low numbers of patients from different cultural backgrounds. The practice area is in the low to mid-range for deprivation nationally and has a lower than average number of patients (1.5%) who are unemployed compared to the local average of 3%. The practice also has a lower than average (47%) number of patients, compared to the local average (55%) of patients living with a long term condition. A higher than average can mean there is an increased demand for GP services.

The practice is managed by one GP partner (male) and one female non clinical partner. The practice is supported by three salaried GPs, (two female and one male), two practice nurses, one phlebotomist and an administrative team led by the practice manager. The dispensary is supported by one dispensary manger and two trained dispensers.

The practice is open between 8.30am until1pm and 2pm until 6pm on Monday to Friday apart from a Thursday when the practice closes at 1pm. Appointments are from 8.30am until 11.30am every morning and 3pm until 5.30pm except from Thursday afternoons. From 8am until 8.30am, 1pm until 2pm and after 6pm telephone calls were transferred to the out of hours cover provided by Medvivo. Telephone appointments are also available to book. Extended hours appointments are offered from 6.30pm to 7.30pm on a Monday evening and 6.30pm until 8pm on a Wednesday evening. In addition to appointments can be booked up to four weeks in advance, urgent appointments are available for patients that need them.

When the practice is closed patients are advised, via the practice website and telephone answer machine that all calls will be directed to the out of hours service. Out of hours services are provided by Medvivo accessed via NHS 111.

The practice has a Primary Medical Services (PMS) contract to deliver health care services. A PMS contract is a locally agreed alternative to the standard General Medical Services contract used when services are agreed locally with a practice which may include additional services beyond the standard contract.

Jubilee Field Surgery is registered to provide services from the following location:

Yatton Keynell, Chippenham, Wiltshire. SN14 7EJ.

This inspection is part of the CQC comprehensive inspection programme and is the first inspection of Jubilee Field Surgery.

Detailed findings

Why we carried out this inspection

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

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 15 December 2016. During our visit we:

- Spoke with a range of staff including three GP's, one nurse, two members of the dispensary team and four members of the administration team, including the practice manager.
- Spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients 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 CQC at that time.

Inadequate

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. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, when two patients were missed from the list of patients that were invited to an eye screening programme the patients were made aware and the practices processes were updated to minimise the likelihood of this happening again.

Overview of safety systems and processes

The practice had clearly defined systems, processes and practices in place. However these did not always operate in a way that kept patients safe.

- 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. 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 on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Nurses were trained to level two.
- A notice in the waiting room 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 (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. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place. The policy stated that infection control training would take place for all staff on an annual basis and would include training on hand decontamination, hand washing procedures, sterilisation procedures the use of Personal Protective Equipment (PPE) and the safe used and disposal of sharps. Hand hygiene training had been undertaken by all staff, however the practice was unable to provide evidence that the other training had taken place .
- The arrangements for managing medicines, including emergency medicines, 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 pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- The arrangements for storage and managing the cold chain (the process that ensured vaccines temperatures were maintained at appropriate temperatures from the point of manufacture to the point of administration) for vaccines did not keep patients safe. Vaccines were stored in two separate domestic fridges. This meant that

there was no integrated thermometers and therefore no visual temperature display on the fridges, (suitable storage for vaccines is between +2 and +8 degrees centigrade). There was a battery operated thermometer that measured minimum and maximum and actual temperatures, which was read daily by the practice until August 2016. However there was no second thermometer or checks to confirm how accurate this thermometer was. Since August 2016 there was a data logger in situ, daily checks were stopped and a weekly check was carried out. The data had not been downloaded until the day before the inspection when errors were found, which the practice was investigating. We looked at fridge temperature logs going back to 2011 and found recordings of zero degrees and above eight degrees on many occasions. There was no evidence that any action had been taken regarding this. This meant the practice could not be sure that some vaccines administered to patients during this period of time were effective and opportunities to prevent or minimise harm were missed. Following the inspection the practice informed the relevant organisations of the findings. The NHS England team raised a serious incident in order to investigate the issue in line with the Serious Incident Management Guide.

- The practice had a dispensary. There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines. The practice was signed up to the Dispensing Services Quality Scheme, which rewards practices for providing high quality services to patients of their dispensary. Dispensary staff had received training for their role. Staff received annual appraisals and a check of their competence. This helped ensure they were working to the correct, safe standard and protected patients from the risk of medicines errors.
- Medicines incidents and 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).
- Arrangements were in place for storing medicines so that unauthorised staff or patients would not be able to access them. Stock medicines were stored safely.
- 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 four 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.

Monitoring risks to patients

Risks to patients were assessed however identified actions were not always completed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. However actions recommended within the externally conducted fire risk assessment had not been undertaken, for example installation of an integrated fire alarm system. 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). However the spirometer (equipment used to test lung function) had not been calibrated as recommended by national guidelines. This meant that the practice could not be assured that readings provided were reliable.
- 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 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.

Inadequate

Are services safe?

- 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. We were told that the emergency medicines and equipment were checked monthly, however there was no evidence to support this. Emergency equipment was kept on an easily accessible trolley, however there was no list of equipment that should be available that could be referred to when checks were made.This meant that it would be difficult to identify missing items that may be needed in an emergency.
- 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.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available. The practices exception reporting rate was 12% which was similar to the local average and 2% higher than national averages (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from NHS Digital 2015 to 2016 showed:

- Performance for diabetes related indicators was comparable with local and national averages. For example, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was within target range was 81% compared to a local average of 79% and a national average 77%.However in this area we noted an exception rate of 25% which was 13% above clinical commissioning group (CCG) and 16% above national. This was investigated further by the GP specialist advisor during the inspection who found that the practices computer system did not correlate with the published figures. Patients with an exception coding on the practice computer system for that period was 8% which was in line with local and national averages.
- Performance for mental health related indicators was above the local and national averages. For example, the percentage of patients with a serious mental health illness who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 100% which was above the local average of 92% and national average of 89% however there was an exception rate of 50% compared to the CCG rate of 16% and the national rate of 13%. However due to low numbers of patients with a diagnosis of serious mental illness registered with the practice and some coding errors the data was not reflective of their delivery of care and we saw evidence that clinical care was in line with guidelines.

There was evidence of quality improvement including clinical audit.

- There had been five 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 local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, the practice identified that the proportion of broad spectrum antibiotics prescribed by the practice in the period July 2015 to June 2016 was significantly above average. The findings were discussed with the CCG medicines management and the GPs. Strategies to improve prescribing in line with guidelines were implemented. A follow up audit demonstrated that some areas still required improvement and actions were put into place to address this and a third cycle of auditing planned for early 2017.

Information about patients outcomes was used to make improvements such as: It was identified that some patients taking high risk medicines were not being monitored in line with guidelines. Improved processes of follow up were put into place and a follow audit demonstrated 100% compliance with guidelines.

Effective staffing

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

Requires improvement

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- Nurses had received appropriate training and regular updates. However learning was not always appropriately applied. For example, management of vaccine temperatures in line with Public Health England guidance and ensuring equipment used for lung function testing was calibrated in line with nationally agreed guidelines.
- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. 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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. We spoke with the health visitor who reported that the GPs were easily accessible and concerns were communicated effectively in a timely way. A monthly meeting was also held with the GP to discuss areas of concern. However whilst multidisciplinary working was taking place this was generally informal and record keeping was limited or absent.

Consent to care and treatment

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

- Nursing and administrative staff had not received training relating to the Mental Capacity Act 20015.
- A nurse we spoke with was unsure of the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 82% which was similar to the CCG average of 85% and the same as the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Requires improvement

Are services effective?

(for example, treatment is effective)

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For breast cancer 76% of eligible patients had been screened which was the same as the local average and similar to the national average of 72%. For bowel cancer 63% of the eligible patients had received screening compared to a clinical CCG average of 63% and a national average of 58%.

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 85% to 98%, compared to the CCG range of 95% to 97% and nationally 73% to 93% Five year old immunisation rates were 91% to 97% compared to a local, 91% to 97% and nationally from 83% to 94%

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 59 patient Care Quality Commission comment cards we received were very positive about the service experienced. 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 one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 87%.
- 95% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 85%
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 98% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They 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 from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 86%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 82%.
- 94% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

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

Good

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 35 patients as carers (0.7% of the practice list). Identified carers were invited to an annual health check which involved an appointment with the care coordinator and a GP. The practice had been working to improve the identification of carers and we saw that the numbers identified had increased over the last month. Written information was available to direct carers to the various avenues of support available to them.

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

Good

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.

- The practice offered extended hours from 6.30pm until 7.30pm on a Monday evening and 6.30pm until 8pm on a Wednesday evening, for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability. The practice delivered medical services to a residential home for patients with learning disabilities. Health reviews were either carried out at the surgery or at the patients home, depending on which best suited a patients individual needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice hosts a mental health counsellor for half a day each week.
- We saw that the practice tailored care delivered to meet individual patient needs. For example we saw that patients who suffered with mental health issues received continued medical support from the practice when going to university to ensure a smooth transition for these patients.
- Staff from the practice engaged and participated in a local community dementia friendly workshop to raise awareness within the community.
- The practice had engaged with the Wiltshire Transforming Care of Older People project and employed an additional GP to review older patients with multiple chronic problems to optimise care. The number of emergency admissions for 19 Ambulatory Care Sensitive Conditions (conditions where effective community care and case management can help prevent the need for hospital admission) per 1,000 population. (01/04/2014 to 31/03/2015) was 8% compared to a local average of 13% and a national average of 15%.

Access to the service

The practice was open between 8.30am until1pm 2pm until 6pm on Monday to Friday apart from a Thursday when the practice closed at 1pm. Appointments were from 8.30am until 11.30am to every morning and 3pm until 5.30pm except from Thursday afternoons. From 8am until 8.30am, 1pm until 2pm and after 6pm telephone calls were transferred to the out of hours cover provided by Medvivo. In addition to pre-bookable appointments that could be booked up to five weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable or above local and national averages.

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 81% and the national average of 79%.
- 99% of patients said they could get through easily to the practice by phone compared to the CCG average of 81% and the national average of 73%.

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

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 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, for example, in a patient leaflet, a poster in the waiting area and on the practice website.

We looked at the one complaint received by the practice in the last 12 months. No other verbal or written complaints had been received. We found that this had been handled appropriately, dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a complaint was received that had a specific vaccine been offered, that the serious condition subsequently contracted may have been prevented. In response to this the practice took the decision to proactively invite those not in receipt of the vaccine to attend for immunisation to minimise the possibility of reoccurrence.

Are services well-led?

Requires improvement

(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 were regularly monitored.

Governance arrangements

The arrangements for governance and performance management did not always operate effectively.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, however these were not always fully implemented. For example:

- Not all staff had received essential training. For example, infection control and mental capacity training.
- System and processes for ensuring that the cold chain in relation to vaccines was maintained were not effective.
- Areas identified for action in risk assessments were not always completed. For example, the fire risk assessment.

Leadership and culture

On the day of inspection the partners in the practice told us they prioritised, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of 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).This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.
- The practice demonstrated that they acted promptly to resolve issues once identified. For example, when the issue with the vaccine cold chain had been identified the practice saw that they contacted the local Public Health England team and the clinical commissioning group at the first opportunity, stopped administering all vaccines and ordered new vaccine fridges immediately.

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

- Staff told us the practice held regular team meetings. Total practice meetings were held monthly.
- 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 and supported in doing so.
- 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.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The practice operated a virtual PPG group and recognised that the group could operate more effectively.
- The practice had 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 the nurses felt that as the

Are services well-led?

Requires improvement

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

childhood immunisation schedule had become more complex appointments needed to be longer in order to safely administer vaccines. The practice implemented longer appointment times. Staff told us they felt involved and engaged to improve how the practice was run.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** The registered person did not do all that was reasonably practicable ensure that systems and processes remain fit for purpose. The registered person did not assess, monitor and mitigate the risks relating to health, safety and welfare of service users. For example: • The arrangements for storage and managing the cold chain for vaccines did not keep patients safe. • A fire risk assessment had been carried out by an external assessor. However many of the actions recommended had not been completed. • Equipment had not been calibrated as recommended by national guidelines. • Training was not embedded throughout the practice for example infection control training and Mental Capacity Act 2005 training. • The emergency equipment checking process did not include contents required and a record of checks done This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.