

Trowbridge Health Centre

Inspection report

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

Ratings

Overall rating for this location

Good 

Are services effective?

Good 

Overall summary

This practice is rated as Good overall.

The key questions at this inspection are rated as:

- Are services effective? – Good

When we visited Trowbridge Health Centre on 22 and 23 February 2018, to carry out a comprehensive inspection, we found the practice was not compliant with the regulation relating to staffing. Overall the practice was rated as Good. They were rated as good for providing safe, caring, responsive and well-led services, and as requires improvement for providing effective services. The full report on the February 2018, inspection can be found by selecting the 'all reports' link for Trowbridge Health Centre on our website at www.cqc.org.uk.

This report covers the announced follow up focused inspection we carried out at Trowbridge Health Centre on 15 August 2018, to review the actions taken by the practice to improve the quality of care and to confirm that the practice was meeting legal requirements.

At this inspection we found:

- New ways of working were becoming embedded in the practice culture. At our last inspection the practice was coming out of a significant period of change which including merging with two other local practices and

moving into a new main surgery building that had not been completed on time. The practice told us the disruption caused by these changes was now behind them. The evidence we saw and our conversations with staff during this inspection confirmed this.

- The practice had a clear system for staff records which had been reviewed since our last inspection in February 2018.
- Since our last inspection the practice had reviewed the mandatory training requirements for all staff. There was a clear system for monitoring all mandatory and non-mandatory training.

Trowbridge Health Centre is now rated as good overall and in all key questions.

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

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

Please refer to the detailed report and the evidence tables for further information.

Population group ratings

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

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector.

Background to Trowbridge Health Centre

Trowbridge Health Centre (THC) is located in Trowbridge. It is one of 47 practices within the Wiltshire Clinical Commissioning Group (CCG) area and has around 30,500 patients. In 2017, THC changed its name from Adcroft Surgery following a merger with two other local practices,

known as Bradford Road Medical Centre and Widbrook Medical Practice. The Bradford Road site has since been decommissioned. Widbrook surgery is now known as Winfield Road Surgery and operates as a branch surgery. In November 2017, THC moved into a new purpose built practice building adjoining their old surgery.

Trowbridge Health Centre has 34 consulting and treatment rooms and one minor operations room. Most treatment and consulting rooms are on the ground floor. The cardiology unit was on the first floor which was accessible by lift. There are automatic front doors, a self-check-in appointments system and a toilet with access for people with disabilities.

Data available shows the practice area is in the fourth less deprived decile nationally, and the practice area is in the mid-range for deprivation scores nationally. The area the practice serves has relatively low numbers of patients from different cultural backgrounds. Average male and female life expectancy for the area is 79 and 84 years, which is broadly in line with the national average of 79 and 83 years respectively.

The practice provides a number of services and clinics for its patients including childhood immunisations, family planning, minor surgery and a range of health lifestyle management and advice including asthma management, diabetes, heart disease and high blood pressure management.

There are seven GP partners and eight salaried GPs. Some were part-time making a full-time equivalent of 11 GPs. They are supported by a nursing team of 22 nurses, two healthcare assistants and an administrative team of 23 staff led by the practice manager.

The practice is a teaching and training practice. (Teaching practices take medical students and training practices have GP trainees, usually called registrars). The practice was also involved in training student nurses.

The practice is open between 8am and 6.30pm Monday to Friday. GP appointments are available between 8.30am and 12.35pm every morning and 2.30pm to 6.10pm every afternoon. Extended hours appointments are offered from 7am to 8am on Wednesday and Friday, and 6.30pm to

7.30pm Monday, Tuesday and Thursday. Appointments can be booked over the telephone or in person at the surgery. When the practice is closed, the practice's website advises patients to call the out of hours services which can be accessed by calling NHS 111.

The practice has a Personal Medical Services contract to deliver health care services. This contract acts as the basis for arrangements between NHS England and providers of general medical services in England.

The practice provides services from the following sites:

- Trowbridge Health Centre, Prospect Place, Trowbridge, Wiltshire, BA14 8QA.
- Winfield Road Surgery, 72 Wingfield Road, Trowbridge, BA14 9EN.

Are services effective?

At our previous inspection on 22 and 23 February 2018, we rated the practice as requires improvement for providing effective services. We found the practice was not compliant with the regulation relating to staffing. Specifically, we found the practice systems did not ensure that all staff had received the training they considered essential for their role.

We also noted some other areas where the provider should make improvements. These were:

- Improve the uptake of cervical screening.
- Review their exception reporting for mental health criteria within the Quality Outcome Framework, which were above the national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)
- Review staff knowledge of how to access meetings minutes on the practice IT system.

These arrangements had significantly improved when we undertook a follow up inspection on 15 August 2018. The practice is now rated as good for providing effective services.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. Clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- The practice used computer based guidance templates for most standard activities, such as health checks, referrals and assessing patients capacity to consent to treatment. These templates ensured GPs were aware of the latest guidance, recorded clinical data in a uniform way and provided links to further information, including patients leaflets which could be printed out during the consultation.
- The practice ran a community cardiology unit that was led by one of the practice GP partners who had received

additional training in cardiology and received regular review of their practice from a visiting cardiology consultant. There was a dedicated service suite that offered echocardiograms, exercise tolerance tests and 24 hour ECG monitoring. This meant that patients needing this service avoided travelling to the nearest hospital.

Older people:

- The practice worked with another GP practice in Trowbridge to meet the needs of older people through a jointly managed service. The service, funded by the clinical commissioning group (CCG), included a nurse, a care coordinator and a pharmacist specialising in older people's medicine.
- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.
- The practice held regular clinics to insert contraceptive devices.

Are services effective?

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

- At our last inspection we told the practice they should improve the uptake of cervical screening. At this time the practice's uptake rate for cervical screening was 73%. On this inspection we were shown unverified data for the year April 2017 to March 2018, showing this had increased to 82%.
- Flexible appointments were available to patients attending the screening program. Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice used a recognised system for health checks for patients with learning disabilities.

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

- 99% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is better than the national average of 90%. The exception reporting rate was 22% compared with a national average of 13%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption (practice 93%; CCG 94%; national 91%). The exception reporting rate was 24% compared with a national average of 11%.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

The most recent published Quality Outcome Framework (QOF) results were for the year 2016/17 (QOF is a system intended to improve the quality of general practice and reward good practice.) Data from this time period was taken prior to the merger with the local practices and therefore only relates to one GP practice (previously known as Adcroft Surgery). On this inspection the practice was able to provide some unverified QOF data from the year April 2017 to March 2018. The data for this period includes approximately six months data for the single practice of Adcroft, when they had approximately 14,000 patients and six months following the merger (and name change) when patient numbers increased to approximately 30,000. For technical reasons, the unverified data does not include exception reporting rates. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- The practice had focused on making improvements to their update of the cervical screening programme. The practice told us they had had clinical discussions around this and were actively encouraging women to attend. Unverified data from the practice for the year 2017/2018 suggests that the practice's uptake rate had improved.
- The practice demonstrated what actions they had taken to improve the exception reporting rate for patients with mental health issues. For example, discussions in team meetings about the importance of discussing with patients alcohol consumption. For technical reasons due to the merger the practice were unable to provide numerical data to evidence the impact this had had (in terms of exception reporting levels).
- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

Are services effective?

Staff had the skills, knowledge and experience to carry out their roles.

- On our previous inspection in February 2018, the practice was unable to verify that all staff had the skills, knowledge and experience to carry out their roles. We were told this was because the staff records of the three practices that had recently merged had not yet been collated into a single record structure. The staff we spoke to during the inspection were able to evidence knowledge appropriate to their role.
- On this inspection we saw evidence the practice had reviewed the system for staff records and had completed the task of merging the previous three systems into one. They had reviewed the mandatory training for all staff and had a clear spreadsheet which they used to keep track of training requirements and which alerted them to mandatory training that had not been completed.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Staff we spoke to confirmed this.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. Some staff from the two recently merged practices had not had an appraisal in the previous 12 months. We saw that these were scheduled in the practices appraisal system. The practice provided in-house appraisals for salaried GPs.
- The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- On our last inspection some staff told us they sometimes had difficulty accessing team minutes on the new IT system. On this inspection the practice told us they had taken a range of actions to ensure all staff knew how to access meeting minutes. These included, written guidance, reminders and checking with each member of staff individually. We saw evidence to support this and the staff we spoke to also confirmed this.

Coordinating care and treatment

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

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

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients receiving end of life care, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- There were large TV screens in the waiting rooms giving a range of health awareness information, such as advice on alcohol consumption and sexual health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

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

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

Please refer to the evidence tables for further information.