

The Silton 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 at The Silton Surgery on 11 October 2016. Overall the practice is rated as good.

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Feedback from patients, and those who were close to them was completely positive about the way staff treat them. Patients were treated with dignity, respect and kindness during all interactions with staff and relationships with them were positive. Patients felt supported and said staff cared about them.
- The practice was in a rural location and travel to the local district hospital was often problematic for older patients. The practice worked closely with the local

hospital consultants making active use of email advice to optimise patients care and reduce their need to travel to the acute hospital. In addition there were acute clinics including the RACE (Rapid Access Care of the Elderly) where elderly patients were seen by a consultant geriatrician within a few days of referral to get experienced clinician input about their condition and avoid hospital admission.

- The practice was a dispensing practice, this is where GPs were able to prescribe and dispense medicines directly to patients who lived in a rural setting. The Silton Surgery dispensed to patients who did not have a pharmacy within a mile radius of where they lived. The dispensary provided medicines in blister packs for older people with memory problems and had a weekly delivery service for those who struggled to get to the practice.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

Summary of findings

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We found two aspects of outstanding practice.

- The practice worked hard to avoid unplanned admissions to hospital by working closely with secondary care providers. For example the practice was part of a local group of rural practices, they ran a local TCOP (Transforming care of the older patient) scheme. This involved sending birthday cards to patients over the age of 75. The card also included health questions for the patients to try and discover their health concerns or find any unmet health needs. Patients with issues raised on their birthday cards were then invited to a clinic at the practice to

see the 'Eldercare facilitator', an experienced nurse, to review any unmet needs they had. A second aspect of the TCOP scheme was for the practice to perform extended face to face reviews of those patients over 75 to optimise their care. The practice worked hard to avoid unnecessary admissions to hospital and had one of the lowest unscheduled admission rates in Wiltshire.

- The practice were able to loan out equipment which monitored patient's heart rates to check for irregularities. The practice had software on their clinical computer system which enabled them to interpret the data and implement a treatment plan. This service prevented patients from having to go to the district hospital for treatment and provided a swifter diagnosis of their condition.

The areas where the provider should make improvements are:

The practice had a good awareness of patients who performed a caring role, however their patient record system did not have a formal identification for carers.

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 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 unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They 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.
- Risks to patients were assessed and well managed.
- Recruitment procedures and checks were completed as required to ensure that staff were suitable and competent.
- There were appropriate arrangements for the efficient management of medicines.
- Health and safety risk assessments, for example, a fire risk assessment had been performed and were up to date.
- The practice was clean, tidy and hygienic. We found that suitable arrangements were in place that ensured the cleanliness of the practice was maintained to a high standard.

Good



Are services effective?

The practice is rated as good 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.
- 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 other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- 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.
- Feedback from patients, and those who were close to them was completely positive about the way staff treat them. Patients stated they were treated with dignity, respect and kindness during all interactions with staff and relationships with them were positive. Patients felt supported and said staff cared about them.

Staff respond compassionately when patients needed help and support. Patient's privacy and confidentiality was respected at all times.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The practice provided enhanced services for near patient testing including in-house International Normalised Ratio monitoring (INR – the monitoring of blood thinning medicines).
- The practice were able to loan out equipment which monitored patient's heart rates to check for irregularities. The practice had software on their clinical computer system which enabled them to interpret the data and implement a treatment plan. This service prevented patients from having to go to the district hospital for treatment.
- 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.
- 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.

Good



Summary of findings

- The practice had systems in place to identify military veterans and ensured their priority access to secondary care in line with the national Armed Forces Covenant.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The 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 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.

Good



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

- All patients over 75, or on an admission avoidance care plan had a named GP responsible for their care, but they were given the choice of seeing whichever GP they preferred.
- The practice worked hard to avoid unplanned admissions to hospital by working closely with secondary care providers. For example the practice was part of a local group of rural practices, they ran a local TCOP (Transforming care of the older patient) scheme. This involved sending birthday cards to patients over the age of 75. The card also included health questions for the patients to try and discover their health concerns or find any unmet health needs. Patients with issues raised on their birthday cards were then invited to a clinic at the practice to see the 'Eldercare facilitator', an experienced nurse, to review any unmet needs they had. A second aspect of the TCOP scheme was for the practice to perform extended face to face reviews of those patients over 75 to optimise their care. The practice worked hard to avoid unnecessary admissions to hospital and had one of the lowest unscheduled admission rates in Wiltshire.
- Home visits were undertaken as required and longer appointments were made available for those patients who needed more time.
- The practice had monthly multidisciplinary team meetings which involved other professionals from the community teams as necessary.
- The practice had monthly palliative care meetings to discuss patients approaching their end of life or those with complex needs. The practice regularly liaised with community support groups to provide further support to their patients if required.
- Patients residing in care homes received visits by a GP whenever required, allowing early identification of illness and health decline.
- Services within the practice were provided on one level for easy access and included easy access for wheelchair users and pushchairs.
- The practice was in a rural location and travel to the local district hospital was often problematic for older patients. The practice worked closely with the local hospital consultants making active use of email advice to optimise patients care and

Outstanding



Summary of findings

reduce their need to travel to the acute hospital. In addition there were acute clinics including the RACE (Rapid Access Care of the Elderly) where elderly patients were seen by a consultant geriatrician within a few days of referral to get experienced clinician input and avoid an unplanned hospital admission.

- Patients' emotional needs were seen as important as their physical needs. The practice could demonstrate caring and empathy toward patients in time of loss and bereavement. Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

The practice was a dispensing practice, this is where GPs were able to prescribe and dispense medicines directly to patients who lived in a rural setting. The Silton Surgery dispensed to patients who did not have a pharmacy within a mile radius of where they lived. The dispensary provided medicines in blister packs for older people with memory problems and had a weekly delivery service for those who struggled to get to the practice.

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 the management of patients at risk of hospital admission who were identified as a priority. The practice worked closely with the community specialists to gain timely, specialist advice.
- The practice prescribed anticipatory medicines for those with long term conditions, such as standby medicines for those patients with chronic respiratory disease and 'just in case medicines' for palliative care patients.
- Patients with long term conditions benefitted from continuity of care with their GP or nurse. All these patients had a named GP and a structured annual review.
- The practice worked with external agencies in other aspects of long-term condition management such as diabetic retinopathy screening and podiatry ensuring appropriate support was provided promptly.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The practice provided enhanced services for near patient testing including in-house International Normalised Ratio monitoring (INR – the monitoring of blood thinning medicines).

Good



Summary of findings

- The practice were able to loan out equipment which monitored patient's heart rates to check for irregularities. The practice had software on their clinical computer system which enabled them to interpret the data and suggest a treatment plan. This service prevented patients from having to go to the district hospital for treatment and provided a swifter diagnosis of their condition.
- All discharge summaries were reviewed on the day they were received ensuring medicines were adjusted and appropriate primary care follow-up was arranged.
- In order to ensure continuity of care for patients in the out of hour setting, details of any patient with complex long-term conditions, or an end of life diagnosis were entered onto the computer system which is visible by the out of hour's service and ambulance service and contains useful information including treatment plans, escalation plan and past history.

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 people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Good



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.
- 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



Summary of findings

- The practice offered NHS health checks to those aged 40-74. These were identified by running a monthly search on the computer to identify the patients eligible that month and then sending them an invitation letter.
- The practice offered health promotion services via the practice nurses such as weight loss, smoking cessation and sexual health services.

Patients who received repeat medicines were able to collect their prescription at a place of their choice, or at the practice itself if they were dispensing patients.

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 offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



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).

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded from 01/04/2014 to 31/03/2015 was 100%, which was higher than the national average of 90%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia. Two members of the reception staff were dementia friends. Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Good



Summary of findings

- 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.
- The practice had a register for those patients with severe mental health illness and there were processes in place to ensure those patients attend their annual reviews.
- A psychologist, provided by the local mental health trust, held a clinic at the practice on alternate weeks.

In house mental health medicines reviews were conducted to ensure patients received the most effective medicines for their condition. In addition blood tests were regularly performed on patients receiving certain mental health medicines to ensure their treatment was optimally maintained

Summary of findings

What people who use the service say

The national GP patient survey results were published on July 2016.

The results showed the practice was performing better than local and national averages. 205 survey forms were distributed and 128 were returned. This represented approximately 7% of the practice's patient list. Results from the survey showed;

- 98% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 93% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.

- 94% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 90% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 34 comment cards which were all positive about the standard of care received. Patients described a well organised service with friendly and approachable staff in a clean and hygienic environment.

The Silton 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.

Background to The Silton Surgery

The Silton Surgery was inspected on Tuesday 11 October 2016. This was a comprehensive inspection.

The Silton Surgery is located in the town of Gillingham in Dorset and has an NHSE personal medical services (PMS) contract to provide health services to approximately 1900 patients. The practice is open between 8am and 6.30pm Monday to Friday. The practice offers a range of appointment types including book on the day and telephone consultations

The practice has opted out of providing out-of-hours services to their own patients and refers them to an out of hour's provider via the NHS 111 service. This information is displayed on the outside of the practice, on their website, and in the patient information leaflet.

Information published by Public Health England rates the level of deprivation within the practice population group as eight on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest. There was no data available to us at this time regarding ethnicity of patients but the practice stated that 99% of their patients were White British

The mix of patient's gender (male/female) is equal at 50% each. Public health data showed that 3.9% of the patients are aged over 85 years old which is higher than the local average (CCG) of 2.8% and higher than the national average of 2.3%.

There are two GPs working part time at the practice (one male and one female). This equates to whole time equivalent of 1 GP partner. Both of the GPs are partners who hold managerial and financial responsibility for running the business. The partners are also supported by one regular female locum GP. The GPs are supported by two practice nurses, the dispensary team and additional administration and reception staff.

The practice is open on Monday 8.30am to 4pm, Tuesday 8.30am until 7pm, Wednesday; 8.30am until 1pm, Thursday; 8.30am until 6.45pm and Friday 8.30am until 5pm. Appointments are offered anytime within these hours. Extended hours surgeries are offered at the following times; on Tuesdays between 5.30pm and 7pm and on Thursdays 5.30am and 6.45pm.

Outside of these times patients are directed to contact the Wiltshire's out of hour's service by using the NHS 111 number.

The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

This report relates to the regulatory activities being carried out at:

The Surgery, Gillingham Road, Silton, Gillingham, Dorset. SP8 5DF

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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 11 October 2016. During our visit we:

- Spoke with a range of staff
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an 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, a patient was given the incorrect vaccine by a member of locum staff. Immediately the error was realised the practice took steps to ensure the patients wellbeing. The patient was immediately notified and reassured. The practice sought advice from several different sources and no harm came to the patient. The patient was kept involved at every step and was happy with how the practice had reacted to the error. The incident was discussed with all clinical staff and a new failsafe protocol was put into place. These protocols ensured locums were directed to the patient group directions (PGDs) before clinics commenced. Staff also now double check with a second clinician, or staff from the dispensary, before administering vaccines.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. 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 3.
- 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 and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example foot operated pedal bins were purchased following the most recent audit.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and

Are services safe?

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.

- There was a named GP responsible for the dispensary. All members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or '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); all were up to date and signed appropriately.
- 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 two 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 and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working

properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty

Arrangements to deal with emergencies and major incidents

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

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

Are services effective?

(for example, treatment is effective)

Our findings

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 98.5% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. QOF is a voluntary incentive scheme for GP practices in the UK which financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures. Data from 2014/2015 showed:

- Performance for diabetes related indicators was similar to the national average. The percentage of patients with diabetes, on the register, in whom the last blood sugar was 84% within normal limits in the preceding 12 months (01/04/2014 to 31/03/2015), this was comparable to the local average of 82% and higher than the national average of 78%.
- Performance for mental health related indicators was slightly lower than the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a

comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 84% which was slightly lower than the local average of 93% and the national average of 88%.

There was evidence of quality improvement including clinical audit.

The GPs told us clinical audits were often linked to medicines management information, safety alerts or as a result of information from QOF. For example, we saw an audit regarding patient information instructions supplied with medicines dispensed from the practice. The aim was to improve patient safety by making sure patients had clear instructions about how to take their medicines. The results of the audit showed good quality medicine directions but also demonstrated there remained opportunities for improvement. For example, to correct any inaccurate and erroneous directions, to improve the practice drug formulary to be more specific about taking medicines after food or at specific times of day and to add indication based prescribing on the label so that the patient had a clear understanding of the reason for them taking the medicine.

Effective staffing

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

- 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.
- 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 their learning needs and to cover the

Are services effective?

(for example, treatment is effective)

scope of their work. This included ongoing support, one-to-one meetings, 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

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.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the 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, and alcohol cessation. The practice provided active smoking cessation advice and support data showed 19 patients had received smoking cessation support from the practice nurses. The four week quit rate was 63% (12 patients).

The practice's uptake for the cervical screening programme was 80%, which was slightly lower than the CCG average of 85% but comparable 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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 89% to 100% and five year olds from 92% to 100% compared to CCG values of 92% to 97%.

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 34 patient Care Quality Commission comment cards we received were 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. One of the cards had been completed by a psychologist who regularly visited the practice. They described the practice as providing excellent support and information which benefited the patients.

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

- 89% 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 89%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 96% 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%.
- 85% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 97% 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 in line or slightly higher than local and national averages. For example:

- 85% 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%.
- 85% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 95% of patients said the last nurse they saw was good at involving them in decisions about their care compared to 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.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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 was a very small rural practice and staff told us that they knew all of the patients and their families and were aware of any patient with caring responsibilities. These patients were supported where possible and signposted to other outside agencies if this was appropriate. The practice did not formally identify these patients as carers but instead used their knowledge of the patient list and their local knowledge to ensure the needs of carers were met.

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

The practice had systems in place to identify military veterans and ensure they received appropriate support to cope emotionally with their experience in the service of their country in line with the national Armed Forces Covenant 2014.

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 on a Tuesday evening until 7pm and Thursday evening until 6.45pm 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 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 vaccinations available on the NHS as well as those only available privately.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The practice provided enhanced services for near patient testing including in-house International Normalised Ratio monitoring (INR – the monitoring of blood thinning medicines).
- The practice was in a rural location and travel to the local district hospital was often problematic for older patients. The practice worked closely with the local hospital consultants making active use of email advice to optimise patients care and reduce their need to travel to the acute hospital. In addition there were acute clinics including the RACE (Rapid Access Care of the Elderly) where elderly patients were seen, at the practice, by a consultant geriatrician within a few days of referral to get experienced clinician input and avoid a hospital admission.
- The practice worked hard to avoid unplanned admissions to hospital by working closely with secondary care providers. For example the practice was part of a local group of rural practices, they ran a local TCOP (Transforming care of the older patient) scheme. This involved sending birthday cards to patients over

the age of 75. The card also included health questions for the patients to try and discover their health concerns or find any unmet health needs. Patients with issues raised on their birthday cards were then invited to a clinic at the practice to see the 'Eldercare facilitator', an experienced nurse, to review any unmet needs they had. A second aspect of the TCOP scheme was for the practice to perform extended face to face reviews of those patients over 75 to optimise their care. The practice worked hard to avoid unnecessary admissions to hospital and had one of the lowest unscheduled admission rates in Wiltshire

- The practice were able to loan out equipment which monitored patient's heart rates to check for irregularities. The practice had software on their clinical computer system which enabled them to interpret the data and suggest a treatment plan. This service prevented patients from having to go to the district hospital for treatment and provided faster access to a diagnosis and reduced patient anxiety.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open on Mondays 8.30am to 4pm, Tuesdays 8.30am to 7pm, Wednesdays 8.30am to 1pm, Thursdays 8.30am to 6.45pm and Fridays 8.30 to 5pm. Appointments could be offered anytime within these hours. Extended hours surgeries were offered at the following times; on Tuesdays between 5.30 and 7pm and on Thursdays between 5.30 and 6.45pm. In addition to pre-bookable appointments that could be booked up to six 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 higher than local and national averages.

- 93% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 98% of patients said they could get through easily to the practice by phone compared to 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.

Are services responsive to people's needs?

(for example, to feedback?)

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. For example, posters in the waiting room and information on the practice's website.

We looked at six complaints received in the last 12 months. We saw that all complaints had been satisfactorily handled, dealt with in a timely way, with openness and transparency. Patients were given apologies where appropriate and informed at all stages of the complaint. Lessons were learnt from individual concerns and complaints and shared with all staff. The practice saw complaints as an opportunity to improve the quality of care. For example, a patient made a complaint about the GPs refusal to prescribe a specific medicine. The GP acted correctly within NICE guidelines but the patient insisted they were prescribed and consequently suffered some side effects. This case was reviewed and discussed and learning shared.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

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

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, 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.

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

- Staff told us the practice held regular team meetings.
- 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 PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team.
- 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.

For example, the practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted

Are services well-led?

Good 

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

proposals for improvements to the practice management team. For example, the practice produced a report following findings of the national patient survey in relation to Silton Surgery and in relation to the Friends & Family results. This was circulated to the members of the PPG for review and an action plan developed. As a result of this process the practice blocked out some morning appointments allowing GPs to catch up and reduce the late running of appointments. They then added extra appointments at the end of the session if required. This had been implemented in July 2016 and was to be audited in October 2016. The patients were also consulted about the comfort and privacy in the waiting room. This was done by adding questions to the Friends and Family test for a two week period in September. The results were yet to be analysed.

Continuous improvement

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

- The staff team were actively encouraged and supported with their personal development. This included the effective use of protected learning times and access to online training materials.
- The practice monitored and audited the service they provided and planned ahead to ensure continuity and further development of the services it provided.