

Salisbury Plain Health Partnership

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?

Requires improvement



Are services effective?

Requires improvement



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 Salisbury Health Partnership, also known as, Cross Plain Surgery, on 8 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 for reporting and recording significant events. Incidents and significant events were discussed at a range of meetings including weekly clinical meetings and monthly team meetings.
- Although risks to patients were assessed and well managed, systems and processes to manage risks in the dispensary were not applied consistently.
- 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. The practice had a positive ethos for the continuous development of staff.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, the practice worked with Wiltshire County Council in hosting well-being courses for patients with mental health problems, obesity and substance and alcohol misuse problems.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.

We saw several areas of outstanding practice:

- The practice recognised the need of its local population and took part in various initiatives to improve outcomes for patients. They developed an initiative called “Serving on UK” where practice staff who had knowledge of the armed forces supported veterans and families of serving military personnel to have better access to NHS services. The practice had worked with the South West Armed Forces Network, NHS England, the local clinical commissioning group and local military charities so that this initiative could be rolled out nationally.
- The practice had set up a specific Mental Health team which included two mental health support workers employed by the practice under the leadership of a lead GP who had specific qualification and experience in mental health and substance misuse issues. This enabled patients to be reviewed and have increased access to support when they needed it.

The areas where the provider must make improvement are:

- Ensure controlled drugs are checked in accordance with their standard operating procedures.
- Ensure the temperature of the medicines fridge in the dispensary is checked daily.
- Ensure the number of patients with long term conditions who had been excluded from reviews are appropriately reviewed and identify ways to improve uptake for these reviews.

The areas where the provider should make improvement are:

- Ensure uncollected medicines are acted upon in a timely way.

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 requires improvement for providing safe services.

- There was an effective system 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.
- The practice had clearly defined and embedded systems, processes and practices to keep patients safe and safeguarded from abuse.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, we found the temperature of the fridge in the dispensary was not recorded consistently. Controlled drugs were not checked in accordance with the practice's standard operating procedure.

Requires improvement



Are services effective?

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

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were below average compared to the national average. The practice had higher than average exception reporting for patients with long-term conditions.
- The practice identified there were coding anomalies when recording the number of patients excepted for reviews.
- 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.

Requires improvement



Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. For example the practice worked with the local care-coordinator to support older patients and those who were vulnerable to ensure the health needs of those patients were met.
- The practice used innovative and proactive methods to improve patient outcomes and working with other local providers to share best practice. For example, the practice worked with the Children and Young Adolescent Mental Health Service, local social workers and primary care liaison service of the local Mental Health Trust to deliver an in house mental health service to patients. We were given several examples of how this service has had positive outcomes for patients with mental health.

Are services caring?

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. For example, 97% of patients said they found the receptionists at the practice helpful compared to the clinical commissioning group average of 90% and the national average of 87%.
- 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.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. The practice identified that there was a gap in services to support patients who were vulnerable and those with mental health. Although there was a team who provided support to patients in a crisis situation, there was a shortfall in services for patients who needed proactive support to manage their mental health needs. They had therefore set up an in house mental health team to actively support patients who needed advice and support.

Good



Summary of findings

- There are innovative approaches to providing integrated patient-centred care. The practice introduced the role of GP assistants to assist GPs with patient care. The GP assistants had different professional backgrounds but had not completed a nationally approved course for this role.
- The practice recognised the need of its local population and took part in various initiatives to improve outcomes for patients. They developed an initiative called “Serving on UK” where practice staff who had knowledge of the armed forces supported veterans and families of serving military personnel to have better access to NHS services. The practice had worked with the South West Armed Forces Network, NHS England, the clinical commissioning group and local military charities so that this initiative could be rolled out nationally.
- The practice worked with the clinical commissioning group and other local practices to establish an elderly care facilitator service which was part of the Transforming Care for Older Patients initiative in the locality. One of the health care assistants ran a weekly drop in clinic and arranged for external speakers to attend. There was a podiatrist and the practice pharmacist who attended this clinic once a month to offer specialist advice and support.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, the practice noted from patient feedback that there was lack of privacy in the reception areas when reception staff took phone calls from patients. The practice had created a phone hub as a response, where all calls were diverted to a separate room to maintain privacy in the reception areas.
- Patients can access appointments and services in a way and at a time that suits them. Appointments could be accessed online, by phone or in person at the practice.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.
- The practice provided care for patients admitted to 20 intermediate care beds in Amesbury, which provided an environment that would enable successful rehabilitation at a place close to home. Visits were undertaken three days a week by a GP and two days a week by a GP assistant.

Summary of findings

- The practice also provided GP support to a local boarding school and had plans to provide a weekly visit by one of the nurses from January 2017.

Are services well-led?

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

- The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care.
- The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The strategy and supporting objectives were stretching, challenging and innovative, whilst remaining achievable.
- The practice sought opportunities to deliver tailored care in the local community and improve health outcomes for patients. For example the initiation of an in house Mental Health team and support for military veteran patients and serving soldiers' families to receive better access to health services within the NHS.
- There was a clear leadership structure in place and staff felt supported by management.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice. This included arrangements to monitor and improve quality and identify risk. The practice management team had evaluated information and data from a variety of sources to inform their decision making that would deliver high quality care.
- 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 partners in the practice prioritised safe, high quality and compassionate care. The partners were visible and it was clear that there was an open culture within in the practice. There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- The practice proactively sought feedback from staff and patients, which it acted on.
- 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

The practice is rated as requires Improvement for the care of older patients. The practice is rated as requires improvement for safe and effective, good for caring, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

There were, however, examples of good practice:

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Older patients had a named GP and the practice facilitated those patients to see a GP or nurse of their choice to encourage continuity of care.
- There was a care co-ordinator attached to the practice who liaised between elderly patients and the practice to ensure those patients had regular checks and advice.
- As part of the Transforming Care for Older Patient initiative, the practice held a weekly clinic in one of its branch surgeries. This was led by one of the health care assistants who had nursing home experience and arranged for external speakers to attend.
- There was a GP and a GP assistant who supported patients admitted to intermediate nursing home care beds in Amesbury, which provided an environment that would enable successful rehabilitation at a place close to home. Both the GP and GP assistant attended weekly multi-disciplinary team meeting to review the care of those patients.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of patients with long-term conditions. The practice is rated as requires improvement for safe and effective, good for caring, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

There were, however, examples of good practice:

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.

Requires improvement



Summary of findings

- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (04/2015 to 03/2016) was 94% which was above the clinical commissioning group of 91% and national average of 89%.
- The practice took part in a pilot in partnership with Public Health England and a voluntary sector provider to look at pre-diabetes checks. The practice had shared its learning and findings which has led to patients at risk of developing diabetes in the locality being invited to attend a pre-diabetes course. Staff from the practice were part of the team delivering the course. The practice were also able to demonstrate how they had adjusted the way the course was delivered to enable greater patient uptake.
- Patients with chronic obstructive pulmonary disorder (a lung disease) were referred to a Community Pulmonary Rehabilitation Course so that those patients could self-manage their condition.
- The practice held a clinic for patients who were obese twice a week. This included advice on exercise, diet and nutrition.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young patients. The practice is rated as requires improvement for safe and effective, good for caring, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

There were, however, examples of good practice:

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young patients who 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 patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.

Requires improvement



Summary of findings

- The practice's uptake for women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding five years was 81% which was comparable to the clinical commissioning group average of 86% and national average of 81%.
- The practice recognised that they were located in a large military garrison and identified the needs of military veterans and the families of serving personnel. The practice developed an initiative called "Serving on UK", where staff with personal knowledge of the armed forces can assist patients to have their needs met within the NHS. The practice believed that this facilitated conversation for military veterans and families of serving personnel as practice staff had experience and understanding of the armed forces.
- 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 and health visitors.

Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working age patients (including those recently retired and students). The practice is rated as requires improvement for safe and effective, good for caring, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

There were, however, examples of good practice:

- 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.
- The practice offered extended hours on Wednesday mornings from 7.30am to 8am at one of its locations in Tidworth and every third Saturday of the month from 9am to 12.30am. Saturday appointments varied between the provider's locations.

Requires improvement



People whose circumstances may make them vulnerable

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

Requires improvement



Summary of findings

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

There were, however, examples of good practice:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- Practice data showed that 80% of patients with a learning disability have had an annual health check to date.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. There was a care coordinator attached to the practice who saw vulnerable patients and acted as a link between the patient, the practice and other health professionals to ensure the needs of those patients were met.
- The practice was part of the Wiltshire “stay safe” scheme, where anyone in need of assistance or, who are anxious or distressed would be supported by practice staff to stay safe until they received further assistance.
- The practice recognised that a large proportion of their population were military veterans and understood the support needs of those patients. They worked closely with local military charities and “Turning Point” which supports patients with substance and alcohol misuse. Two of the GPs at the practice had qualifications in substance misuse and could therefore support patients safely with alcohol and substance misuse.
- 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)

The practice is rated as requires improvement for the care of patients experiencing poor mental health (including patients living with dementia). The practice is rated as requires improvement for safe and effective, good for caring, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Requires improvement



Summary of findings

There were, however, examples of good practice:

- 81% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months (04/2015 to 03/2016), which was below the clinical commissioning group (CCG) average of 88% and the national average of 84%.
- The percentage of patients with severe mental health problems who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months (04/2015 to 03/2016) was 100% compared to the CCG average of 92% and national average of 89%.
- The practice recognised that there was a gap in service provision for patients with mental health who needed advice and support on a regular basis. They had set up an in house Mental Health team which included two mental health support workers employed by the practice under the leadership of a lead GP who had a specific qualification and experience in mental health issues. This enabled patients to be reviewed and have increased access to support when they needed it. The team met monthly and patients on the register were discussed and followed up. The practice shared several examples where the support had benefited patients to return to work, avoid hospital admission, and manage their anxieties with coping strategies as opposed to medicines.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. Two hundred and twenty survey forms were distributed and 118 (a response rate of 54%) were returned. This represented approximately 4% of the practice's patient list.

- 86% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) of 80% and national average of 73%.
- 89% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 89% and national average of 85%.
- 85% of patients described the overall experience of this GP practice as good compared to the CCG average of 90% and national average of 85%.

- 77% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 83% and 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 24 comment cards, of which, 23 were positive about the standard of care received. One of the comments cards referred to difficulties seeing a GP of their choice. Patients commented on the friendliness of staff at the practice and that they found the practice clean and hygienic.

We spoke with three patients during the inspection. Two patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. One patient however felt that the appointment system did not work for them due to their work commitments.

Salisbury Plain Health Partnership

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP Specialist Adviser, two CQC Inspectors, a Registration Inspector (observing only) and an Assistant Inspector.

Background to Salisbury Plain Health Partnership

Salisbury Health Partnership has two locations and two branches. The provider offers primary medical services across Salisbury Plain from Tilshead to the edge of Andover. The provider provides its service from two registered locations and has a branch surgery from each of these locations.

The practice premises includes two consulting rooms and one treatment room on the ground floor, and one consulting room on the first floor which was mainly used for counselling services.

The practice provides its service to approximately 3,300 patients under a General Medical Services (GMS) contract. (A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract).

The practice delivers its services from the following location:

84 Bulford Road,

Durrington,
Salisbury,
Wiltshire,
SP4 8DH.
And,
Shrewton Surgery,
High Street,
Shrewton,
Salisbury,
Wiltshire,
SP3 4DB.

The practice partnership combines their staffing across all sites. In total it has four GP partners and one business partner. The practice also employs three salaried GPs making a total of approximately four and a half whole time equivalent GPs. There are two male and five female GPs. The clinical team includes two practice nurses and two healthcare assistants (all of which are female), a pharmacist, a nutrition advisor, a mental health support worker and five GP assistants. The practice management and administration team consist of a business partner (who is a senior Physiotherapist and also undertakes the role of a GP assistant), two assistant practice managers (one of whom was also a GP assistant), an IT manager and a range of administration and reception staff. The practice also employs four dispensers; one of whom is also a mental

Detailed findings

health support worker. Practice staff work across all of the practice's four sites. The practice is approved for teaching medical students and training qualified doctors undertaking further training to become GPs.

The practice has a dispensary offering pharmaceutical services to those patients on its practice list who live more than one mile (1.6km) from their nearest pharmacy premises. The practice dispenses medicines for approximately 880 patients and is signed up to the Dispensing Services Quality Scheme, which rewards practices for providing high quality services to patients from their dispensary.

The practice population demographic shows there is a higher than average patient population aged between 45 to 64 years compared with local and national averages. The general Index of Multiple Deprivation (IMD) population profile for the geographic area of the practice is in the second least deprivation decile. (An area itself is not deprived: it is the circumstances and lifestyles of the people living there that affect its deprivation score. Not everyone living in a deprived area is deprived and that not all deprived people live in deprived areas). Average male and female life expectancy for the practice is 81 and 84 years, which is above the national average of 79 and 83 years respectively. Practice data shows that the practice is the third highest in the area for patient turnover mainly due to having a high proportion of patients from families of soldiers serving in the armed forces. Approximately 15% of the practice population are military veterans.

The practice is open between 8am to 1pm and 2pm to 6.30pm Monday to Friday. Appointments are from 8.30am to 1pm and 2pm to 5pm for pre-booked appointments with a GP daily. When the practice is closed, patients are advised to contact an emergency telephone number. Details of the emergency telephone number are given to patients through an answer phone message when they call the practice. Emergency appointments with a GP and nurse are available until 6pm. Extended hours are every Wednesday morning from 7.30am to 8am at one of the practice's locations in Tidworth and every third Saturday of the month from 9am to 12.30am. Saturday appointments varied between the provider's locations.

The practice has opted out of providing out of hours services to its patients. Patients can access the out of hour's services provided by Medvivo via the NHS 111 service.

This was the first inspection of Salisbury Plain Health Partnership.

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 8 December 2016. During our visit we:

- Spoke with a range of staff including five GPs, one GP assistant, the pharmacist, a practice nurse, one health care assistant and one member of the dispensary team.
- We spoke with three patients who used the service and one member of the patient participation group.
- 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?

Detailed findings

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.

Are services safe?

Our findings

Safe track record and learning

There was an effective system 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 urine sample was handed in to reception without any label. A GP took this sample to test thinking it was from their last patient that they saw and made a referral based on the findings from the result. The practice realised that the sample was from a different patient and that the referral made was inappropriate. The practice cancelled the referral, amended the patient's record and notified the patient of the error and asked them to bring in a further sample for testing. This was discussed at the following practice meeting where all staff were reminded to ensure samples are checked to ensure that they are correctly labelled.

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 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 child safeguarding level two.

- A notice in the waiting room and on consulting room doors 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 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.
- There were arrangements for managing medicines, including emergency medicines and vaccines, including obtaining, prescribing, recording, handling, storing and security. Medicines in the dispensary and treatment rooms were stored securely and there was an expiry date checking process in place. There were systems in place to monitor the temperature of all the fridges and staff took appropriate action when they recorded temperatures outside of normal ranges. However, we noted that the fridge in the dispensary in the practice was not monitored consistently and there were gaps in the temperature records. We found that there were several times when the fridge had been operating outside the normal range. The reason for this was

Are services safe?

documented clearly and actions taken were recorded. However, there was no assurance that the fridge was consistently being monitored and prompt actions taken should there be a breach in the cold chain.

- The practice carried out regular medicines audits, with the support of the local clinical commissioning group medicines management team and the practice pharmacist, to ensure prescribing was in line with best practice guidelines for safe prescribing. Staff had completed a number of dispensary audits including one which ensured medicines were clearly labelled on how to take the medicine. These resulted in changes to improve patient safety.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions and authorisation for nurses or other staff who are competent to administer certain medicines but not authorised to prescribe. This enables the supply or administration of medicines to groups of patients who may not be individually identified before presenting for treatment. Health care assistants were trained to administer certain vaccines and medicines against a patient specific direction (PSDs) from a prescriber. PSDs are written instructions, from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.
- Processes were in place for handling requests for repeat prescriptions which included reviews of high risk medicines. Dispensary staff identified when a medicine's review was due and told us that they would alert the practice pharmacist to re-authorise the medicine before a prescription could be issued. This process ensured patients only received medicines that remained necessary for their conditions.
- We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Incidents relating to medicines were raised as significant events and 'near misses' were recorded in line with a standard operating procedure. These incidents were reviewed to make sure appropriate actions were taken to minimise the chance of similar errors occurring again.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing

medicines had received appropriate training, and had opportunities for continuing learning and development. Dispensary staff showed us a comprehensive range of standard operating procedures (SOPs) which covered all aspects of the dispensing process (SOPs are written instructions about how to safely dispense medicines). These were up to date and reflected current practice. The dispensing process was safe and effective. Staff used a bar code scanner to double check dispensed items matched what was prescribed. The practice signed up to the Dispensing Services Quality Scheme which rewards practices for providing high quality services to patients and help ensure processes were suitable and the quality of the service was maintained.

- The practice provided a medicines compliance aid box system for those patients who required assistance with taking their medicines.
- 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. For example, controlled drugs were stored in a controlled drugs cupboard, access to them was restricted and the keys held securely. There were arrangements in place for the destruction of controlled drugs. Staff were aware of how to raise concerns with the controlled drugs accountable officer in their area. However, we noted that controlled drugs were not checked regularly in line with the practice's SOP. There had been one incident where a controlled drug was missing from the dispensary's stock and this was discovered several months later. The practice conducted an investigation and found that it had been dispensed to a patient in intermediate care and not recorded in the controlled drug register. The practice reviewed its SOP to highlight that all stock must be checked monthly. Our findings revealed that this was not being undertaken.
- We found that medicines that had not been collected by patients were still on the shelf awaiting collection at the branch practice. Some of these medicines had been awaiting collection for over four weeks. We were told that those patients had been contacted and confirmed they would collect them and that they still had some medicines at home, however, we could not find a record in the patients' notes to confirm they had been contacted by the practice.

Monitoring risks to patients

Are services safe?

Risks to patients were assessed and well managed.

- There were procedures 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. 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 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).
- There were arrangements 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. For example, dispensary staff covered each other during periods of leave and absences.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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 business continuity plan to help deal with 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 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 99% of the total number of points available, with 17% exception reporting. (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).

This practice was an outlier for QOF exception reporting and was above both the local average of 12% and national average of 10%. Data from 2015/16 showed:

- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (04/2015 to 03/2016) was 94% which was above the clinical commissioning group (CCG) of 91% and national average of 89%. The practice exception rate was 44% compared to the local average of 9% and national average of 8%.
- The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August 2015 to 31 March 2016 was 100%

compared to the local average of 95% and national average of 92%. The practice exception rate was 19% compared to the local average of 20% and national average of 20%.

- The percentage of patients with diabetes, on the register, in whom their last blood test was in the target range or less in the preceding 12 months was 96% compared to the local average of 91% and national average of 88%. The practice exception rate was 23% compared to the local average of 13% and national average of 9%.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was within the target range or less was 89% compared to the local average of 83% and national average of 80%. The practice exception rate was 17% compared to the local average of 17% and national average of 13%.
- 81% of patients (nine out of 11 patients) diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months (04/2015 to 03/2016), which was below the CCG average of 88% and the national average of 84%. The practice exception rate was 9% compared to the CCG average of 9% and national average of 7%.
- The percentage of patients with severe mental health problems who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months (04/2015 to 03/2016) was 100% compared to the CCG average of 92% and national average of 89%. The practice exception rate was 14% compared to the CCG average of 16% and national average of 13%.

We reviewed the areas where the practice had high exception rates. We found the practice invited patients for reviews appropriately. We saw from the practice's records that some patients continuously did not attend reviews of their long term conditions. However, the number of patients who had been excepted from reviews was above local and national averages. Following the inspection, the practice identified that they had been incorrectly recording the number of patients being excluded from diabetes reviews which had an impact on the overall exception rate.

The practice also explained that the practice was the third highest in the area for patient turnover mainly due to

Are services effective?

(for example, treatment is effective)

having a high proportion of patients from families of serving soldiers in the armed forces. The practice has approximately 15% of their population who were military veterans.

The practice recognised that there was a gap in service provision for patients with mental health who needed advice and support on a regular basis. They had set up an in house Mental Health team which included two mental health support workers employed by the practice under the leadership of a lead GP who had a specific qualification and experience in mental health and substance misuse issues. This enabled patients to be reviewed and have increased access to support when they needed it. The team met monthly where patients on the register were discussed and followed up. The practice shared several examples where the support had benefited patients to return to work, avoid hospital admission, and manage their anxieties with coping strategies as opposed to medicines. They worked with the Children and Young Adolescent Mental Health Service, local social workers and primary care liaison service of the local mental health Trust to deliver this service.

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits undertaken in the last two years, two of these were completed audits where the improvements were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result of clinical audit included ensuring that medicines that have been dispensed had clear instructions for patients on how to take those medicines instead of a non-specific “as required” instruction. The first audit identified 30 non-specific instructions. The results of this audit were discussed with the GPs and amendments made to relevant prescriptions to clarify the correct dosage information for patients on their prescriptions. Dispensing staff were also instructed to be aware of the “as directed” instruction, and if found, to raise this with the relevant GP to ensure this was changed. A re-audit five months later showed the number of non-specific instructions had reduced and only three medicines had “as required” instructions.

Information about patients’ outcomes was used to make improvements such as: correctly identifying patients at risks of developing dementia and ensuring that diagnosis was not missed for these patients.

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. GP assistants had a week of protected learning time every eight weeks. One of the assistant practice managers was currently undertaking a dispensing qualification and the dispenser who was also a mental health support worker was undertaking a course in active listening. Staff at the practice had also received specific training to understand the signs when patients were distressed or anxious so that they can better support those patients.
- 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 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.

Are services effective?

(for example, treatment is effective)

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.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young patients, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, 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, exercise, smoking and alcohol cessation. Patients were signposted to the relevant service. The practice held a weekly clinic for patients who were obese twice a week.

- A nutrition advisor was available on the premises and smoking cessation advice was available from the nursing team.
- The practice took part in a pilot in partnership with Public Health England and a voluntary sector provider to look at pre-diabetes checks. The practice had shared its learning and findings which has led to patients at risks of developing diabetes in the locality being invited to attend a pre-diabetes course. Staff from the practice were part of the team delivering the course. The practice were also able to demonstrate how they had adjusted the way the course was delivered to enable greater patient uptake.
- Patients with chronic obstructive pulmonary disorder (a lung disease) were referred to a Community Pulmonary Rehabilitation Course so that those patients could self-manage their condition.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 86% and the national average of 81%. There were systems 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. 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 ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The patient uptake for the bowel screening service in the last two and a half years was 60% compared to the CCG average of 63% and national average of 58%. The practice also encouraged eligible female patients to attend for breast cancer screening. The rate of uptake of this screening programme in the last three years was 73% compared to the CCG average of 77% and national average of 72%.

With exception of the meningitis C and pneumococcal vaccines for which no data was available at the time of inspection, childhood immunisation rates for the vaccines given were comparable to the CCG and national averages.

Are services effective?

(for example, treatment is effective)

For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 90% to 100% compared to the CCG average range of 94% to 97% and national average range of 88% to 95%. Rates for five year olds ranged from 86% to 93%, compared to the CCG average range of 90% to 97% and national average range of 87% to 95%.

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.

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 and could offer them a private room to discuss their needs.
- Staff at the practice had also received training to understand and recognise the signs when patients become distressed or anxious so that they can better support those patients.

Twenty-three of the 24 patient Care Quality Commission comment cards we received were positive about the service experienced. One of the comment cards referred to difficulties seeing a GP of their choice. 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 told us the group had recently formed and had not had a meeting with the practice yet. 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 comparable for its satisfaction scores on consultations with GPs and nurses. For example:

- 86% 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%.
- 89% 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%.
- 88% 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 national average of 85%.
- 93% 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 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 with local and national averages. For example:

- 86% 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 national average of 82%.
- 86% 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 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.
- Information leaflets were available in easy read format.

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 78 patients as carers (2.4% of the practice list). Carers' events were organised twice a year at two of the practice's sites, where partner organisations, such as Carers Support Wiltshire and the Alzheimer's society, attended to provide support and information. Carers were informed of these via text

messaging and they were well attended. The practice ensured carers received a fifty pound voucher available to them from Carers Support Wiltshire on a six monthly basis to spend on themselves and also that they were given support with respite care where appropriate. The practice had been given a Gold award for this work, by Care Support Wiltshire. 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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. For example, the practice worked with the CCG and other local practices to establish an elderly care facilitator service which was part of the Transforming Care for Older Patients initiative in the locality. One of the health care assistants ran a weekly drop in clinic for all patients in the group at one of the other sites and arranged for external speakers to attend. We were told this was well attended. There was a podiatrist and the practice pharmacist who attended this clinic once a month to offer specialist advice and support.

- The practice offered extended hours on Wednesday mornings from 7.30am to 8am at one of its locations in Tidworth and every third Saturday of the month from 9am to 12.30am. Saturday appointments varied between the provider's locations.
- 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 vaccines available on the NHS as well as those only available privately/ were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice was part of the Wiltshire "stay safe" scheme, where anyone in need of assistance or, who are anxious or distressed would be supported by practice staff to stay safe until they received further assistance.
- The practice recognised that a large proportion of their population were military veterans and understood the support needs of those patients. They worked closely with local military charities.
- The practice also developed an initiative called "Serving on UK", where staff with personal knowledge of the

armed forces can assist patients to have their needs met within the NHS. The concept of this initiative was to enable patients and their families who were part of the military to be supported by someone who had experience of the military or who had family members in the armed forces.

- Two of the GPs at the practice had qualifications in substance misuse and could therefore support patients safely with alcohol and substance misuse. They worked closely with a voluntary organisation which supports patients with substance and alcohol misuse.
- The practice realised that there was a gap in services to support patients who were vulnerable and those with mental health. Although there was a team who provided support to patients in a crisis situation, there was a shortfall in services for patients who needed proactive support to manage their mental health needs. They had therefore set up an in house mental health team to actively support patients who needed advice and support.
- The practice introduced the role of GP assistants to assist GPs with patient care. The GP assistants had different professional backgrounds but had not completed an approved national course for this role.
- The practice provided care for patients admitted to 20 intermediate care beds in Amesbury, which provided an environment that would enable successful rehabilitation at a place close to home. Visits were undertaken three days a week by a GP and two days a week by a GP assistant. Ten of those beds were for "Step up" patients where those patients could be monitored locally instead of being admitted in to hospital. The other 10 beds were "Step down" where patients who had been discharged from hospital but required additional care could be supported until they were safe to return home.
- The practice also provided GP support to a local boarding school and had plans to provide a weekly visit by one of the nurses from January 2017.
- The practice held a clinic for patients who required advice on exercise, diet and nutrition twice a week.

Access to the service

The practice was open between 8am to 1pm and 2pm to 6.30pm Monday to Friday. Appointments were from 8.30am

Are services responsive to people's needs?

(for example, to feedback?)

to 1pm and 2pm to 5pm for pre-booked appointments with a GP daily. When the practice was closed, patients were advised to contact an emergency telephone number. Details of the emergency telephone number were given to patients through an answer phone message when they called the practice. Emergency appointments with a GP and nurse were available until 6pm. Appointments could be pre-booked with a GP, nurse and health care assistant and urgent appointments were also available for patients 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 to local and national averages.

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 81% and national average of 79%.
- 86% of patients said they could get through easily to the practice by phone compared to the CCG average of 80% and national average of 73%.

Patients 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.

Patients were triaged by the duty doctor at the practice who assessed the urgency of the appointment and the most appropriate healthcare professional to see the patient. 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.
- 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.

We looked at four complaints received in the last 12 months and found that these were handled in an appropriate manner and dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends, action was taken as a result to improve the quality of care. For example, when a patient complained about the length of time for them to see a GP after they had been seen by the GP assistant, the practice wrote to the patient apologising for the delays and explained the circumstances surrounding the delays. The partners at the practice were also made aware that the GP assistants found the waiting time when they required a GP to see a patient frustrating. The practice reviewed the system for seeing patients after they had been seen by the GP assistant and introduced a messaging alert system to inform the GP when a patient was waiting to be seen.

Are services well-led?

Good 

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

Our findings

The leadership and culture of the practice was used to drive improvements and deliver high quality person centred care. The practice undertook a systematic approach to work effectively as a whole practice team, involve the patients and the community and other organisations to deliver the best outcomes and deliver the care within the community wherever possible. The strategy and supporting objectives were stretching, challenging and innovative, whilst remaining achievable.

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.
- There was an ethos of continuous improvement and the partners saw challenges as opportunities to be innovative and embraced change. They took opportunities to participate in local initiatives and pilot projects and shared learning with stakeholders to develop services locally. For example, they took part in a pilot project to look at pre-diabetes care and the learning from this project enabled the successful commissioning of a pre-diabetes course for all patients locally at risks of developing the condition.

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 arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, we found that there were some shortfalls in managing risks relating to the dispensary. For example, the fridge temperature in the dispensary at the main location was not consistently monitored and controlled drugs were not checked in line with the dispensary's standard operating procedures.
- There was an effective governance arrangement for managing risks surrounding the role of GP assistant and the practice engaged with the clinical commissioning group to develop the role.

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

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

- 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

Are services well-led?

Good 

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

issues at team meetings and felt confident and supported in doing so. We noted team away days were held twice a year. The partners also arranged for sailing opportunities for staff annually.

- 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.
- The practice supported staff to develop and funded additional training to facilitate this. For example, one of the assistant practice managers was undertaking training in dispensary and one of the dispensers was undertaking training in active listening. This enabled the practice to increase the skill mix within the team for a sustainable workforce.
- The practice had submitted proposal for further development of the role of GP assistants and they had identified that they would cover shortfalls in funding available.
- The practice went through a period where there was a shortage of GPs at the practice. Following unsuccessful recruitment, they developed the role of GP assistants to assist the GPs in the practice to cope with demands and continue to provide a service to the local population.

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 surveys and complaints received. For example, the practice noted from patient feedback that there was lack of privacy in the reception areas when reception staff took phone calls from patients. The practice had created a phone hub as a response, where all calls were diverted to a separate room to maintain privacy in the reception areas. The patient participation group had recently been formed and at the time of the inspection, they had not had a formal meeting with the practice.
- The practice had gathered feedback from staff through staff away days and generally 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, one of the nurses told us that when they requested administration time, this was granted and they could request this any time they required the additional time. Staff told us they felt involved and engaged to improve how the practice was run.

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. For example:

- There were plans for a practice nurse to undertake a weekly visit at the local boarding school which was supported by the practice.
- They had introduced the role of GP assistants to the practice and continuously sought to develop the role.
- The practice had set up an in house Mental Health Team to address the gap in services for patients with mental health problems.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Safe care and treatment:</p> <p>(1) Care and treatment must be provided in a safe way for service users.</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• The temperature of the medicines fridge in the dispensary was not monitored consistently.• Controlled drugs were not checked in accordance with the practice's standard operating procedures.• The number of patients with long term conditions who were excluded from reviews was higher than local and national averages. <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>Act 2008 (Regulated Activities) Regulations 2014.</p>