

Harcourt Medical Centre

Quality Report

Crane Bridge Road

Salisbury

SP2 7TD

Tel: 01722 333214

Website: www.harcourtmedical.co.uk

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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?

Requires improvement 

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 Harcourt Medical Centre on 31 August 2016. Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows

- There was an open and transparent approach to safety and a 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.
- All patients had a named GP who they were encouraged to see whenever practical.
- Each GP had a named secretary who patients could contact if they needed support to resolve non-medical issues such as referrals.

- 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.
- Results from the national GP survey showed the practice was performing better than the national averages in most areas and was rated the third best practice in Wiltshire.
- 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.

The area where the provider must make improvement are:

- The practice complaints policy did not meet the recognised guidance and contractual obligations for

Summary of findings

GPs in England and letters sent to patients in response to their complaint did not include information about how to escalate the complaint if they were not satisfied.

The areas where the provider should make improvement are:

- Develop and adopt a significant events policy.

- Improve their identification of carers.
- Improve the accessibility of policies and procedures to all staff.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was a system in place for reporting and recording significant events. However, this system was not written down as a policy for staff to refer to, which would make it difficult for the practice to check that their procedures were in line with national guidance and were always being followed by the practice.
- 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 in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- The practice had a system of using three laminated Action Cards to remind staff what to do in a medical emergency. For example, one person was designated to remain with the patient, another was designated to summon two doctors and two nurses (if available).

Are services effective?

The practice is rated as good for providing effective services.

Good



- 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.

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 and overall it was rated the third best practice in Wiltshire.
- The practice had identified 64 patients as carers (0.5% of the practice list). It is estimated that about 10% of patients in England and Wales may be carers. We saw the practice was trying to identify carers on their register by putting information of notice boards in the surgery and on their website.
- 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.

Are services responsive to people's needs?

The practice is rated as requires improvement 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. For example, they had been working with the other two practices in the locality and a national charity to develop an older people's team which would have its own full time GP and a consultant geriatric nurse and would develop links with other local resources and services for older people. This service had started although the GP was not yet in post. The three GP practices and national charity involved had won a Public Health Innovation award for the development of this service.
- All patients had a named GP who they were encouraged to see whenever practical rather than another GP. Each GP had a named secretary who patients could contact if they needed support to resolve non-medical issues such as referrals.
- The practice continued to fund its own nurse who was dedicated to work with patients over 75 years old. The nurse was able to see patients in their own home, make referrals to other services and give advice to patients.
- Some patients told us they sometimes had difficulty booking routine appointments in advance. The practice told us they were aware of this issue and were working to resolve it.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

However,

Requires improvement



Summary of findings

- The practice complaints policy did not meet the recognised guidance and contractual obligations for GPs in England.
- Letters sent to patients in response to their complaint did not include information about how to escalate the complaint if they were not satisfied. For example, it did not include contact details of the Parliamentary and Health Service Ombudsman.

Are services well-led?

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

Good



- The practice had a 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.
- The practice did not have a written business plan but told us a key business objective was to maintain their personal patient lists with each GP having a named secretary. They felt this was a key attribute which they and their patients valued.
- There was a 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.
- Practice specific policies were implemented, although they were not always easily accessible to all staff. For example, we were told the repeat prescription policy was only available from the practice manager's office.
- 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 patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had its own nurse dedicated to working with patients over 75 years old. The nurse was able to see patients in their own home, give advice and make referrals to other services.
- The practice conducted a monthly review of all patients that had been discharged from hospital after attending accident and emergency and took follow-up action where appropriate.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 97% of patients on the register with diabetes had an influenza immunisation in the period 8/2014 to 3/2015, compared to the clinical commissioning group average of 96% and national average of 94%.
- Longer appointments and home visits were available when needed.
- All patients with a long term condition 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.

Good



Families, children and young people

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

Good



Summary of findings

- 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.
- 84% of women aged 25 to 64 had a cervical screening test performed in the preceding five years, compared to the clinical commissioning group average of 85% and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. Homeless patients were allowed to use the local Job Centre or a friend's house as their registered address.
- 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 had a number of patients who were travellers and recognised the needs of this group.

Good



Summary of findings

- 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 good for the care of people experiencing poor mental health (including people with dementia).

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, compared to the clinical commissioning group average of 88% and national average of 84%.
- 95% of patients on the list with a psychosis had their alcohol consumption recorded in the preceding 12 months (4/2014 to 3/2015), compared to the clinical commissioning group average of 93% and 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.
- 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.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing better than the national averages in most areas and was rated the third best practice in Wiltshire. Of the 236 survey forms were distributed and 136 were returned. This represented 1.1% of the practice's patient list.

- 70% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 81% 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%.
- 98% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 91% 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 Care Quality Commission comment cards to be completed by patients

prior to our inspection. We received 20 comment cards which were all positive about the standard of care received. Patients said all staff were extremely caring, thoughtful and helpful. Some commented how they had been getting an excellent service from the practice for many years.

We spoke with eight patients during the inspection. All eight patients said the care they received was excellent and thought the staff were approachable, committed and caring. They particularly liked the practice system of having a named GP who has their own named secretary who patients could talk to resolve non-medical issues such as referrals. They also commented that routine appointments could sometimes be difficult to book in advance.

The practice had a screen in the waiting area on which patients could complete the Friends and Family feedback form. The latest data available shows that of 42 responses 81% were likely or extremely likely to recommend the practice to their friends and family.

Harcourt Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice nurse specialist adviser.

Background to Harcourt Medical Centre

Harcourt Medical Centre is located close to the centre of Salisbury in an old listed building with a modern extension. All areas accessed by patients are in the new extension and are on one level.

The practice has a slightly higher than average patient population over 60 years old and slightly lower than average between 20 and 45 years old.

The practice is part of the Wiltshire Clinical Commissioning Group and has approximately 11,700 patients. The practice area is in the low to mid-range for deprivation nationally, although it is important to remember that not everyone living in a deprived area is deprived and that not all deprived people live in deprived areas.

There are six GP partners and two salaried GPs making the whole time equivalent of five GPs. Five of the GPs are male and three are female. They are supported by four practice nurses, one care of the elderly nurse, one health care assistant and an administrative team of 11 staff led by the practice manager.

Harcourt Medical Centre is a training and teaching practice. (A teaching practice accepts provisionally registered

doctors undertaking Foundation training while a training practice accepts qualified doctors training to become GPs who are known as Registrars.) At the time of our inspection they had one GP trainee working with them.

The practice is open between 8am and 6.30pm Monday to Friday. GP appointments are available between 8am and 11.10am and 3pm and 5.30pm Monday to Friday, except Tuesday when routine appointments start at 9am and Thursday when the last appointment is at 6pm. Extended hours appointments are offered from 6.30pm to 7.15pm on Monday, 7.30am to 8am on Tuesday and 7.30am to 8am on Wednesday and Friday. Appointments can be booked over the telephone, online or in person at the surgery.

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

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

The practice provides a number of services and clinics for its patients including childhood immunisations, family planning, minor surgery and a range of health lifestyle management and advice including asthma management, diabetes, heart disease and high blood pressure management. Psychological support services are provided on site by the NHS.

The practice provides services from the following location:- Crane Bridge Road, Salisbury, SP2 7TD.

Harcourt Medical Centre had not been inspected previously.

Detailed findings

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 31 August 2016. During our visit we:

- Spoke with a range of staff including nine GPs, a GP trainee, four members of the nursing team, the practice manager and their deputy, and five members of the admin team.
- Spoke with eight patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients 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 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 a system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents. Except for GPs, staff wishing to complete an incident form had to request a form from the practice manager.
- 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.

However, the practice had no policy on significant events which would make it difficult to check that their procedures for significant events were in line with national guidance and were always being followed by the practice.

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, after a security issue with a patient the practice reviewed its building security and fitted new locks on consulting room doors, introduced a new panic alarm system and provided staff with additional training.

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 and nurses were trained to child protection or child safeguarding level three.

- 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. One of the GPs 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.
- Arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal) except for Patient Group Directions (PGDs). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- PGDs had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presenting for treatment.) However, we found that not all PGD had been appropriately signed by an authorised

Are services safe?

person. When the practice realised this they took immediate steps to correct the error and confirmed to us the next day that all PGDs had now been appropriately authorised.

- 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 three 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. 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 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.
- The practice had a system of using three laminated Action Cards to remind staff what to do in a medical emergency. The three cards contained different actions and were given to three members of the reception and admin team at the start of each shift, both to clarify who was responsible for what actions and to act as a reminder for these actions. For example, one person was designated to remain with the patient, another was designated to summon two doctors and two nurses (if 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% of the total number of points available. They had 5% exception reporting which was lower than the local and averages. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was similar to the local and national average. For example, 82% of patients with diabetes on the register had a blood test for cholesterol within the last 12 months that was within the target range compared to the clinical commissioning group (CCG) average of 83% and national average of 81%.
- Performance for mental health related indicators was similar to the local and national average. For example, 95% of patients on the register with those a psychosis had their alcohol consumption recorded in their notes in the last 12 months, compared to the CCG average of 93% and national average of 90%.

There was evidence of quality improvement including clinical audit.

- There had been seven clinical audits completed in the last year, three of these were completed audits where the improvements made 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 an audit into the identification of patients with atrial fibrillation resulted in an additional 14 patients with this condition being identified. (Atrial fibrillation is an abnormality of the heart rhythm.)

The practice conducted a monthly review of all patients discharged from hospital after attending accident and emergency and took follow-up action where appropriate.

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 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.

Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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. Patients were signposted to the relevant service.
- Smoking cessation advice was available from the practice.

The practice's uptake for the cervical screening programme was 84%, which was comparable to the CCG average of 85% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice encouraged uptake of the screening programme 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. 67% of patients between 60 and 69 years of age had been screened for bowel cancer in the last 30 months, compared to the CCG average of 63% and national average of 58%. 78% of women between 50 and 70 years of age had been screened for breast cancer in the last 36 months, compared to the CCG average of 77% and national average of 72%. 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 77% to 97% and five year olds from 95% to 98%, compared to the CCG average range of 83% to 95% and 92% to 97% respectively.

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 they could offer them a private room to discuss their needs.

All of the 20 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.

We spoke with three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The results showed the practice was performing better than the national averages and was rated the third best practice in Wiltshire. The practice was above average for its satisfaction scores on consultations with GPs. For example:

- 95% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 94% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 100% 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%.

- 95% 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%.
- 85% 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%.
- 88% 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 better than local and national averages. For example:

- 95% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 95% 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%.
- 82% 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. We saw they provided a sign language interpreter for patients who were deaf and dumb.
- 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's computer system alerted GPs if a patient was also a carer. The practice had only identified 64 patients as carers (0.5% of the practice list). We saw the practice was trying to identify carers on their register by putting information of notice boards in the surgery and on their

website. Written information was available to direct carers to the various avenues of support available to them. They had won a Gold Carers award from a local charity working in partnership with the local council for their work with carers.

Staff told us that if families had suffered bereavement, their usual GP phones them or arranges a home visit. They were also given advice on how to find a support service if this was appropriate.

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, they had been working with the other two practices in the locality and a national charity to develop an older people's team which would have its own full time GP and a consultant geriatric nurse and would develop links with other local resources and services for older people. This service had started although the GP was not yet in post. The three GP practices and national charity involved had won a Public Health Innovation award for the development of this service.

- The practice offered 'Out of hours' appointments on Monday evening and on Wednesday, Thursday and Friday morning for working patients who could not attend during normal opening hours.
- All patients had a named GP who they were encouraged to see whenever practical.
- Each GP had a named secretary who patients could contact if they needed support to resolve non-medical issues such as referrals. The practice told us these arrangements were a key element of the practice ethos to provide personalised services to their patients and we saw this was reflected in positive patient feedback.
- 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 and were referred to other clinics for vaccines available privately.
- There were disabled facilities and translation services available. They also provided a sign language interpreter when required although we heard this could take two weeks to arrange.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.

- The practice continued to fund its own nurse who was dedicated to work with patients over 75 years old. The nurse was able to see patients in their own home, make referrals to other services and give advice to patients.
- The practice was piloting the use of using educational video during consultations. They had a large TV screen in one consulting room which was used to show patients videos downloaded from the internet. For example, if the GP was prescribing an inhaler to a patient for the first time, they would show them a video of how to use it and then give them a letter containing a link to the video so they could access it from home.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. GP appointments were available between 8am and 11.10am and 3pm and 5.30pm Monday to Friday, except Tuesday when routine appointments started at 9am and Thursday when the last appointment was at 6pm. Extended hours appointments were offered from 6.30pm and 7.15pm on Monday, 7.30 to 8am on Tuesday, Wednesday and Friday. Appointments could be booked over the telephone, online or in person at the surgery.

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.

- 87% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 70% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

On the day of the inspection some patients told us they sometimes had difficulty booking routine appointments in advance. They said the receptionist would advise them that all the appointments bookable in advance for the period when they wanted an appointment had been taken and they would have to phone up on the day to request an on-the-day appointment which sometimes meant waiting longer in the practice waiting room. The practice told us they were aware of this issue and were working to resolve it.

Listening and learning from concerns and complaints

Are services responsive to people's needs?

(for example, to feedback?)

The practice had a system in place for handling complaints and concerns but it did not meet the 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, information was displayed in the waiting room and on their web site.

However,

- The practice complaints policy did not meet the recognised guidance and contractual obligations for GPs in England. It was a single page flow chart of the process to be followed by the practice when a complaint was made but it did not include required information such as the steps complainants can take to escalate the complaint.

- Letters sent to patients in response to their complaint did not include information about how to escalate the complaint if they were not satisfied. For example, it did not include contact details of the Parliamentary and Health Service Ombudsman.

We looked at three complaints received in the last 12 months and found they were dealt with in a timely way, with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends, and action was taken to as a result to improve the quality of care. For example, when a patient complained about a missing prescription, the practice investigated and found that staff were unclear about some elements of the new system they had recently installed which managed these prescriptions. So the practice provided additional training for staff to prevent such errors happening again.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice did not have a written business plan but told us a key business objective was to maintain their personal patient lists with each GP having a named secretary. They felt this was a key attribute which they and their patients valued. They had also worked with two other local practices to create a local Federation with the aim of helping to engage with the local community and develop services which meet their needs.

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, although the practice was not always clear who was responsible for some policies and they were not always easily accessible to all staff. For example, neither the practice manager or senior partner were initially aware of who was responsible for the risk assessment of the building and we were told the repeat prescription policy was only available from the practice managers office, which would mean it's not readily available to nurses who may need to refer to it.
- 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.

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 leadership structure in place and staff felt supported by management.

- 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. We noted that in addition to the weekly practice meeting attended by the practice partners and practice manager, there were routine meetings of the nursing team every six to eight weeks and meetings of all practice staff twice a year.
- Staff said they felt respected, valued and supported, particularly by the partners in 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 as a virtual group that did not meet face to face but communicated with the practice by email. They

Are services well-led?

Good 

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

responded to quarterly patient surveys and commented on proposals sent out by the practice management team. The PPG members we met told us that following their feedback the reception area had been restructured and staff answering telephones had been moved into a back room which made the reception area feel much calmer.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

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, they had been working with the other two practices in the locality and a national charity to develop an older people's team which would have its own full time GP and a consultant geriatric nurse and would develop links with other local resources and services for older people. This service had started although the GP was not yet in post. The three GP practices and national charity involved had won a Public Health Innovation award for the development of this service.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints</p> <p>How the regulation was not being met:</p> <p>The provider's complaints policy did not meet the recognised guidance and contractual obligations for GPs in England and letters sent to patients in response to their complaint did not include information about how to escalate the complaint if they were not satisfied.</p> <p>This was in breach of regulation 16(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>