

Box Surgery

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	6
What people who use the service say	10
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	11
Background to Box Surgery	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	24

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Box Surgery on 16 March 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 an effective system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- 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.

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

The areas where the provider must make improvement are:

Ensure the system for handling, storing and recording details of blank prescriptions are reviewed and monitored.

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 in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- 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 in relation to the system for the security and storing of blank prescriptions.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- We also saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients.
- 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 multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We observed a strong patient-centred culture.
- 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 good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- 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 given health education talks to the local community at annual events, for example a recent talk to a luncheon club on hypothermia and other health education topics
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Good



Summary of findings

- 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 risks.
- 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 knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

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 patients.

Good



- 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.
- The GPs supported patients across six local residential and nursing homes, regular ward rounds every two weeks were conducted in the nursing homes, with a named GP for continuity of care. The GPs had worked proactively with one nursing home and the community team to improve communication and regular reviews which had noted decreased admissions for these patients.
- The GPs saw patients who attended the practice via a shuttle service from a local retirement village; the GPs ensured the appointments worked within the transport system to avoid delays.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice nurses conducted reviews of patients with long term conditions and home visits to housebound patients to ensure the correct care and treatment was in place.
- The percentage of patients with diabetes, on the register, in whom the last blood test for cholesterol in the preceding 12 months (2014/15) was in the target range, was 88% which was above the national average of 78%.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was in the target range (2014/15) was 73% which was below the national average of 78%.
- The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March (2014/15) was 98% which was higher than the national average of 94%.

Summary of findings

- 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 good for the care of families, children and young patients.

Good



- 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.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months (2014/15), was 77% which was higher than the national average of 75%.
- 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.
- The practice's uptake for the cervical screening programme was 82%, which was comparable to the clinical commissioning group 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 patients (including those recently retired and students).

Good



- 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.

Summary of findings

- The practice had introduced evening surgeries and Saturday morning surgeries following feedback from patients. The practice increased its amount of telephone consultations to meet the needs of working patients.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and for patients whose circumstance may make them temporarily vulnerable or in need of extra support.
- The practice offered longer appointments for patients with complex health needs or a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of patients experiencing poor mental health (including people living with dementia).

Good



- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months (2014/15) was 84% which was the same as the national average.
- The percentage of patients with serious mental health problems who have a comprehensive, agreed care plan documented in their record, in the preceding 12 months (2014/15) was 100% which was higher than the national average of 88%.
- The percentage of patients with serious mental health problems whose alcohol consumption has been recorded in the preceding 12 months (2014/15) was 94% which was higher than the national average of 90%.
- The practice worked closely with the multidisciplinary teams and community teams including the community

Summary of findings

psychogeriatric team and home liaison service (which supports patients with mental health needs and dementia) and undertook joint home visits to ensure care plans and treatments were in place.

- 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 published on 7 January 2016 showed the practice was performing in line with local and national averages. The national GP survey distributed 242 forms and 119 were returned. This represented 1.8% of the practice's patient list.

- 91% of patients found it easy to get through to this surgery by phone compared to the clinical commissioning group (CCG) average of 80% and a national average of 73%.
- 94% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 89%, national average 85%).
- 93% of patients described the overall experience of their GP surgery as fairly good or very good (CCG average 88%, national average 85%).

- 92% of patients said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 84%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 44 comment cards which were mostly positive about the standard of care received. Many cards reported caring staff, excellent service and that patients felt supported and listened to. We received four cards which were not fully positive, two expressed that appointments often run late, and two cards expressed mixed satisfaction with no other noted theme.

We spoke with four patients during the inspection. All four patients said they were happy with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service MUST take to improve

The areas where the provider must make improvement are:

Ensure the system for handling, storing and recording details of blank prescriptions are reviewed and monitored.

Box Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a nurse specialist adviser, a practice manager specialist adviser and an Expert by Experience.

Background to Box Surgery

Box surgery is in a purpose built building in the village of Box between Bath and Chippenham. The practice has a population of approximately 6,600 patients in an area with no noted area of social deprivation. The practice has a higher than average population of patients between the ages of 40 to 70 and lower than average patients aged under 40 compared to the local clinical commissioning group (CCG) and national average. For the over 70s the practice populations are comparable to the national and local CCG averages.

The practice team consists of five GP partners, two male and three female, three salaried GPs and a regular locum GP. The GPs are supported by four practice nurses and three health care assistants, reception and administration staff and a practice manager.

The practice is a teaching and training practice. The practice supports one Registrar per year. (Registrars are qualified doctors who undertake additional training to gain experience and higher qualifications in general practice and family medicine). The practice supported medical students from local universities and had supported local sixth form students who were applying to medical school.

The practice holds a General Medical Services (GMS) contract (GMS contract is a contract between NHS England and general practices for delivering primary medical services).

The practice is open between 8am and 6.30pm Monday to Friday except for between 1pm and 2pm when phone access and emergency care is available. Appointments are from 8.30am to 11.30am every morning and 2pm to 6pm daily, these vary according to demand. Extended surgery hours are offered on varying evenings once a week up until 8pm, and every third Saturday morning.

Appointments are available at The Firs surgery the branch location (Colerne) from 08.30am to 11.30 am Tuesday, Wednesday and Fridays.

When the practice is closed the Out of Hours care is provided by Wiltshire Medical Services accessed via NHS 111.

The regulated activities for this provider are available at the main surgery site at:

Box Surgery,
London Road,
Box,
Wiltshire,
SN13 8NA.

And a branch location at:

The Firs Surgery,
3 Cleaves Avenue,
Colerne,
Chippenham,
Wiltshire,

Detailed findings

SN14 8BX.

We did not inspect the branch surgery location at Colerne.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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 16 March 2016. During our visit we:

- Spoke with a range of staff including seven GPs, three members of the nursing team and a range of administration, reception and management team.
- Spoke with two members of the patient participation group and with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients 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 an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.
- The staff were proactive in taking steps to reduce potential risks, for example an abnormal blood test result was sent electronically (from a laboratory) when usually abnormal levels are phoned through. A GP noted the near miss and liaised with the laboratory to ensure phone messages are passed for urgent results.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, following a review of prescribing across the GPs, the team discussed their current system to work together to improve consistency and the GPs had devised a prescribing checklist to support the administration team.

When there were safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

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 that reflected relevant legislation and local requirements and 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 relevant to their role. GPs were trained to 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 check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example pedal operated bins and wall mounted storage had been implemented since previous audits.
- The arrangements for obtaining, recording and handling medicines, including emergency medicines and vaccines, in the practice kept patients safe. However the practice did not keep all the clinical rooms locked and could not fully guarantee the security of blank prescriptions forms. 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. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions (PSDs) to enable health care assistants to administer vaccinations after specific training when a doctor or nurse were on the premises. During our inspection we found PSDs in place for flu vaccines and other medicines however one PSDs had been omitted relating to a low risk medicine. The practice immediately rectified the omission and identified the need to review

Are services safe?

the protocols and training to ensure no further incidence could occur. We were satisfied at the time of the inspection that measures had been implemented to resolve this issue.

- We reviewed five 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.
- 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.

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 that

enough staff were on duty. The practice used regular locums for continuity for patients and the practice. Administration, reception and management team ensured cover by cross covering annual leave or unexpected absences. We saw many examples of staff adjusting cover to support colleagues as well as ensure a consistent service for patients.

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 undertook this training yearly together as a team to aid the understanding of each other's roles and responsibilities in an emergency.
- 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 staff knew of their location. All the medicines we checked were in date and fit for use.

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 and was regularly updated and reviewed. The practice ensured the plan was also available off site in case a major incident affected access to the practice copies.

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 peoples' 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 98.7% of the total number of points available, with 11.1% 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 not an outlier for any QOF (or other national) clinical targets. Data from 2014 to 2015 showed;

- Performance for diabetes related indicators were variable compared to the national averages:
- The percentage of patients with diabetes, on the register, in whom the last blood test for cholesterol in the preceding 12 months (2014/15) was in the target range, was 88% which was better than the national average of 78%.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was in the target range (2014/15) was 73% which was below the national average of 78%.

- The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March (2014/15) was 98% which was higher than the national average of 94%.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (2014/15) was 89% which was comparable to the national average of 88%.
- The percentage of patients with high blood pressure whose blood pressure tests was in the target range was 85% which was higher than the national average of 84%.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months (2014/15), was 77% which was higher than the national average of 75%.
- Performance for mental health related indicators was better than the national averages for example:
- The percentage of patients with serious mental health problems who have a comprehensive, agreed care plan documented in their record, in the preceding 12 months (2014/15) was 100% which was higher than the national average of 88%.
- The percentage of patients with serious mental health problems whose alcohol consumption has been recorded in the preceding 12 months (2014/15) was 94% which was higher than the national average of 90%.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months (2014/15) was 84% which was the same as the national average.

During the inspection we saw evidence that the data from the current QOF year (2015/16) showed increased improvement in the outcomes for dementia, diabetes management and depression and a lower exception reporting for the current year.

Clinical audits demonstrated quality improvement.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research. For example the practice worked with the national respiratory committee and conducted an audit on the end of life care for patients with asthma, to ensure a robust understanding of patient's condition and needs were met.

Are services effective?

(for example, treatment is effective)

- The GPs also worked with the clinical commissioning group (CCG) and developed a template to support patients with COPD (a chronic lung condition) to improve their care and management.
- There had been eleven clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored. For example the practice had undertaken an audit into their success rate relating to lung function test, the audit had led to a training programme which had increased the effectiveness from 60% to 90%.
- Findings from audit were used by the practice to improve services. For example, an audit into certain medicines used for patients with osteoporosis looked at the treatment of 118 patients. The audit identified 18 patients who needed follow up or intervention to improve the monitoring or outcome of their current care. This also led to the practice introducing a system to support these patients to understand, and have increased involvement, in their ongoing care and treatment pathway.

Information about patients' outcomes was used to make improvements for example an audit into patients with gout looked at the blood tests required with a certain medicine. The audit identified any patients that needed a review of their treatment and/or further blood test monitoring which was then implemented.

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. It 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 vaccinations 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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for GP revalidation. This included protected learning time for staff, and clinical support for the nursing team from the GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. 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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice worked closely with the community teams and utilised a community geriatric advice line, worked regularly with the community psychogeriatric team and home liaison service (which supports patients with mental health needs and dementia) and undertook joint home visits to ensure care plans and correct treatments were in place.

Staff worked together and with other health and social care services 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. We saw an example of the practice working proactively with the wider community and

Are services effective?

(for example, treatment is effective)

social agencies to provide the appropriate care for a patient who had a fall at home. This integrated approach meant the patient was able to be cared for at home and avoided an unnecessary hospital attendance.

We saw evidence that multi-disciplinary team meetings took place on a weekly basis and that care plans provided individual care and treatment discussions and decisions; these were appropriately shared with other agencies and routinely reviewed and updated.

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 records audits.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

- Smoking cessation advice was available from the practice and a local support group. The practice referred patients for weight management support. The practice also worked with the community and the patient participation group (PPG) to promote health promotion and opportunities, for example the recent practice and PPG newsletter had explained the new alcohol guidelines and promoted ways to improve health through exercise and using a health trainer.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice uptake for the bowel screening programme was 62% compared to the CCG average of 63% and the uptake for breast screening was 76% comparable to the CCG average of 77%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 84% to 97% compared to the CCG range from 83% to 98%, and five year olds from 90% to 97%, compared to the CCG range of 92% to 97%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people 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.

From the Care Quality Commission comment cards we received 40 out of the 44 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 saw many good examples of personalised care. We received four cards which were not fully positive, two expressed that appointments often run late, and two cards expressed mixed satisfaction with no other noted theme.

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

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

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and national average of 89%.
- 97% of patients say the last nurse they saw or spoke to was good at listening to them (CCG average 92%, national average 91%).

- 93% of patients said the GP gave them enough time (CCG average 90%, national average 87%).
- 97% of patients say the last nurse they saw or spoke to was good at giving them enough time (CCG average 93%, national average 92%).
- 97% of patients said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 100% of patients had confidence and trust in the last nurse they saw or spoke to (CCG average 98%, national average 97%).
- 89% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 88, national average 85%).
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 92, national average 91%).
- 94% of patients said they found the receptionists at the practice helpful (CCG average 90%, national average 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 on the comment cards we received was also positive and aligned with these views.

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

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 98% of patients say the last nurse they saw or spoke to was good at explaining tests and treatments (CCG average 91%, national average 90%).

Are services caring?

- 90% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 86%, national average 82%).
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 86%, national average 85%).

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.

Patient and carer support to cope emotionally with care and treatment

The practice was proactive in identifying carers and arranging support. The practice worked proactively with the local care coordinator linked to the CCG. The practice had also won the Gold award for carer support from

Wiltshire's Investors in Carers (in 2013 and 2015). Notices in the patient waiting room, the newsletter and the practice website told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had currently identified 1.2% of the practice list as carers. 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 or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. GPs also had attended funerals when able. We also saw an example of GPs provided bereavement support for many weeks to a family following an unexpected bereavement.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The GPs supported patients across six local residential and nursing homes, regular ward rounds every two weeks were conducted in the nursing homes, with a named GP for continuity of care. The GPs had worked proactively with one nursing home and the community team to improve communication and regular reviews which had noted decreased admissions for these patients.
- The GPs saw patients from a local retirement village who attended the practice via a shuttle service; the GPs ensured the appointments worked within the transport system to avoid delays.
- The practice offered extended hours appointments on different evenings each week, until 8pm for working patients who could not attend during normal opening hours. The practice provided a Saturday morning surgery one week in three.
- There were longer appointments available for patients with complex health conditions, multi health conditions and with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- The practice nurses conducted reviews of patients with long term conditions and home visits to housebound patients to ensure the correct care and treatment was in place.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available.
- The practice had given health education talks to the local community at annual events, for example a recent talk to a luncheon club on hypothermia and other health education topics.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday except for between 1pm and 2pm when phone access was still available. Appointments were from 8.30am to 11.30am every morning and 2pm to 6pm daily, these varied according to demand. Extended surgery hours were offered on varying evening once a week up until 8pm, and every third Saturday morning. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Appointments are available at The Firs surgery the branch location (Colerne) from 08.30am to 11.30am Tuesday, Wednesday and Fridays.

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.

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 91% of patients said they could get through easily to the surgery by phone (CCG average 80%, national average 73%).
- 94% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 89%, national average 85%).
- 59% of patients said they always or almost always see or speak to the GP they prefer (CCG average 64%, national average 59%).
- 49% of patients felt they don't normally have to wait too long to be seen (CCG average 60%, national average 58%)

On the day of the inspection we discussed the lower practice averages of access to a named GP, and the theme that some patients felt their appointments were delayed (noted in one patient comment and the two comment cards that expressed appointments often ran late). The practice could demonstrate good phone access for urgent patient's needs; this meant the patient could not always then speak to their GP of choice; however this system provided safe effective immediate care as required. The practice was going to review its system to review how it could more effectively update patients if there were delays.

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

Listening and learning from concerns and complaints

Are services responsive to people's needs?

(for example, to feedback?)

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system for example through the practice website.

We looked at ten complaints received in the last 12 months and found they were dealt with in a timely way, with

openness and transparency. The practice was open and used any opportunity to review its services. For example following one complaint the practice reviewed a letter which supported the choose and book service to improve the explanation for patients. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, following a complaint relating to access to registering at the practice, the practice had apologised, but also used the incident to look at how the access could be improved for the future. From this, the practice had introduced useful forms and links to their website.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

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

Governance arrangements

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

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

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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 knowing about notifiable safety incidents

When there were safety incidents:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was a newly formed PPG which had carried out its first survey and was actively engaged with the practice to identify improvements for the community. The PPG told us although the PPG was new the communication and feedback was very positive. The practice had already generated a newsletter for the community and was discussing ways to improve the patient experience.
- 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. Staff told us on the day that the practice manager and all the staff had an open door policy and were all approachable. Staff told us they felt involved and engaged to improve how the practice was run.

Are services well-led?

Good 

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

Continuous improvement

There was a strong 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 the practice worked with the psychogeriatric services and

community teams to provide reviews of care including joint visits to ensure optimum care pathways were in place. The practice was involved in research with the national respiratory committee and the local clinical commissioning group to monitor and improve outcomes for patients.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: safe care and treatment
Maternity and midwifery services	(1) Care and treatment must be provided in a safe way for service users.
Surgical procedures	(2) Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include—
Treatment of disease, disorder or injury	(g) the proper and safe management of medicines;
	How the regulation was not being met:
	The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users in relation to the management of prescription security.
	This was in breach of Regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.