

Patford House Surgery Partnership

Quality Report

Patford House Surgery
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Calne
Wiltshire
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Website: www.patfordhousesurgery.co.uk

Date of inspection visit: 4 April 2018

Date of publication: 22/05/2018

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?

Outstanding



Are services responsive to people's needs?

Good



Are services well-led?

Good



Key findings

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Letter from the Chief Inspector of General Practice

This practice is rated as Good overall.

The key questions are rated as:

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

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

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

We carried out an announced comprehensive inspection at Patford House Surgery Partnership on 4 April 2018 as part of our inspection programme. We previously inspected the practice in April 2016 when they were rated as good overall and for all the five key questions. The full comprehensive report of our previous inspection can be found by selecting the 'all reports' link for Patford House Surgery Partnership on our website at www.cqc.org.uk.

This report covers the finding of our inspection on 4 April 2018. At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen, except in relation to Safety alerts and Legionella (a term for a particular bacterium which can contaminate water systems in buildings). When incidents did happen, the practice learned from them and improved their processes.
- Systems were in place to deal with safety alerts, medicines alerts or recalls. Alerts were sent to all appropriate staff and the examples we looked at had been appropriately actioned. However, staff were not required to feedback on the action they had taken to the management team so the practice could confirm that all appropriate action had been taken.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients' feedback was consistently positive. In many areas the practice feedback scores were significantly above the national average.
- There was a focus on continuous learning and improvement at all levels of the organisation.

Summary of findings

However, we found some weaknesses in their systems for checking that all learning points had been shared with all appropriate staff and that all actions required in response to safety alerts had been completed.

- The practice had a branch surgery in Sutton Benger which was able to dispense medicines to patients who live more than one mile (1.6km) from their nearest pharmacy premises.
- The practice was a demonstrator site for integrated care in the community. As part of this they worked in partnership with the other two local practices and other local services to improve community services. Examples of this work were; a multi-agency meeting to discuss the promotion of healthy alternatives to loneliness in the locality, and regular meetings to discuss the care given to patients in care homes that were attended by representatives of the local community care team, care homes and GP practices, as well as a consultant geriatrician.

We saw one example of outstanding practice.

- The practice worked proactively to support carers. This work was led by a nurse who offered dedicated carer's telephone appointments on Fridays to address any particularly issues before the weekend. They held carers clinics every three months at the surgery and

had held other events for carers in partnership with two other local practices, including a Christmas Party. The practice had identified 224 patients as carers (2.5% of the practice list).

The areas where the provider **MUST** make improvements are:

- The practice must do all that is reasonably practical to mitigate risks.

The areas where the provider **SHOULD** make improvements are:

- Review what training they define as being essential for staff and their system for recording the training completed by staff.
- Review the recently introduced system for ensuring that all staff are informed of learning from complaints and significant events, to ensure the new system is effective and embedded.
- Review the practice systems for carrying out the routine Legionella checks recommended in their Legionella risk assessment.
- Review the practice exception reporting rates for the prevention of cardiovascular disease within their quality outcomes framework and take appropriate action to reduce this rate.

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

Patford House Surgery Partnership

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a member of the CQC medicines team.

- Family planning;
- Maternity and midwifery services;
- Surgical procedures;
- Treatment of disease, disorder or injury;

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.

The practice has been designated as a safe place under the Safe Place scheme. This is a national scheme to support vulnerable people who may need immediate support while out in the community.

Data available shows a measure of deprivation in the local area recorded a score of 8, on a scale of 1-10 where a higher score indicates a less deprived area. (Note that the circumstances and lifestyles of the people living in an area affect its deprivation score. Not everyone living in a deprived area is deprived and not all deprived people live in deprived areas). The area the practice serves has relatively low numbers of patients from different cultural backgrounds. 97% of the practice population describes itself as white British. Average male and female life expectancy for patients at the practice is 81 years and 84 years respectively, which is the same as the Wiltshire average and broadly in line with the national average of 79 and 83 years respectively.

There are two GP partners and three salaried GPs. Some are part-time making a full-time equivalent of 3.7 GPs. They are supported by a nursing team of four practice nurses,

Background to Patford House Surgery Partnership

Patford House Surgery Partnership is a GP practice located in Calne, a town and civil parish in Wiltshire. It is one of 47 practices within the Wiltshire Clinical Commissioning Group (CCG) area and has around 8,800 patients.

The practice is based in a Grade II listed, three-storey building. There are five consulting rooms, two treatment rooms, one phlebotomy room (for taking blood samples) and three patient waiting rooms spread over the ground and first floors. There is a patient lift and a toilet with access for people with disabilities. There is a self-check-in appointments system and main waiting room contains a plasma screen that relays NHS health information.

The practice has a branch surgery in the village of Sutton Benger, eight miles away. The branch surgery has a dispensary offering pharmaceutical services to those patients on its practice list who live more than one mile (1.6km) from their nearest pharmacy. We visited the branch surgery as part of this inspection.

The practice is registered to provide the following activities:

- Diagnostic and screening procedures;

Detailed findings

three healthcare assistants and an administrative team of 19 staff led by the practice manager. In addition there are five dispensers based in the dispensary at the branch surgery.

The practice is a training practice for medical students, trainee GPs and nurses. At the time of our inspection there was one registrar being supported by the practice. (A registrar is a qualified doctor training to become a GP.)

Patford House Surgery is open from 8.30am to 6pm, Monday to Friday. Appointments are from 8.40am to 11.20am and from 3pm to 4.40pm. Any urgent calls between 8.am - 8.30 am, and 6pm - 6.30pm are answered in the surgery by a GP or receptionist. Extended hours appointments with a GP are available from 7am to 8am on Wednesday and Thursday, and from 6.30pm to 7.30pm on Monday.

The practice has opted out of providing a full Out Of Hours service to its own patients. Patients can access an Out Of Hours GP service by calling NHS 111.

The practice has a General Medical Services contract with NHS England (a locally agreed contract negotiated between NHS England and the practice).

The practice provides services from the following sites:

- Patford House Surgery, 8a Patford Street, Calne, Wiltshire, SN11 0EF
- The Surgery, Chestnut Rd, Sutton Benger, Chippenham. SN15 4RP

The practice has a website containing further information. It can be found here: www.patfordhousesurgery.co.uk

On the day of our inspection the practice registration with the CQC was not correct. We were told the Practice Manager was also a partner at the practice, but this was not reflected in their registration with the CQC. The practice told us they would take steps to correct this.

Are services safe?

Our findings

We rated the practice, as requires improvement for providing safe services.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice had a suite of safety policies including adult and child safeguarding policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. Policies were regularly reviewed and were accessible to all staff, including locums. They outlined clearly who to go to for further guidance.
- There was a system to highlight vulnerable patients on records and a risk register of vulnerable patients.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- All staff received up-to-date children safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for the role and had received a DBS check.
- We asked the practice what training they had assessed as being essential for staff and saw this did not include adult safeguarding training and they did not have a record of any staff having completed this training. (Recognised guidance advises that adult safeguarding training should be essential for all staff.) Following our inspection the practice sent us evidence that they had reviewed their policies and added adult safeguarding to their essential training list. They also sent us evidence that 24 of the practice's 38 staff had, contrary to their records, in fact completed adult safeguarding training in the past two years. The staff who had not received adult safeguarding training included staff such as finance staff who had no contact with patients and new starters who had joined the practice in the past six months. However, one GP and one practice nurse had not undertaken this training which is contrary to national guidance.

- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- There was an effective system to manage infection prevention and control.
- There were systems for safely managing healthcare waste.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

Risks to patients

We found there were some areas where there were not adequate systems to assess monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective approach to managing staff absences and for responding to epidemics, sickness, holidays and busy periods.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.
- There were comprehensive risk assessments in relation to safety issues and the practice had a track record in relation to safety.
- The practice monitored and reviewed most risk activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements. For example, staff had undertaken fire training and the practice held regular evacuation drills to check their procedures remained effective.

Are services safe?

- However, we found the practice had not carried out the regular actions recommended by the legionella risk assessment that had been carried out. These checks included, for example, monthly checks of the temperature of hot and cold water outlets. The day following our inspection the practice sent us copies of forms they had introduced for recording the checks required, although they did not record any checks had been done.
- There was a system for receiving and acting on safety and medicine alerts, however, this was not consistently safe. Alerts were sent to all appropriate staff and the examples we looked at had been appropriately actioned. However, staff were not required to feedback the action they had taken to the management team so the practice could confirm that all appropriate action had been taken. We discussed this with the practice and they took immediate steps to review and revise their medicine alert protocol.
- The practice has a dispensary at the Sutton Benger branch and was able to offer dispensing services to those patients on the practice list who lived more than one mile (1.6km) from their nearest pharmacy. Arrangements for dispensing medicines at the practice kept patients safe.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.
- Systems were in place to deal with medicines alerts or recalls, and records were kept of any actions taken however it was not evident that these actions were shared with management.
- Blank prescription pads and forms were stored securely and there was a system in place to monitor the use of printed prescriptions but not all handwritten prescriptions were being fully tracked. This meant the practice could not be assured that prescription stationery were consistently secure.
- Patient Group Directions were in place to allow nurses to administer medicines. (A PGD is a written instruction for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). Authorised staff had been assessed as competent to use them and the directions were up to date so patients were treated safely. The health care assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. There was a documented approach to the management of test results.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment did not always minimise risks. Emergency medicines were easily accessible to staff and were checked every two months to make sure they were in date and safe to use. However, we found a medicine was going to expire before the next check was due and it was not clear what system was in place to ensure it would be replaced. They were held in a secure area but were not tamper evident which is good practice.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system and policy for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice

Are services safe?

learned and shared lessons, identified themes and took action to improve safety in the practice. For example, when a prescription for a high risk medicine was lost in the post to a patient who was unable to attend the surgery, the practice felt unable to approach Royal Mail due to patient confidentiality. They reviewed the practice procedures and following discussions with a local pharmacy they arranged for the pharmacy to collect prescriptions from the practice on a regular basis.

- We looked at the practice system for sharing learning from significant events with all staff, which they had recently changed. Prior to the change, significant events were discussed with all staff at a six monthly meeting.

However, this meeting was not minuted, so the practice was unable to evidence who had attended this meeting or whether they had subsequently been informed of the learning points the meeting had discussed. The practice showed us a new computer based system they had recently purchased which enabled them to send learning points or meeting minutes to all staff and check whether or not they had been read. They intended to use this system to disseminate learning points in future but had not yet had a significant events meeting to test its effectiveness.

- The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice and all of the population groups as good for providing effective services.

Effective needs assessment, care and treatment

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

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice used technology and equipment to improve treatment and to support patients' independence. For example, following a request from the patients' participation group, the practice had introduced a new web based service which could be accessed via the practice website where patients were able to check their symptoms and be signposted to appropriate services.
- The practice offered 24hr Electrocardiogram (ECG) and blood pressure monitoring.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people.

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan. The practice had identified 675 patients as being over 75 and 638, or 95% of these patients had attended for a health check in the past 12 months.

- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- There were dedicated carers' telephone appointments on a Friday afternoon with the carers' lead nurse to address any particularly issues before the weekend. The practice had identified 2.5% of its patients as also being carers.
- The practice was a demonstrator site for integrated care in the community and they worked in partnership with the other two local practices and other local services to improve the coordination and effectiveness of community care.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above the target of 90%.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

Are services effective?

(for example, treatment is effective)

- Unverified data held by the practice for the year 2017/18 showed the practice's uptake for cervical screening was 83%. This was above the national screening programme target of 80%.
- The practices' uptake for breast and bowel cancer screening was in line the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Patients with a learning disability were offered an annual health check and 54% of this group of patients had received a health check in the past 12 months.

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

- 91% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is comparable to the national average of 84%.
- 90% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is comparable to the national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, 93% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This is comparable to the national average of 91%.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

Monitoring care and treatment

The practice routinely reviewed the effectiveness and appropriateness of the care provided. Their computer system enabled them to check patients' treatments against best practice guidance. For example, the practice ran a quarterly computer audit of all patients prescribed an anticoagulant medicine (medicines used to prevent the risk of blood clots) to check they had had the regular blood test recommended for these medicines and that the results were within the therapeutic range. The results were seen by clinicians who were able to take action, such as contacting the patients and asking them to make an appointment to be seen, where appropriate.

We saw evidence of two complete cycle audits where a second audit had been carried out to see if changes made had improved the practice performance.

Where appropriate, clinicians took part in local and national improvement initiatives.

The practice was a demonstrator site for integrated care. As part of this they worked in partnership with the other two local practices and other local services. For example:

- They held regular care home meetings attended by representatives of the local community care team, care homes and GP practices, as well as a consultant geriatrician. The aim of these meeting was to improve the effectiveness of the care to patients living in the care homes.
- They facilitated workshops to discuss local initiatives. We saw minutes from one workshop held to discuss healthy alternatives to loneliness that was attended by GPs from the local GP practices, a public health consultant and representatives from a wide range of statutory and voluntary organisations.

The most recent published QOF results for the year April 2016 to March 2017 were 99% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 96%. The overall exception reporting rate was 13% compared with a national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

Are services effective?

(for example, treatment is effective)

- The practice exception reporting rate for the prevention of cardiovascular disease target was 75% compared to the CCG average of 32%. We discussed this with the practice who told us this related to a higher than normal number of patients who had refused the offer of being prescribed statins. (Statins are medicines that reduce the risk of some cardiovascular diseases.) The eight records we looked at confirmed this.
- The practice's uptake for cervical screening was 77%. This was comparable to the clinical commissioning groups (CCG) average of 76% and national average of 72% but below the national screening programme target of 80%. We noted that the official data was from 2016/17. During our inspection we saw data for the year 2017/18 held by the practice, which showed the practice cervical screening uptake up to this year was 83%, although this data had not been externally verified.
- Following our last inspection in April 2016 we advised the practice should review its vaccination programme, to help patients realise the benefits of childhood immunisation. On this inspection there was evidence that the practice had reviewed their system for childhood immunisation and had made a number of improvements. These included providing extra vaccination appointment slots and publicising the benefits of vaccinations on their website. The latest published figures and the most recent unverified data held by the practice showed the practice uptake rates for childhood vaccines given were above the target of 90%.

Effective staffing

On our inspection of the practice we saw evidence that staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for

healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.

- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- Dispensary staff were appropriately qualified and their competence was assessed regularly. They could demonstrate how they kept up to date.

However,

- We asked the practice what training they had assessed as being essential for staff and saw this did not include either adult safeguarding training for all staff or training in the Mental Capacity Act (MCA) for non-clinical staff which was contrary to recognised guidance. (MCA training was a requirement for all clinicians.) Following our inspection the practice sent us evidence that they had reviewed their policies and added both of these training requirements to their essential training list. They also sent us evidence that 24 of the practice's 38 staff had, contrary to their records, in fact completed adult safeguarding training in the past 2 years. This included four of the five GPs and three of the four nurses.

Coordinating care and treatment

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

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

Helping patients to live healthier lives

Are services effective?

(for example, treatment is effective)

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

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

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



Are services caring?

Our findings

We rated the practice as outstanding for caring.

Patient feedback

As part of our inspection we sought evidence of patients' views about the service they had received. This feedback informed our judgement about the service the practice provided. Overall, the feedback was consistently positive and in some cases highly positive.

- We looked at results from the July 2017 annual national GP patient survey. Two hundred and twenty surveys were sent out and 112 were returned. This represented about 1.3% of the practice population. Many of the practice scores were above or significantly above the national average. For example, 99% of respondents said the GP was good at listening to them compared with the national average of 89%. 85% of respondents said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area. This compared to the national average of 79%.
- Care Quality Commission comment cards, were sent to the practice prior to our inspection for patients to complete. We received 13 completed comments card all of which were positive or very positive about the service they had received. Patients said they were impressed by the level of service which was excellent. Patients said staff were professional, caring and helpful.
- Feedback from patients was also received by Healthwatch Wiltshire and passed on to us prior to this inspection. Healthwatch Wiltshire is a local independent service which exists to speak up for local people on health and care. Of the four patient comments passed to us, three were very positive and one was negative and related to difficulties getting an appointment for children in term time.
- We reviewed comments left on the NHS Choices website. The practice had an overall rating of four out of five, based on five reviews, which were over 18 months old.
- On the day of our inspection we spoke with four patients. All patients said they were very happy with the service provided overall. One patient said there was sometimes a three week wait for a routine appointment although on-the-day appointments were always available.

Kindness, respect and compassion

There was a strong, visible, person-centred culture. Staff were motivated to offer care that was kind, respectful, compassionate and promoted people's dignity.

- Staff recognised and respected the totality of patients' needs and always took peoples' personal, cultural, social and religious needs into account.
- Staff showed determination to overcome obstacles to delivering care and ensured individual peoples preferences were reflected in how care was delivered.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The practice was accredited as a Safe Place for vulnerable people to attend should they become lost, distressed or unwell even if they are not registered patients. The Safe Place scheme is a national scheme to support vulnerable people who may need immediate support while out in the community.
- The practice was accredited as a Dementia Friendly practice. Practice can be awarded this accreditation by meeting a range of criteria which includes ensuring staff receive dementia training.
- Patients known to suffer with memory problems are called on the day of their appointment as a reminder.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average, and in some cases significantly above average, for some of its satisfaction scores on consultations with GPs and nurses. For example:

- 99% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 89%. This was significantly above the average score.
- 99% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 98%; national average - 96%.
- 98% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 92%; national average - 86%. This was significantly above the average score.



Are services caring?

- 95% of patients who responded said the nurse was good at listening to them; CCG - 93%; national average - 91%.
- 91% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 92%; national average - 91%.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. The practice website had a feature that allowed it to be translated into a wide range of languages.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 224 patients as carers (2.5% of the practice list). The nurse who led on dementia care was the practice lead for carers. She acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective.

- There were dedicated carer's telephone appointments on Fridays with the lead nurse to address any particularly issues before the weekend.
- The practice held carers clinics every three months that were also attended by other support agencies such as Carers UK and the local care coordinator.
- The practice held an annual carers' Christmas party in partnership with the other two practices in Calne.

- The practice had recently facilitated a multidisciplinary carers event for the whole of Calne, where the wider needs of carers were discussed. It was attended by representatives of the other local GP practices, Alzheimers UK, the town Council and Social Services.
- The practice had been awarded a gold plus award for carers by a local charity working in partnership with the local authority, because they ensured priority and flexible access to appointments and an annual health check was offered to this group of patients.

Staff told us that if families had experienced 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.

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 and in some cases significantly above the local and national averages:

- 97% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 86%.
- 94% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 87%; national average - 82%.
- 98% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 92%; national average - 90%.
- 92% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 87%; national average - 85%.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Conversations with receptionists could not be overheard by patients in the waiting room.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example, extended opening hours, online services such as repeat prescription requests, and advice services for common ailments.
- The facilities and premises were appropriate for the services delivered. The practice told us that they were in process of seeking new premises as their existing Grade two listed building was not ideal. For example they did not carry out minor surgery involving skin cutting on site due to the limitations of the building.
- The practice made reasonable adjustments when patients found it hard to access services.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice had produced small cards advising patients who were unwell, which medicines to stop taking during the period of sickness.

Older people:

- All older patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.

- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems 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 accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice conducted surgeries at a local boarding school twice a week.
- The practice supported local schools in their health education sessions.
- The practice had a web based system which was able to give advice and signposting, which they had introduced as it had been requested by younger adults via the patient participation group.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours.
- Telephone and web GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice ran a daily minor illness clinic with on-the-day appointments run by a Nurse Practitioner.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- All vulnerable adults were offered a double appointment when seeing a GP.
- The practice was accredited as a Safe Place for vulnerable people to attend should they become lost, distressed or unwell even if they are not registered patients. The Safe Place scheme is a national scheme to support vulnerable people who may need immediate support while out in the community.

Are services responsive to people's needs?

(for example, to feedback?)

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.
- The practice was accredited as a Dementia Friendly practice. Practice can be awarded this accreditation by meeting a range of criteria which includes ensuring staff receive dementia training.
- Patients known to suffer with memory problems are called on the day of their appointment as a reminder.
- The practice refers appropriate patients to the local NHS counselling service which provides a service from the practice.

Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.

At our last inspection in April 2016 we advised the practice they should review their access arrangements, so that patients have a greater likelihood of seeing the GP of their choice. On this inspection we saw evidence that the practice had taken action to improve access. The key changes they had made included:

- Promoting the use of the minor illness nurse
- Introducing nurse led clinics for patients with asthma and chronic obstructive pulmonary disease
- Increasing the number of early morning extended hours appointments

We were told these changes had allowed them to offer 3,000 more appointments per year.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages.

- 77% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 82% and the national average of 80%.
- 83% of patients who responded said they could get through easily to the practice by phone; CCG – 78%; national average – 71%.
- 84% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG – 84%; national average – 76%.
- 77% of patients who responded described their experience of making an appointment as good; CCG – 80%; national average – 73%.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Nine complaints were received in the last year. We reviewed three complaints and found that they were satisfactorily handled in a timely way.
- The Health and Social Care Act 2014 regulations say that the practice must inform patients who make a complaint of the process for escalating the complaint to the Ombudsman if they are not satisfied with the practice response. The practice told us they met this requirement by sending a letter to all complainants acknowledging their complaint, saying they will be contacted again following the practice investigation and enclosing the practice complaints leaflet which contains the escalation information. However, the practice did not routinely keep copies of these letters and were therefore unable to confirm these letters had been sent in all cases.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, when a patient complained that they had been phoned by a GP an investigation found the

Are services responsive to people's needs? (for example, to feedback?)

telephone appointment had been made for the wrong patient. Following the investigation it was discussed at a reception meeting and the six monthly complaints meetings to ensure all staff understood the need to take care when they have more than one patient record open and clinicians were reminded they should not interrupt receptionists when they were on the phone.

- We looked at the practice system for sharing learning from complaints with all staff, which they had recently changed. Prior to the change, complaints were discussed with all staff at a six monthly meeting.

However, this meeting was not minuted, so the practice was unable to evidence who had attended this meeting or whether they had subsequently been informed of the learning points the meeting had discussed. The practice showed us a new computer based system they had recently purchased which enabled them to send learning points or meeting minutes to all staff and to check whether or not they had been read. They intended to use this system to disseminate learning points in future but had not yet had a complaint to test its effectiveness.

Are services well-led?

Good 

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

Our findings

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capability and integrity to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.
- We were told the practice had been seeking to build new premises for a number of years and saw evidence of advanced plans for the development of a new practice building. But were told the latest plan had been put on hold.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.

- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

In most areas there were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- However, the practice governance processes had not identified that prescription security was not consistently

Are services well-led?

Good 

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

safe, that there was no clear assessment of staff training needs, the system for alerts was not robust, and actions recommended by the legionella risk assessment were not being carried out.

Managing risks, issues and performance

There were clear and effective processes for managing most risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

However, we found some gaps in the process for managing risks, issues and performance.

- The practice had not carried out the regular actions recommended by the legionella risk assessment to reduce the identified risks.
- Alerts were sent to all appropriate staff and the examples we looked at had been appropriately actioned. However, staff were not required to feedback on the action they had taken to the management team so the practice could confirm that all appropriate action had been taken.
- The practice had not identified that prescription security was not consistently safe.
- The practice had not identified that their training records were incomplete or that the training they had identified as essential did not include adult safeguarding for all staff or training in the Mental Capacity Act (MCA) for non-clinical staff, which was contrary to recognised guidance.

Appropriate and accurate information

The practice acted on appropriate and accurate information, although some of the systems for this had recently been introduced and were not yet embedded.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account. However, the practice did not keep an up to date record of staff essential training and were therefore unable to ensure all essential training had been completed.
- Other than training information, the information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- The service was transparent, collaborative and open with stakeholders about performance.
- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example; the practice introduced a web based system which was able to give advice and signposting, after it was it had been requested by younger adults via the patient participation group (PPG). The practice introduced a picture board in the reception area so patients could see who would be looking after them that day after it was suggested by the PPG.
- The practice had carried out a patient survey via paper forms in the surgery and online which were advertised

Are services well-led?

Good 

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

in the surgery and via Twitter and Facebook. The survey focused on appointments, waiting times and opening hours, which patients were asked score out of five. They received 636 responses. The practice had compiled a report of the results which showed the average scores were four out of five. (5 = very happy; 1 = very unhappy.)

- There was an active PPG who met approximately every two months. One of the patient members was the chair and we were told a GP, nurse and practice manager usually attended their meetings. The practice supported patient attending events organised by the clinical commissioning group for PPGs.

At our last inspection in April 2016 we advised the practice they should seek to recruit members to its PPG, to better reflect the patient population it serves. On this inspection we saw evidence the practice had taken steps to promote their PPG which had increased its membership and had a wider demographic.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice. For example, two GPs were scheduled to attend dermatoscope training which they hope will help them reduce inappropriate dermatology referrals.
- The practice believed their involvement in the training of GPs and nurses helped promote a culture of continuous learning within the practice.

The practice was a training practice for medical students and trainee GPs. At the time of our inspection there was a Registrar being supported by the practice. (A registrar is a qualified doctor training to become a GP.)

The practice offered placements to student nurses and had won an award for being placement of the year in 2017.

The practice offered work experience placements to pupils at local schools where this was assessed as appropriate.

- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The practice was not doing all that was reasonably practicable to mitigate risks. Specifically:</p> <ul style="list-style-type: none">• The practice system for dealing with alerts did not include a feedback system to the management team so they could confirm that all appropriate action had been taken.• Not all blank prescription forms were being adequately tracked. <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>