

Kingswood Surgery

Quality Report

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

Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Outstanding	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Kingswood Surgery on 9 February 2016. Overall the practice is rated as Good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example, the practice registered and managed patients on the violence register who could not be managed at their own practice (including patients who were out of area).
- Feedback from patients about their care was consistently and strongly positive.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, there was a dedicated care worker from the local women's aid, who took referrals and offered support to patients suffering domestic abuse. In addition, the local carers support group worked in close collaboration with the practice to identify and support carers.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.

We saw several areas of outstanding practice including:

- Collaborative working with the community psychiatric team and drug agencies in the management of vulnerable

Summary of findings

patient(including substance misuse or homeless patients). Patients could register using the practice address and opportunistic screening, to optimise health and wellbeing, were undertaken when patients presented for other concerns.

- The practice had introduced a child not attending policy to support their child safeguarding protocols and worked collaboratively and openly with the health visiting team, domestic violence team and other external stakeholders in identifying risks and concerns to children.
- The practice had an open and proactive approach to sharing significant events and learning with external stakeholders, to improve patient outcomes.

However, there were areas of practice where the provider should make improvements:

- Ensure all mandatory training is offered to all staff within the specified timescales and to the appropriate level, including future training identified as booked on the day of inspection.
- Ensure their cold chain policy is adhered to and action is taken when breaks in the chain are identified. For example, when vaccine fridge temperatures go out of the recommended range.
- Consider the location of the high risk medicine cupboard with regard to infection control.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- The practice used every opportunity to learn from internal and external incidents, to support improvement. Learning was based on a thorough analysis and investigation.
- Information about safety was highly valued and was used to promote learning and improvement.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Collaborative working across many disciplines was highly evidenced and focused on patient safety at all levels.
- Infection control policies were in place, but there were some minor infringements that required a review, such as cold chain and location of the high risk medicine cupboard.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were mostly at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- There was evidence of appraisals and personal development plans for all staff. Mandatory training had been undertaken or booked for all staff.

Are services caring?

The practice is rated as outstanding for providing caring services.

Outstanding



Summary of findings

- Data from the National GP Patient Survey showed patients rated the practice higher than others for almost all aspects of care. For example, 98% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- Feedback from patients about their care and treatment was consistently and strongly positive. For example, 89% say the last GP they saw or spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.
- We observed a strong patient-centred culture.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on. For example, the GPs had maximised their support of a patient on the violence register to the extent they were working to have the patient removed from the register.
- Views of external stakeholders were very positive and aligned with our findings.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs.
- There were innovative approaches to providing integrated person-centred care. For example, a Community Navigator liaised between healthcare services and patients to assist them in the management of their long term conditions and/or circumstances.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group (PPG). For example, direct feedback from the PPG had resulted in the introduction of a Foot Service to patients by providing a room for the local Podiatry service to use. The PPG had also been actively involved in decisions around the extension and refurbishment work to the building which had been completed in 2015.

Good



Summary of findings

- Patients were able to access appointments and services in a way and at a time that suited them. All routine appointments were for 15 minutes and the practice had maximised the appointment sessions from the moment they opened until the last patient requiring an appointment had been seen.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

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.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for 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, although there were identifiable gaps in mandatory training for some staff.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

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 GP home visits and urgent appointments for those with enhanced needs.
- The practice offered home visits from the nursing team for annual reviews, blood tests and vaccines.
- Supportive services for the elderly were offered from the practice, such as foot care service and community navigator.
- External stakeholders were invited to practice meetings and the practice communicated regularly with community nurses and a local hospice to co-ordinate care for elderly patients.
- The local Healthwatch had audited access arrangements for patients wanting to use a hearing loop. The practice were rated as good for this service and recognised for having an aware and helpful reception team.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and were using networking opportunities, with high achieving local stakeholders, to improve patient outcomes.
- Staffing was structured to ensure GP and Nurse Leads had deputies for chronic disease management to allow continuity of care.
- Data for diabetes indicators for 2014/15 showed the practice had achieved 76% which was below the CCG average of 90% and national average of 89%. The practice were aware of the low score and had employed a specialist diabetes nurse prescriber to enhance care for diabetes patients.
- Patients at risk of hospital admission were identified as a priority and there were robust follow up processes for patients who had been discharged from hospital.
- Longer appointments and home visits were available when needed.

Summary of findings

- 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 outstanding for the care of families, children and young people.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- The practice had implemented a “child was not brought” policy to help identify children at risk from not attending appointments, including hospital visits and immunisation clinics.
- Immunisation rates were relatively high for all standard childhood immunisations.
- The practice supported young patients who are carers through collaborative working with the community navigator and local carers group.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 78% of women aged 25 to 64 were offered a cervical smear compared to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and domestic violence liaison.

Outstanding



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



Summary of findings

- The practice had an online blood pressure (BP) form for monitoring BP at home, reducing the need for patients of working age to attend the practice for BP checks.
- There were extended hours on Wednesday evenings and Saturday mornings to offer patients of working age appointments when they were not working.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless patients, travellers and those with a learning disability.
- The practice looked after a residential home for patients with learning disabilities. The GPs and nurses held a flu vaccine clinic at the home annually.
- The practice had a dedicated care worker for carers and had been accredited for this work by the local carer's organisation.
- The practice had a domestic violence worker from the local community based on site to support patients living with domestic violence.
- The practice offered longer appointments for patients with a learning disability and carers.
- 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.

Outstanding



People experiencing poor mental health (including people with dementia)

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

- The practice registered patients suffering from mental health conditions who were on the violence register, including patients from other practices and out of area.
- An alcohol worker and drug misuse worker (from external stakeholders) offered support and advice from the practice site.

Good



Summary of findings

- All the GP partners had a Royal College of GPs certificate in drug misuse to at least level one. One of the GPs was trained to level two, meaning they were directly involved in supporting patients to recover from substance misuse.
- 85% of patients diagnosed with a mental health condition that had a comprehensive care plan in the last 12 months, which is comparable to the CCG average of 88% and national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The latest national GP patient survey results were published in January 2016. The results showed the practice was performing above local and national averages. 309 survey forms were distributed and 121 were returned. This represented a 39% response rate which was 1% of the practice's patient list.

- 91% found it easy to get through to this surgery by phone which was better than the CCG average of 75% and a national average of 73%.
- 88% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 84% and national average of 85%.
- 91% described the overall experience of their GP surgery as fairly good or very good, which was better than the CCG average of 82% and national average 85%.

- 85% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area which was better than the CCG average of 75% and national average of 73%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 36 comment cards, all of which were positive about the standard of care received. The majority of comments related to the high level of care and attention from the GPs and nursing staff, how friendly and welcoming the reception team were and how everyone went out of their way to help and support patients. There were seven cards who expressed an overall good service mixed with some less positive aspects. These included long waiting times, unable to get an appointment on the day of choice and dismissive attitude from staff.

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

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure all mandatory training is offered to all staff within the specified timescales and to the appropriate level, including future training identified as booked on the day of inspection.
- Ensure their cold chain policy is adhered to and action is taken when breaks in the chain are identified. For example, when vaccine fridge temperatures go out of the recommended range.
- Consider the location of the high risk medicine cupboard with regard to infection control.

Outstanding practice

We saw several areas of outstanding practice including;

- collaborative working with community psychiatric team and drug agencies in the management of vulnerable patients (including substance misuse or homeless patients). Patients could register using the practice address and opportunistic screening, to optimise health and wellbeing, were undertaken when patients presented for other concerns.
- The practice had introduced a child not attending policy to support their child safeguarding protocols and worked collaboratively and openly with the health visiting team, domestic violence team and other external stakeholders in identifying risks and concerns to children.
- The practice had an open and proactive approach to sharing significant events and learning with external stakeholders, to improve patient outcomes.

Kingswood 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 practice manager specialist adviser and an Expert by Experience.

Background to Kingswood Surgery

Kingswood Surgery provides primary medical services to over 9,700 patients in an area with the highest deprivation in Swindon. This means that many of their patient list are affected by social and economic deprivation locally and often use GP services more frequently than patients in areas of low deprivation. The practice population includes a high number (23%) of patients from ethnic minority backgrounds. The practice have a higher percentage of unemployed and incapacity benefits claimants than local and national reported figures, which also often leads to increased use of GP services.

The practice has been actively involved in providing health care services since the 1950s where it started in a small wooden building on the main residential estate. Services moved to the current location in the 1960s and has been subject to many changes including, most recently, an extension and refurbishment of the property. There is a large car park on site with two disabled bays in front of the entrance doors.

The practice has two waiting areas accessible from the main reception, where there is a lowered counter for patients with disabilities. All the GP and nurse consultation rooms are on the ground floor with wide corridors and

doorways for disabled access. There are eight GP consultation rooms and four nurse treatment rooms. In addition there are two patient toilets, both offering disabled access, call bells and baby change facilities.

The practice has four GP partners (one female and three male), three salaried GPs (one male and two female), a lead nurse and three practice nurses (all female), three health care assistants (all female), a Practice Manager, Secretary, a Summariser, nine receptionist and administration staff. Two of the reception team are also trained in phlebotomy (blood taking) and offer two clinics per week for this service. The practice is a training practice and currently has two GP trainees working there. (A training practice is where qualified doctors in training to become GPs are offered supervision and support during their final year of training). In addition, the practice has started supporting student nurses with practice placements to offer an insight into practice nursing as a potential career opportunity. The training and supervision of student nurses and GP trainees is supported by four GP educational supervisors, one medical student teacher and one nurse educational supervisor.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 8am to 11.45am every morning and 2pm to 6pm daily. Extended surgery hours are offered on Wednesday evenings until 7.30pm and Saturday mornings from 8am to 11.30am. All GP appointments are for 15 minutes unless additional time is required and a double appointment is booked.

The practice has opted out of providing out of hours services to their patients. Out of hours services are provided by SEQOL. This out of hours service is accessed by calling 111. A message on the practice telephone system advises patients to call this number when the practice is closed. The arrangements in place for services to be

Detailed findings

provided when the surgery is closed are displayed at the practice and in the practice information leaflet. Patients are also signposted to a walk in service in Swindon town where patients may see a GP or nurse.

There is a pharmacy on site that is owned and run by an external stakeholder. The practice offers a home prescription delivery service in conjunction with the pharmacy.

All services are provided from:

Kingswood Surgery

Park North

Swindon

Wiltshire

SN3 2RJ

There have been no previous CQC inspections of Kingswood Surgery.

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, such as NHS England to share what they knew. We carried out an announced visit on 9 February 2016. During our visit we:

- Spoke with six GPs, three nurses, the practice manager and two members of the administration and reception team.
- We spoke with eight patients who used the service and one member of the patient participation group.
- 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.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared within and external to the practice to make sure action was taken to improve safety. For example, a pharmacy was unable to offer the dosage prescribed on a prescription and requested the dosage be changed by the GP. This resulted in an incorrect dosage for a high risk medicine being prescribed, which was highlighted by the pharmacy. The GP reflected on the incident and additional awareness training was arranged for GPs in the use of the computer prescribing system. The incident was also shared with the local pharmacy group at a meeting because the original prescription was requested to be changed by the pharmacy, which could have been avoided.

In another incident, a midwife had sent a urine sample for testing at the laboratory. The result was sent to the practice where a GP arranged a prescription and left it for the midwife to hand out to the patient. The patient did not receive the prescription and attended the surgery with further symptoms. The practice discussed the incident and decided to alter how the midwife should record the clinical findings and why the test was carried out. This would inform GPs better so they can follow up the patient directly.

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 and a deputy for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities but not all had received an update relevant to their role. For example, one practice nurse, out of three practice nurses, was due to update their safeguarding adult training and another nurse who recently joined the practice in January 2016 was due to undertake both adult and child (level two) safeguarding training as part of their induction schedule.
- All GPs were trained to Safeguarding children level three, or were booked to undertake this training within the next eight weeks.
- 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 had applied for and were awaiting the DBS check on the new practice nurse.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead with another practice nurse deputising. Although neither of the nurses had received role specific training for this role, they actively 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.
- We saw one breach of the cold chain, where a fridge had exceeded the upper limit temperature (above 8 degrees Celsius) for a continuous seven day period. The practice were unable to evidence they had followed the cold chain policy and reported the issue. Once this was

Are services safe?

pointed out by the inspection team, the practice immediately raised a significant event report and within two days of the inspection visit had completed a thorough analysis of the event. The root cause analysis showed the fridge had not been reset on five of the occasions where it was recorded as showing a high reading. The practice had contacted the pharmaceutical companies that supplied their vaccines for advice on their stock management and had concluded that the risk was low. They had made arrangements to ensure everyone who was checking the fridges had received a refresher in how to reset the fridge. The practice identified that a second thermometer would have benefitted in this instance and we saw evidence that they had already ordered one for each fridge before the inspection date.

- We reviewed four 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. The practice had applied for and were awaiting the DBS check on the new practice nurse. They had undertaken a risk assessment whilst waiting for the DBS check to arrive and had a DBS check from the nurse's previous employer.
- There were 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.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security).

- The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. (A CCG is a group of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services). Repeat prescribing was managed through offering a six month and 12 month review for patients with long term conditions. Most repeat prescriptions were offered for between one and three months' supply to minimise wastage and

overprescribing. An audit of polypharmacy (patients on over ten medicines) found a total of 20 patients who were reviewed to ensure their medicines were appropriate for their current health needs.

- Many medicines deemed high risk for specific patient groups were not prescribed by the practice. A local clinic monitored and prescribed these to patients. Blood tests for checking levels of high risk medicines were performed at the practice and followed up by the clinic. Prescription pads were securely stored and there were systems in place to monitor their use.
- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the GPs for this extended role.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (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). The practice also had a system for production of Patient Specific Directions (PSDs) to enable Health Care Assistants to administer vaccines after specific training when a doctor or nurse were on the premises. (A PSD is a written instruction, from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis).
- High risk medicines were kept on the premises. Whilst securely stored and regularly checked, we noted the room in which the cupboard was located included storage of used cleaning materials and other infection control risks. The practice had decided to review the need to keep high risk medicines on the premises and were going to review the location of the storage area as part of the decision.

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

Are services safe?

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.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and 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.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results (2014/15) were 94% of the total number of points available, with 5% exception reporting which was lower than the national average of 9%.

(Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- The percentage of patients with hypertension having regular blood pressure tests was 80% which was comparable to the national average of 78%.
- Performance for mental health related indicators was 92% which was comparable to the CCG average of 93% and national average of 93%.
- Both Chronic obstructive Pulmonary Disease and Asthma scored the maximum amount of QOF points (100%) which was above the local and national averages.

However,

- Performance for diabetes related indicators was 76% which was lower than the CCG average of 90% and national average of 89%. The practice had recognised this and had implemented a number of actions to improve diabetes care.

The practice were aware of their below average QOF score for diabetes indicators. They had worked closely with the local community diabetes team and educational programmes to improve the care offered to diabetic patients. A lead nurse for diabetes had also been appointed who was actively networking with a high achieving local GP practice, to improve patient outcomes. The practice had developed diabetes care information in different languages to assist those patients for whom English was not their first language.

The practice was also developing a care planning approach in the diabetes clinic and regularly attended a diabetes network group. The most up to date diabetes QOF indicators for 2015 to February 16 were showing comparable indicator values to 2014/15 data, with seven weeks of the current years data remaining. For example, the percentage of diabetic patients with a specific blood pressure reading was 90% in 2014/15 and was 88% on the day of our inspection visit.

Clinical audits demonstrated quality improvement.

- There had been thirteen clinical audits completed in the last two years, five of these were completed audits where the improvements made were implemented and monitored. There were four audits which had repeat audit dates for 2016.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included ensuring a removal date for intrauterine contraceptive devices (IUDs) was documented in the patient record at the time of fitting. IUDs should be removed or replaced after five years. An audit in May 2014 identified eight women who were overdue their IUD removal. A second audit in January 2016 showed this had reduced to five women. The lead GP for family planning had implemented additional information to be added to the record to advise the date of removal at the time of fitting to reduce this even further.

Are services effective?

(for example, treatment is effective)

Information about patients' outcomes was used to make improvements such as;

- A safety alert resulted in audit of patients being treated with a medicine recommended by the continence team. The medicine had high risk side effects including high blood pressure. The audit highlighted that blood pressure (BP) checks were not being routinely undertaken in this patient group. The practice had written to each patient identified to request they attend for a BP check and had requested the continence service offer advice to their patients regarding the need for regular BP checks. In addition, the practice had created a computer protocol to each patient record to ensure regular BP checks were undertaken. The most recent audit showed all new patients starting this medicine and 88% of existing patients had received a BP check.
- The practice wanted to reduce the number of patients who had a diagnosis of chronic kidney disease (CKD) and were taking non-steroidal anti-inflammatory (NSAIDs) medicine. The first audit showed 4.4% of patients were taking NSAIDs. A note was added to the patient record to alert GPs to review this at the next consultation. The repeated audit showed a reduction in NSAID prescribing for patients with CKD to 1.4%.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment, although not all staff had received up to date training.

- The practice had staff who were trained to support and mentor others. For example, there were four GP educational supervisors, one medical student teacher and one nurse educational supervisor.
- The practice had role-specific induction programmes for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. In addition, time was allocated for each new member of staff to spend with specific individuals in the practice so they could observe all areas of the practice in the first two weeks.
- 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. All staff had attended training or were booked to undertake training, specific to their role, within eight weeks of the inspection.
- 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 revalidating GPs and nurses. All staff had received an appraisal within the last 12 months where targets and future learning needs were documented, including any outstanding training.
- Staff were offered training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to e-learning training modules and in-house training. The practice manager had instigated a training matrix to capture all outstanding training requirements and was aware of the gaps in the training records. Staff were encouraged to fulfil their mandatory training requirements as a priority.

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.

Staff worked together and with other health and social care services to understand and meet the range and complexity

Are services effective?

(for example, treatment is effective)

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 evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

- Clinical staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005, although not all staff had received training.
- 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. There was a local counselling and psychology service available on site and a community navigator to support patients by liaising between healthcare services and the patient.
- Smoking cessation service was available from the health care assistants who were trained to provide advice and pharmacotherapy in-house.

The practice's uptake for the cervical screening programme was 78%, which was better than the CCG average of 73% and slightly below the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme 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. For example, 73% of females aged 50-70 had been screened for breast cancer within a set timeframe, which was comparable to the CCG average of 77% and national average of 72%. However, bowel cancer screening rates were 48% which was below the CCG average of 56% and national average of 58%. In response to the low bowel cancer screening figures, the practice had commenced sending a follow up letter to the patient to improve uptake.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 79% to 99% (CCG 81% to 98%) and five year olds from 90% to 98% (CCG 91% to 98%).

The practice showed us their current (2015 to 2016) flu vaccination uptake rates for the over 65s and at risk groups (under 65). Over 65s uptake was 75% and at risk groups (under 65) was 51%. These were better than the CCG at 72% and 44% respectively. The practice attributed their enhanced figures to their opportunistic approach to offering health checks and vaccines when the patient attends for an appointment.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40-74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.



Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- The practice were supporting a patient application to be removed from the violence register.
- The practice received notifications of domestic violence from external stakeholders and identified patients affected to offer proactive support during appointments. In addition, a domestic violence worker provided support and advice to patients at the practice or the patients home, dependant on need.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- 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.

All of the 36 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the patient participation group (PPG). (A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care). 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 significantly above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 98% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 95% said the GP gave them enough time compared to the CCG average of 85% and national average of 87%.
- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.
- 92% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average of 85%.
- 95% said the nurse was good at listening to them compared to the CCG average of 92% and national average of 91%.
- 97% said the nurse gave them enough time compared to the CCG average of 91% and national average of 92%.
- 98% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 90%.
- 94% said they found the receptionists at the practice helpful compared to the CCG average of 83% and national average of 87%.

The national GP patient survey results offered a true reflection of our experience during the inspection visit. We observed kindness and empathy from all staff. The practice prided itself on its consistently high scores as previous surveys had offered similar findings. The friends and family test results showed 87% of patients would recommend this surgery to someone new to the area.

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.



Are services caring?

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 significantly above local and national averages. For example:

- 93% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 85% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 81%.
- 96% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 90%.
- 95% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 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

Notices in the patient waiting room 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 identified 413 of the practice list as carers. This represented 4% of the patient list. As well as written information, there was a notice board in the waiting area dedicated to carers. In addition, there was a dedicated care co-ordinator available to direct carers to the various avenues of support available to them. The care co-ordinator worked closely with the local care support group to ensure full support was maximised. The care coordinator had achieved a Swindon Carers Charter Accredited Service award. The practice had plans to implement carers coffee mornings.

Staff told us that if families had suffered bereavement their usual GP contacted them if appropriate. The practice also offered information about support following 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.

- There were several healthcare services provided on site including health visitors, midwives, domestic violence worker, carer support group, podiatrist, a local psychology and counselling service, substance misuse worker and alcohol worker. There was strong evidence of multi-disciplinary working with community and other services, including community matron, community psychiatric nurse and local GP practices.
- Collaborative working with a Community Psychiatric Nurse in the management of patients who were homeless or of no fixed abode. Patients could register using the practice address and opportunistic screening, to optimise health and wellbeing, was undertaken when patients presented for other concerns.
- The practice had introduced a child not attending policy to support their child safeguarding protocols and worked collaboratively and openly with the health visiting team, domestic violence team and other external stakeholders in identifying risks and concerns to children.
- The practice registered patients suffering from mental health conditions who were on the violence register, including patients from other practices and out of area.
- The practice offered extended hours for working patients who could not attend during normal opening hours.
- The practice operated a 15 minute appointment time for pre-bookable appointments and could extend this if they felt it would be of benefit.
- There were longer appointments available for patients with a learning disability and carers.
- Home visits were available for older patients and patients who would benefit from these, including review appointments and vaccine administration by the nursing team.
- Same day appointments were available for children and those with serious medical conditions.

- Patients were able to receive travel vaccinations available on the NHS. Patients were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- Access into and throughout the practice had been well considered for all population groups including patients in wheelchairs and parents with buggies and pushchairs. All the corridors and doorways were wide enough and all the patient toilet facilities included pull cords for emergency assistance and a baby changing area.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8am to 11.45am every morning and 2pm to 6pm daily. Extended surgery hours were offered on Wednesday evenings until 7.30pm and every alternate Saturday between 8am and 11am. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was consistently positive and significantly better than local and national averages.

- 90% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 79%.
- 91% of patients said they could get through easily to the surgery by phone which was better than the CCG average of 75% and national average of 73%.
- 64% of patients said they usually get to see or speak to the GP they prefer compared to the CCG average of 58% and national average of 59%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them and most suggested they could accept a delay as it meant another patient was getting the care they needed.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

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

- 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.
- All eight patients we spoke to on the day were aware of how to complain and all expressed they had never felt compelled to do so as there was no need.

We looked at eight complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way with openness and transparency. Lessons were learnt from concerns and complaints and

action was taken to as a result to improve the quality of care. For example, a patient complained that they had arranged a same day duty appointment and had to wait for 45 minutes for their appointment before they decided to leave without being seen. The practice ascertained that due to staff sickness, one member of clinical staff was working from two duty lists that day and had to triage. The patient was offered a full apology and advised that the practice had spoken with the reception team to make patients aware of any delays when they book over the telephone and when they visit.

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 prioritised safe, high quality and 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. One of the partners was the CCG clinical chair with roles in mental health and urgent care, in addition to their role within the practice.

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 groups held regular meetings. The partners held a weekly business meeting, whilst multi-disciplinary team meetings took place on a Tuesday lunchtime. The nursing and admin teams held regular meetings and there was a coffee break weekly for staff to catch up with events and information.
- 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 an active virtual PPG which assisted with patient surveys and submitted proposals for improvements to the practice management team. For example, the practice were keen to move the PPG away from virtual to face to face meetings, which was due to commence in March 2016. The practice had approached the local Healthwatch to work with the PPG. In addition, two PPG volunteers had planned to dedicate a few mornings to sit in the waiting area to recruit additional PPG members and raise awareness of their work.

Are services well-led?

Good 

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

- The practice had gathered feedback from staff through regular meetings, informal discussions and appraisal. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. For example, a baby immunisation clinic was changed after the nursing team found the walk in service resulted in long waits for parents and their children, often surrounded by unwell patients in the waiting room. The clinic was changed to an appointments only service with 15 minute intervals and catch up slots to allow for patients who were unaware of the new system. A “child not brought” policy had also been implemented to support their child safeguarding protocols.

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 actively engaged with local stakeholders to improve outcomes for patients in the area. In addition to training GPs, the practice had started offering training placements to student nurses. The practice had recognised that enabling nurses in training to experience primary care could encourage them to consider practice nursing as a career.

The practice had expressed interest in offering seven day opening with the CCG and there were future plans for a prescribing pharmacist to join the team. The practice were proactively looking to the future, when it is anticipated that some of the partners may consider retiring. The practice were in discussions with local practices with regard to merging or forming a federation, to assist with succession planning.