

The Three Shires Medical Practice - Colerne

Quality Report

New Surgery
35 High Street
Colerne
Chippenham
Wiltshire
SN14 8DD

Tel: 01225 742028

Website: www.threeshiresmedical.co.uk

Date of inspection visit: 21 November 2017

Date of publication: 31/01/2018

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?	Good		
Are services responsive to people's needs?	Good		
Are services well-led?	Good		

Summary of findings

Contents

Summary of this inspection

Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	5

Detailed findings from this inspection

Our inspection team	6
Background to The Three Shires Medical Practice - Colerne	6
Detailed findings	8
Action we have told the provider to take	22

Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall.

We previously inspected all four locations of The Three Shires Medical Practice in June 2016 and rated them as good:

Pucklechurch Surgery	- Good
Colerne Surgery	- Good
Marshfield Surgery	- Good
Wick Surgery	- Good

The key questions for Three Shires Medical Practice - Colerne are rated as:

Are services safe?	- Requires Improvement
Are services effective?	- Good
Are services caring?	- Good
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 for 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 The Three Shires Medical Practice on 21 November 2017 as part of our inspection programme. We visited all four locations at Pucklechurch, Colerne, Marshfield and Wick, which between them serve a single patient list. The practice is led and governed by a single management team who are responsible for all regulated activities across all four surgery locations.

At this inspection we found:

Summary of findings

- The practice had systems to manage risk so that safety incidents were less likely to happen. However, arrangements for fire safety were not effectively implemented at all four locations; and when incidents did happen, the practice arrangements to learn from them and improve their processes were not fully implemented.
- 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 found the appointment system easy to use and reported that they were able to access care when they needed it. We saw evidence of very positive feedback from patients.
- There was a focus on continuous learning and improvement at all levels of the organisation. However, learning was not consistently shared across all four locations.
- Arrangements for dispensing medicines at the practice kept patients safe. However, some aspects of security of medicines and prescription stationery should be reviewed.
- The practice returned above average achievement under the Quality and Outcomes Framework (QOF is a system intended to improve the quality of general practice and reward good practice).
- Evidence of improvement in the cohesion of practice management processes across a number of topics and across all four surgery locations. However, further improvement should be made to ensure fully co-ordinated management arrangements.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure care and treatment is provided in a safe way to patients, in particular in relation to arrangements for fire safety.

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

- Review arrangements for the security of medicines at the Marshfield surgery in relation to the dispensary and vaccine fridges to reduce the risk of unauthorised access, including outside normal surgery opening hours.
- Review arrangements for non-clinical incidents to ensure they are implemented effectively and consistently at all four Locations; and when incidents happen, the practice learns from them and improves their processes.
- Review records of training to ensure all staff have an up to date record of training relevant to their role, including a consistent approach for sepsis.
- Review arrangements to provide consistency in monitoring of Medicines and Healthcare products Regulatory Agency (MHRA) safety alerts, to ensure all have been received at all four locations and all actions have been completed and recorded.
- Review arrangements for the security of the patient records and tracking of blank prescription stationery.






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?	Requires improvement	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

The six population groups and what we found

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

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	

The Three Shires Medical Practice - Colerne

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 second CQC inspector, two GP specialist advisers, a practice nurse specialist adviser, a practice manager adviser and a member of the CQC medicines team.

Background to The Three Shires Medical Practice - Colerne

The Three Shires Medical Practice is the provider of GP services in rural areas of South Gloucestershire and Wiltshire from four surgeries, each of which is registered as an individual location with the Care Quality Commission. The practice is led and governed by a single management team, using common systems and processes, who are responsible for all regulated activities across all four surgery locations. Regulated activities are delivered from surgeries at:

- Three Shires Medical Practice - Pucklechurch, 12 Becket Court, Pucklechurch, South Gloucestershire, BS16 9QG
- The Three Shires Medical Practice - Colerne, 35 High Street, Colerne, Wiltshire, SN14 8DD
- The Three Shires Medical Practice - Marshfield, 2 Back Lane, Marshfield, South Gloucestershire, SN14 8NQ
- The Three Shires Medical Practice - Wick, 111 High Street, Wick, South Gloucestershire, BS30 5QQ

We visited all four surgeries on the same day during this inspection. Details of all the surgeries can be accessed via a single practice website: www.threeshiresmedical.co.uk.

The Three Shires Medical Practice has a single patient list of approximately 9,280 patients and whilst patients can use any of the surgeries they tend to see a GP at the surgery nearest to where they live.

Each of the four surgeries is able to offer dispensing services to those patients on the practice list who lived more than one mile (1.6km) from their nearest pharmacy. The practice has signed up to Dispensary Services Quality Scheme (DSQS) which rewards practices for providing high quality care to their dispensing patients.

The general Index of Multiple Deprivation (IMD) population profile for the geographic area of the practice is in the tenth least deprivation decile. (An area itself is not deprived: it is the circumstances and lifestyles of the people living there that affect its deprivation score. It is important to remember that not everyone living in a deprived area is deprived and that not all deprived people live in deprived areas).

The practice is a partnership of five GPs. They employ three salaried GPs and collectively the GPs provide 5.9 whole time equivalent (WTE) employees. The practice also employs two nurse practitioners and six other nurses along with phlebotomy, reception, administrative and managerial staff.

The Colerne practice support approximately 1,940 patients including those from a local military base. There are a higher number of patients under 10 years of age and

Detailed findings

increased demand on maternity services than at the other surgeries. The practice is open from 8.30am to 5.30pm Monday to Friday and remains open until 6.30 pm on Wednesday each week.

The practice is a member of the South Gloucestershire Clinical Commissioning Group (CCG) and holds a personal medical services (PMS) contract. A range of other enhanced services are offered which provide services in addition to what is required under a core PMS contract. These

enhanced services include; delivering meningitis and childhood vaccinations, facilitating timely diagnosis and support for patients with dementia and offering annual health checks for patients with learning disabilities.

When the practices are closed patients who live in South Gloucestershire can access Out Of Hours services provided by Brisdoc; and those who live in Wiltshire can access services provided by Wiltshire Medical Services.

Are services safe?

Our findings

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

Safety systems and processes

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

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- However, the practice did not have an up to date fire risk assessment for any of the four surgery premises at Pucklechurch, Colerne, Marshfield and Wick. We saw limited evidence of records of implementation of fire safety arrangements. This presented risks to the health and safety of staff and patients when working in or receiving care and treatment at these premises.
- 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.
- 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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

- There were systems for safely managing healthcare waste. Waste was stored securely at the four locations.

Risks to patients

There were 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 induction system for temporary staff tailored to their role.
- 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, for example, sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

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.
- Arrangements for the security of the patient records had not been implemented effectively. For example, the arrangements at the Wick practice did not prevent unauthorised access to paper medical records that were held in unlockable cabinets in the reception area; and arrangements at Colerne and Pucklechurch practices did not prevent unauthorised access to electronic records, where we found electronic security cards had been left in computers. This presented risks to the provision of safe care and treatment. However, the practice told us that only risk assessed, employed staff had unaccompanied access to the premises; and additional passwords were required to access electronic records. The practice should, however, review security arrangements to minimise the risk of access to patient records.
- Referral letters included all of the necessary information.

Are services safe?

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks at all four locations. However, we found that these systems should be reviewed at the Marshfield practice. For example, at the Marshfield practice, whilst the vaccine fridges in the treatment room were lockable, during the inspection they were either unlocked or the keys were not securely stored; and the room was not lockable when unoccupied.
- The practice kept prescription stationary securely at all four locations except in relation to some prescription paper for printers at the Pucklechurch practice which were not locked away overnight. The practice told us access was restricted to employed, risk assessed staff at all times.
- There was no system in place to track the serial numbers of handwritten prescriptions across the four locations. This presented a risk that the controls were not effective enough to identify any missing blank prescription stationery. The practice told us, after the inspection, that they had ceased to use handwritten prescriptions.
- 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 audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- 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.

Dispensing services

- Arrangements for dispensing medicines at the practice kept patients safe. The practice 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. The practice had signed up to DSQS which rewards practices for providing high quality care to their dispensing patients. There was a named GP responsible each dispensary. Staff involved in dispensing medicines had received appropriate training or were supervised

while they completed their training. Annual competency assessments were completed by the lead GP for the dispensary. The dispensary carried out regular medicines audits including one looking at dispensary staffing hours.

- Medicines were stored securely with access restricted to authorised individuals in three of the four dispensaries. Fridge temperature checks were completed daily at all locations to ensure medicines were kept at the appropriate temperature. Staff were aware of the process to follow if the temperatures went out of range.
- However, we found the security arrangements at the Marshfield surgery should be reviewed. Dispensing was carried out from an open area that could not be separately locked within these premises. This presented a risk of theft of or tampering with stock and a risk of dispensing errors through disruption or distraction. We were told that there was no risk assessment or standard operating procedure in place to reduce these risks.
- The exterior door to the dispensing area at the Marshfield practice was not locked during the inspection, however, dispensary staff were present at all times to detect unauthorised access. There was no risk assessment in place to reduce the risk of unauthorised access when staff were not present, for example, by contractors working out of normal surgery opening hours. The practice told us access was restricted to employed, risk assessed staff at all times.
- Repeat prescriptions could be ordered by patients online, in person and by fax. When medicines needed a review, a GP would need to authorise the medicine before a prescription could be issued.
- Prescriptions were signed before medicines were dispensed and handed out to patients. A bar code scanner was used to check the dispensing process in addition to a second check by a doctor and dispensary staff member. The dispensaries also offered patients weekly blister packs to support them to take their medicines.
- The standard operating procedures (SOPs are written instructions about how to safely dispense medicines) had been signed by dispensary staff and were reviewed annually.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage

Are services safe?

arrangements because of their potential for misuse). They were stored securely and access was restricted to appropriate individuals. Suitable arrangements were in place for the destruction of controlled drugs.

- Dispensing incidents and near-miss errors were recorded. Staff demonstrated how changes had been made to the dispensary following a review of these records to minimise the chance of similar error reoccurring.
- Emergency medicines were easily accessible to staff, held in a secure area and were checked regularly to make sure they were in date and safe to use. It was suggested that arrangements could be further improved by the use of tamper evident storage.
- Patient Group Directions (PGDs) 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 to ensure patients were treated safely.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues, except for fire safety.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system 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 learned and shared lessons, identified themes and took action to improve safety in the practice. We saw evidence that clinical incidents were recorded, analysed, action taken and learning was identified and shared. The practice had included in the significant event and serious incident form a risk rating and grading scheme to assess the degree of significance and risk posed. However, the arrangements for recording of and sharing learning from non-clinical incidents should be reviewed to ensure they are implemented effectively and consistently across all four locations. For example, at three of the locations, Marshfield, Wick and Colerne, whilst a significant incident form was available there was little evidence that non-clinical incidents had been recorded. We saw examples of two non-clinical incidents recorded at the Colerne surgery since 2013, however, there was no evidence that the incidents had been reviewed, any learning had been identified or that the practice management had been informed.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts. However, systems had not been implemented effectively in all the dispensaries to deal with medicines alerts or recalls issued by the Medicines and Healthcare products Regulatory Agency (MHRA). For example, at the Pucklechurch practice records did not confirm that all MHRA safety alerts had been received, and at the Wick and Colerne dispensaries whilst records stated that action had been taken, there was no record to confirm that actions were completed to the practice management.

Are services effective?

(for example, treatment is effective)

Our findings

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

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' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The average daily quantity of hypnotics prescribed for specific therapeutic groups showed better than average performance, with prescribing data figure for the practice at 0.33, compared with the clinical commissioning group (CCG) average of 0.60 and national average of 0.98.
- Data for the number of antibacterial prescription items prescribed for specific therapeutic groups and the percentage of antibiotic items prescribed that were Cephalosporins or Quinolones, were both comparable to other practices locally and nationally.
- We saw no evidence of discrimination when making care and treatment decisions.
- We saw that the dispensaries were using bar code scanners to check the dispensing process and that this had reduced the number of errors.
- 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. Those identified as being frail had a clinical review including a review of medication. For example, we saw that an assessment tool was in use for geriatric patients with a complex medical history. This provided longer or repeated assessments, investigations where necessary, and support by working with a local older persons clinic, a local falls clinic, ambulatory care services and community staff.
- 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 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.
- Patients were able to access support from a local falls assessment service and older patients at risk of falls were offered opportunistic falls screening.
- The practice offered opportunistic dementia screening, including initial diagnostic tests and investigations with referral, where necessary, to memory services.

People with long-term conditions:

- The practice had an effective system to recall patients with long-term conditions that included computer based searches, verbal, telephone, SMS and mail reminders about appointments and repeat prescriptions, and opportunistic screening.
- 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.

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 percentage of 90% or above. For example, all four performance indicators were at or above 95% uptake rates.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. Midwife clinics were offered from practice premises.

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

- The practice's uptake for cervical screening was 82%, which was in line with the 80% coverage target for the national screening programme.
- 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

Are services effective?

(for example, treatment is effective)

40-74. For example, over 400 health checks had been carried out in the last 12 months equivalent to approximately 65% of those eligible. 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:

- All patients with learning difficulties were offered annual health checks, with longer appointments to discuss any issues arising.
- 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.

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

- 72% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was comparable to the national average.
- 80% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was comparable to the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption (practice 72%; CCG 91%; national 90%).
- The practice offered longer appointments to patients experiencing poor mental health.
- They offered support through a community psychiatric nurse who worked with other local practices and regularly referred patients to local talking therapy services.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, all patient deaths and significant diagnoses were discussed at monthly meetings, along with other significant events, to share best practice and identify any learning.

Where appropriate, clinicians took part in local and national improvement initiatives. For example, the practice had participated in the One Care Consortium 'stock take' process in the region to compare a range of metrics and identify areas of best practice and risk in order to inform improvement.

The most recently published Quality Outcome Framework (QOF) results were 98% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 95%. The overall exception reporting rate was 7% compared with a national average of 6%. (QOF is a system intended to improve the quality of general practice and reward good practice. 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.)

- QOF results were better than CCG or national averages for childhood immunisation rates and for the prescribing of hypnotic medicines for specific patient groups.
- The practice used information about care and treatment to make improvements. For example, patients prescribed anticoagulant and antiplatelet medicines with other medicines were monitored and reviewed to ensure treatment was optimised. This resulted in some patients' prescriptions being altered such as through lower doses, changing duration of treatments or stopping prescribing of some medicines.
- The practice was actively involved in quality improvement activity. We saw examples of completed clinical audit cycles such as to ensure dispensing drug and medication use reviews were appropriately targeted to patients in high risk groups. Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

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. Records of skills, qualifications and training were

Are services effective?

(for example, treatment is effective)

maintained and staff were encouraged and given opportunities to develop. However, we saw the records should be reviewed and updated to address some gaps. For example, of the records for 47 GPs and staff, four did not have a date recorded for recent training in basic life support, and one did not have a date recorded for recent training in safeguarding adults.

- 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.

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 and this was confirmed in patient feedback. 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. For example, a computer system was used to identify patients with complex medical needs for whom care plans are put in place.

- 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.
- Multi-disciplinary case review meetings were held where patients on the palliative care register were discussed.

Helping patients to live healthier lives

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.
- Practice performance for the percentage of new cancer cases referred using the urgent two week wait referral pathway was comparable the national average.
- 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, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- 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.
- Of the 75 patient Care Quality Commission comment cards we received 73 were positive about the service experienced. Two gave mixed comments relating to the waiting time to see clinicians. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 226 survey forms were sent out and 127 were returned. This represented about 1.4% of the practice population. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 96% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 93% of patients who responded said the GP gave them enough time; CCG 85%; national average 86%.
- 99% of patients who responded said they had confidence and trust in the last GP they saw; CCG 95%; national average 95%.
- 98% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG 85%; national average 86%.
- 93% of patients who responded said the nurse was good at listening to them; CCG 92%; national average 91%.
- 96% of patients who responded said the nurse gave them enough time; CCG 94%; national average 92%.

- 96% of patients who responded said they had confidence and trust in the last nurse they saw; CCG 98%; national average 97%.
- 94% 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%.
- 93% of patients who responded said they found the receptionists at the practice helpful; CCG 87%; national average 87%.

The patient survey results were significantly better than CCG or national averages and this was consistent with other sources of patient feedback, including from those patient we spoke with during the inspection.

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. Patients were also told about multi-lingual staff who might be able to support them.
- 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. Information was available for carers in the waiting area, on the practice website and in new patient registration packs. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 170 patients as carers (about 1.8% of the practice list).
- A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective.
- Staff told us that if families had experienced bereavement, their usual GP contacted them or sent

Are services caring?

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 in line with 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 clinical commissioning group (CCG) average of 86% and the national average of 86%.
- 95% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG 80%; national average 82%.

- 91% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG 91%; national average 90%.
- 87% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG 85%; national average 85%.

The survey results for the care provided by GPs are better than CCG or national averages and this was consistent with other sources of patient feedback, including from those patient we spoke with during the inspection.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

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, advanced booking of appointments, advice services for common ailments).
- Each of the practice locations, whilst sharing a single patient list and providing access for patients across all four sites, provided better than average continuity of care for local patients. For example, 76% of patients who responded to the GP patient survey said they usually get to see or speak to their preferred GP compared with CCG average of 49% and national average of 56%.
- Each of the four practices offered dispensing services to those patients on the practice list who live more than one mile (1.6km) from their nearest pharmacy. This provided easier access to medicines in the primarily rural areas supported by the practices.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, home visits were available along with early morning and evening appointments, making them more convenient for those patients who were working or at school.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All 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.

- The practice offered support to vulnerable older patients through close liaison with the local community matron service.

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.
- The practice offered in-house dietitian clinics monthly and GPs supported patients with a number of less common conditions in liaison with secondary and tertiary care, such as connective tissue diseases, chronic fatigue syndrome and neurological conditions.

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.
- Appointments were offered to minimise disruption for parents such as before school from 8am and after school hours, and vaccination clinics were offered after school hours and during school holidays.

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

- The practice had encouraged patients to use the online patient access system and had 42% of patients activated, with 2,500 patients regularly ordering their medicines online.
- 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 appointments at each of the four practice locations.

Are services responsive to people's needs?

(for example, to feedback?)

- Telephone GP consultations and home visits were available to support patients who were unable to attend the practice during normal working hours.

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.
- Care was provided through GP visits to a local residential home for patients with learning difficulties.
- The practice worked with community paediatricians, social workers, health visitors and community physiotherapists and occupational therapists to support children with learning difficulties or special needs.

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. For example, patients were offered longer appointments at times appropriate to their needs in order to ensure timely responses to their needs.
- The practice held GP led dedicated monthly mental health and dementia clinics. A register was held of patients with more serious mental health conditions and patient records were flagged to ensure easier identification of needs. Health checks were offered to these patients verbally, and by telephone if necessary, to encourage uptake.
- Patients who failed to attend were proactively followed up by a phone call from a GP.

Timely access to the service

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.
- The appointment system was easy to use.

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. This was supported by observations on the day of inspection and completed comment cards. 226 survey forms were sent out and 127 were returned. This represented about 1.4% of the practice population.

- 71% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 75% and the national average of 76%.
- 94% of patients who responded said they could get through easily to the practice by phone; CCG 64%; national average 71%.
- 95% 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 87%; national average 84%.
- 89% of patients who responded said their last appointment was convenient; CCG 82%; national average 81%.
- 88% of patients who responded described their experience of making an appointment as good; CCG 69%; national average 73%.
- 48% of patients who responded said they don't normally have to wait too long to be seen; CCG 53%; national average 58%.

Many of the survey results were significantly better than CCG or national averages and reflect the strong focus on patient centred care. For example, each of the practice locations, whilst sharing a single patient list and providing access across all four sites, provided continuity of care for local patients. As a result, 76% of patients who responded to the GP patient survey said they usually got to see or speak to their preferred GP compared with CCG average of 49% and national average of 56%.

The practice was ranked in the top three best doctors' practices in South Gloucestershire, as rated by patients through the GP patient survey in July 2016. The survey results indicated 96% of patients described their overall experience of the practice as good, and 92% would recommend the practice to someone new to the area. Positive patient experiences were confirmed when we spoke with patients in the waiting areas at each practice location and to representatives of the patient participation group (PPG).

Listening and learning from concerns and complaints

Are services responsive to people's needs?

(for example, to feedback?)

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 and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Seven complaints were received in the last year. We reviewed two complaints and found that they were satisfactorily handled in a timely way.

- 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, the practice had participated in a 'stock take' assessment of primary care carried out across the local area by the One Care Consortium. This indicated a positive practice position compared to others in the local area, with respect to patient experience (based on the 2015/16 GP patient survey results for 'ease of getting through by phone' and 'overall experience of making an appointment').

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.

- The practice was led and governed by a single management team, using common systems and processes, and were responsible for all regulated activities across all four practice locations.
- Leaders had the experience, capacity and skills 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, ensuring regular interaction at all four surgery locations, 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 care and promote good outcomes for patients.

- 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.

Culture

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

- Staff stated they felt respected, supported and valued. We saw examples of staff supported through adjustments to working arrangements to better suit their circumstances. Staff were proud to work in the practice.
- The practice focused on the needs of patients and we saw evidence confirming this in feedback from 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. We looked at two complaints and found the practice had responded in a timely way and demonstrated their 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. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support 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. We saw evidence

Are services well-led?

Good 

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

of improved co-ordination and integration across all four practice locations and this was promoted through the presence of management on each site during each week.

- 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, however, some procedures had not been fully or consistently implemented across all four practice locations. For example, arrangements should be reviewed and improved for:

- The security of medicines at the Marshfield in relation to the dispensary and vaccine fridges to reduce the risk of unauthorised access;
- Training records to ensure all staff have an up to date record of training relevant to their role;
- Non-clinical incidents to ensure they are implemented effectively and consistently at all four locations, and that when incidents happen, the practice learns from them and improves their processes; and,
- Consistency in monitoring of Medicines and Healthcare products Regulatory Agency (MHRA) safety alerts to ensure all have been received at all four locations and all actions have been completed and recorded.
- The security of patient records and tracking of blank prescription stationery.

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. However, we saw that some aspects of managing risks required improvement. For example, arrangements for fire safety at all four surgery premises were not implemented effectively; and patient records at the Wick surgery were held in an area and cabinets that were not lockable.
- 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 MHRA alerts, incidents, and complaints. However, we found that the systems for safety had not been implemented consistently in all the dispensaries.

- 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.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- 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, weaknesses in these arrangements meant not all staff training records were up to date.
- 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 robust 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.

Are services well-led?

Good 

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

- 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 patient waiting area had been improved as a result of and in line with patient feedback.
- There was an active patient participation group (PPG) and they told us that the practice was open and honest with patients and all staff listened and responded appropriately to the views of patients.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice. The

practice was implementing a new intranet system to improve consistent implementation of procedures, access to records and communication across all locations. For example, by providing the latest updates to all staff when they log on each day.

- 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. However, the process to record and share learning from non-clinical incidents had not been consistently implemented across all four surgery locations. These arrangements should be reviewed and improved.
- 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 registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular, they had failed to ensure suitable systems were in place for fire safety at all four surgery premises.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>