

# Mere Surgery

## Quality Report

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

## Ratings

### Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11

### Detailed findings from this inspection

Our inspection team	12
Background to Mere Surgery	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	24

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Mere Surgery on 23 February 2016. Overall the practice is rated as good.

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

- There was a system in place for reporting and recording significant events.
- When there were safety incidents, patients received reasonable support, truthful information, a verbal and written apology.
- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when there were safety incidents, reviews and investigations were not always recorded and lessons learned were not communicated widely enough to support improvement.
- The practice had not carried out a fire drill for at least two years.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Feedback from patients was strongly positive. This was in line with the results from patient's satisfaction survey which were consistently and significantly higher than the national average.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvement are:

# Summary of findings

- The provider must improve the security of blank prescription forms and improve the robustness of the stock control processes.
- The provider must improve the system for informing those involved in significant events, complaints and incident reports of the outcome of investigations and ensuring learning points are adequately shared with staff.
- Ensure all Patient Group Directions are appropriately signed by the authorising clinician and the nurses acting on them.
- Ensure their complaints policy is easily accessible to all staff and information about how to complain is easily available to patients.

- Ensure all clinical staff have an appropriate level of knowledge of the Mental Capacity Act.

The areas where the provider should make improvement are:

- The provider should carry out a risk assessment on the security of the building to include reference to the dispensary and patient files and take reasonable action to mitigate risks identified.
- Ensure the medicines management policy, including the cold chain policy, is easily available to all clinical and dispensary staff and that staff have the knowledge and skill to carry out duties relevant to their position.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as requires improvement for providing safe services.

- There was a system in place for reporting and recording significant events.
- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when there were safety incidents, reviews and investigations were not always recorded and lessons learned were not communicated widely enough to support improvement.
- When there were safety incidents, patients received reasonable support, truthful information, a verbal and written apology.

Although most risks to patients who used services were assessed and well managed there were some weaknesses.

- The blank prescription forms were not kept adequately secure overnight and the stock control process did not adequately record how blank prescription pads were being monitored.
- The practice was unable to show evidence that lessons learnt from significant events, safety records and incident reports, were adequately shared to make sure action was taken to improve safety in the practice.
- Not all Patient Group Directions (PGDs) had been appropriately signed locally by an authorised clinician and not all had been signed by nurses operating under them. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.)

**Requires improvement**



### Are services effective?

The practice is rated as requires improvement for providing effective services.

- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Data from the Quality and Outcomes Framework showed most patient outcomes were 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.

**Requires improvement**



# Summary of findings

- Clinical audits demonstrated quality improvement.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- We found the knowledge of some staff we spoke with were lacking in some areas. For example, neither the practice manager nor dispensers could find the medicines management policy or the cold chain policy and were unsure what to do if they found the fridge was running at a high temperature.
- There was no record of staff having received Mental Capacity Act training.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rated the practice higher than others for all aspects of care. For example, 100% of respondents had confidence and trust in the last nurse they saw or spoke to, compared to the clinical commissioning group average of 98% and national average of 97%.
- Feedback from patients about their care and treatment was consistently and strongly positive.
- We observed a strong patient-centred culture. For example, we heard that GPs would see patients who knocked on the surgery window out of hours, if they were available.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this.
- Views of external stakeholders were very positive and aligned with our findings.

## Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services.

Requires improvement



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. For example, because this was a rural area and public transport could be difficult, the practice hosted a range of CCG funded services such as a psychology service, physiotherapy and a midwife service so that patients did not have to travel far to access those services.

# Summary of findings

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. This was in line with the patients' satisfaction survey which was consistently higher than the national average. For example, 99% of patients said they could get through easily to the surgery by phone compared to the national average of 73%.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

However,

- The practice was unable to find the complaints policy, there was no information about how to complain in the practice waiting area or on the practice website and lessons learnt from concerns and complaints were not adequately shared with other staff.

## Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- There was a clear leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity. However, the practice was going through the process of moving their policies and procedures to an intranet based system so the information could be more readily accessed and on the day of our inspection some policies, such as the medicines management policy and complaints policy, could not be found.
- The lead dispensary administrator had left the previous week and neither the practice manager nor the remaining dispensing staff were aware of the procedures to follow in relation to the storage of vaccines and recording of fridge temperatures.
- We were told of an event the previous week when a member of the reception team had raised a safeguarding concern with the duty GP as the safeguarding lead was not on duty. When we asked to see the documentation regarding this it could not be found.
- The practice was in the process of developing a patient participation group.

**Requires improvement**



# 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 requires improvement for the care of older patients. The provider is rated as requires improvement for safety, effective, responsive and for well-led. The issues identified as requires improvement overall affected all patients including this population group. However, there were examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice offered tailored care for people over 75. This service was a local initiative supported by the CCG. The practice had carried out an end of life audit, which although not yet a full cycle audit, indicated that the service was increasing the number of people who were dying in their own home, where this was their preferred choice.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided care to patients in two local care homes.
- The practice had a low percentage of patients being admitted to hospital via the Accident and Emergency Department compared to other practices in the clinical commissioning group.
- There was an Elderly Care Coordinator attached to the practice.

**Requires improvement**



### People with long term conditions

The practice is rated as requires improvement for the care of patients with long-term conditions. The provider is rated as requires improvement for safety, effective, responsive and for well-led. The issues identified as requires improvement overall affected all patients including this population group. However, there were examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 95% of patients on the register with diabetes had a foot examination and risk classification within the preceding 12 months (04/2014 to 03/2015), compared the national average of 88%.
- Longer appointments and home visits were available when needed.

**Requires improvement**



# 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.
- The practice had a low rate of outpatient referrals compared to other practices in the clinical commissioning group.

## Families, children and young people

The practice is rated as requires improvement for the care of families, children and young patients. The provider is rated as requires improvement for safety, effective, responsive and for well-led. The issues identified as requires improvement overall affected all patients including this population group. However, there were examples of good practice.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young patients who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 91% of patients diagnosed with asthma, on the register, had an asthma review in the last 12 months (04/2014 to 03/2015), compared to the national average of 75%.
- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 82% of women aged 25-64 on the register had a cervical screening test performed in the preceding 5 years (04/2014 to 03/2015), which was the same as the national average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice invited the local primary school to visit the surgery annually.

**Requires improvement**



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

The practice is rated as requires improvement for the care of working-age patients (including those recently retired and students). The provider is rated as requires improvement for safety, effective, responsive and for well-led. The issues identified as requires improvement overall affected all patients including this population group. However, there were examples of good practice.

**Requires improvement**





# Summary of findings

- 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.
- The practice had a travel clinic and offered a range of travel vaccinations including yellow fever. They were a registered yellow fever centre.

## People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of patients whose circumstances may make them vulnerable. The provider is rated as requires improvement for safety, effective, responsive and for well-led. The issues identified as requires improvement overall affected all patients including this population group. However, there were examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless patients, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice held regular 'ward rounds' in two local residential care homes.

Requires improvement



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

The practice is rated as requires improvement for the care of patients experiencing poor mental health (including patients living with dementia). The provider is rated as requires improvement for safety, effective, responsive and for well-led. The issues identified as requires improvement overall affected all patients including this population group. However, there were examples of good practice.

Requires improvement



# Summary of findings

- 96% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months (04/2014 to 03/2015), which is higher than the national average of 84%.
- 100% of patients with a psychosis on the register had their alcohol consumption recorded in the preceding 12 months (04/2014 to 03/2015), compared to the national average of 90%.
- 100% of patients with a psychosis on the register had a comprehensive, agreed care plan documented in their record, in the preceding 12 months (04/2014 to 03/2015), compared to the 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 national GP patient survey results were published in January 2016. The results showed the practice was performing better than local and national averages, 231 survey forms were distributed and 131 were returned.

This represented 2.9% of the practice's patient list.

- 99% of patients found it easy to get through to this surgery by phone compared to a national average of 73%.
- 94% of patients were able to get an appointment to see or speak to someone the last time they tried, compared to a national average of 76%.
- 96% of patients described the overall experience of their GP surgery as fairly good or very good, compared to a national average of 85%.

- 94% of patients said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area, compared to a national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 12 comment cards which were all positive about the standard of care received. Patients said all staff, including doctors, nurses and receptionists were caring and treated patients with dignity and respect.

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

# Mere 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 nurse specialist adviser and a second CQC inspector.

### Background to Mere Surgery

Mere Surgery is located in a purpose built building near the centre of the village of Mere in Wiltshire. All but one of the consulting rooms are on the ground floor. There is no lift to the 1st floor and we were told that arrangements were in place to use a downstairs room if a patient was unable to manage the stairs.

The practice delivers its services under a General Medical Services (GMS) (A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract). The practice is a registered yellow fever centre.

Their patient list is approximately 4,500 patients at the following address: Dark Lane, Mere, Wiltshire, BA12 6DT.

There are three GP partners and one salaried GP. Two are male and two are female. There are, two practice nurses, two health care assistants, three dispensers and a team of eight receptionists and administrators who support the practice manager.

The practice is a training practice and at the time of our inspection they had one trainee doctor working with them.

The practice has a dispensary and it dispenses to around a third of the practice registered patients.

The practice has a higher than average patient population over 50 years old and over 30% of the patients are over 65

years old. The general Index of Multiple Deprivation (IMD) population profile for the geographic area of the practice is in the eight 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). Average male and female life expectancy for the practice is 81 and 84 years, which is above the national average of 79 and 83 years respectively.

The practice is open between 8.30am and 8pm on Monday, 8.30am and 5pm on Tuesday, Thursday and Friday, and 8.30am and 6.30pm on Wednesday. Appointments with GPs are from 8.40am to 5.40pm. Extended surgery hours are offered from 6pm to 8.10pm on Monday and 8am to 8.40am on alternate Wednesdays.

The practice has opted out of providing out of hours services to their patients. The out of hours service is provided by MEDIVIVO and is accessed by calling NHS 111. Between 8am to 8.30am and 5.40pm to 6.30pm when the surgery is closed, calls are redirected to the out of hours service. Between these times at least one GP is on-call and can be called by the out of hours service if required.

This practice had not been previously inspected.

### 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

# Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 23 February 2016.

During our visit we:

- Spoke with a range of staff, including the four GPs, the trainee doctor, one nurse, the health care assistant, the practice manager, two dispensers and three of the reception and admin team.
- Spoke with four patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to patients' needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of patients and what good care looked like for them. The population groups are:

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

Please note that when referring to information throughout this report, for example, any reference to the Quality and Outcomes Framework data, relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

### Safe track record and learning

There was a system in place for reporting and recording significant events but it was not being used effectively. 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. We were told that significant events of a clinical nature were analysed by the clinician involved and discussed at clinical meetings but were not always minuted. The practice could only show evidence of one significant event analysis which was non-clinical and involved an electrical fault.

The practice was unable to show evidence that lessons learnt from significant events, safety records and incident reports, were adequately shared to make sure action was taken to improve safety in the practice.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of patients barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Some of the non-clinical areas where in need of decoration and we were told the premises

where being refurbished later this year. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

- 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.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

### Medicines Management

We looked at the arrangements for managing medicines including prescribing, handling, dispensing, storing and security. The practice had a dispensary offering pharmaceutical services to those patients on its practice list who live more than one mile (1.6km) from their nearest pharmacy. The practice dispensed medicines for approximately one third of their patients.

- The dispensary could not be kept secure from the rest of the building. There was no door between the dispensary and the reception area and we were told the door to this area was not locked when the practice was closed. They had not done a risk assessment on the security of the building or the dispensary.
- The practice had a named GP lead, providing governance for the dispensary. We were told the senior administrator with responsibility for the dispensary had left the previous week and a new administrator was being recruited. In the meantime the practice manager was acting as the line manager and the senior administrator's responsibilities had been shared between the remaining dispensers.
- The dispensary had a number of written procedures in place for the production of prescriptions and dispensing of medicines.

## Are services safe?

- We saw processes were in place to safely and accurately dispense medicines to patients. Practice staff told us about the procedure for managing repeat prescriptions and how they dealt with any that had exceeded the authorised number of repeats. There was a clear process for managing changes in medication authorised from other sources such as out-patient clinics.
- The stock of spare blank electronic prescription forms for use in printers were securely stored and a record kept of supplies received. However, the record of stock taken out did not include where it was going. For example, it did not record if the supply was going to a consulting room or the dispensary. The blank prescription forms were left unlocked overnight which means they were not secure.
- We were told staff monitor dispensed medicines that are not collected but there was no clear process or evidence to corroborate this.
- The practice had a system in place to implement safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). However, we were told they do not have a process for dispensary staff to inform the practice manager or GP lead of what action they had done. For example, if they remove stock as the result of an alert.
- There was a new vaccine fridge in the dispensary with an integral thermometer and data stick. There was a second vaccine fridge in the nurses' clinic with an external thermometer which was calibrated annually, but it did not have a second thermometer or data stick. The temperatures of these fridges were recorded daily. Records showed regular fridge temperature checks were carried out.
- Expired and unwanted medicines were segregated and disposed of in line with waste regulations.
- Controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) were stored securely and managed in line with national guidance. For example, controlled drugs were stored in a controlled drugs cupboard and appropriate records were kept.
- Emergency drugs and oxygen cylinders were stored and checked in line with guidance.

Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. However, we found that one PGD for HPV vaccine had not been signed locally by an authorised clinician and another for flu nasal spray had not been signed by nurses. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.)

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- 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.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. 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.
- The practice had up to date fire risk assessments. However, they had not carried out fire drills for at least two years.

### 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.

## Are services safe?

- 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 patients

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available, with 7.5% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Data from 2014/15 showed;

- Performance for diabetes related indicators was similar to the national average. For example, 78% of patients with diabetes on the register had a blood pressure test recorded in the last 12 months (04/2014 to 03/2015), which was the same as the national average.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the national average. For example, 85% of patients on the register with hypertension had a blood pressure reading recorded in the last 12 months (04/2014 to 03/2015), compared to the national average of 84%.
- Performance for mental health related indicators was better than the national average. For example, 100% of patients on the register with a psychosis had their alcohol consumption recorded in the past 12 months (04/2014 to 03/2015), compared to a national average of 90%.

Performance data showed that 10% of antibiotic items prescribed were Cephalosporins or Quinolones which was higher than the national average of 5%. Cephalosporins and Quinolones are broad spectrum antibiotics and prescribing rates of these drugs are monitored due to concern they may encourage antibiotic resistance. This was discussed with the practice who were aware of the data and were working to improve their performance.

Clinical audits demonstrated quality improvement.

- There had been four clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included changing the test result benchmark they used to refer patients for further cancer tests in order to improve rates of early diagnosis.

### Effective staffing

With the exception of the dispensing staff we found staff had the skills, knowledge and experience to deliver effective care and treatment. The lead administrator for the dispensary had left the practice the previous week and they were in the process of recruiting a replacement. In the meantime, the practice manager was acting as the line manager and the lead administrator's responsibilities had been shared between the remaining dispensers.

- We found the knowledge of the practice manager and dispensers we spoke with were lacking in some areas. For example, neither the practice manager nor dispensers could find the medicines management policy or the cold chain policy and were unsure what to do if they found the fridge was running at a high temperature.
- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking

# Are services effective?

## (for example, treatment is effective)

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 most staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. However, there was no record of staff having received Mental Capacity Act training.
- On the day of our inspection the Care Quality Commission received evidence that the GPs were not completing Treatment Escalation Plan (TEP) forms adequately when visiting local care homes. The inspection team were not aware of this evidence on the day of our inspection. We subsequently discussed this with the practice who have informed us that they have reviewed their procedures to ensure they are meeting the required standards.

### 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 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.

- The GPs we spoke with understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 (MCA). However, the nurses we spoke to had some gaps in their knowledge of the MCA and, for example, were not able to describe the relevant steps required when making decisions regarding a patient's capacity to consent.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits.

### Supporting patients to live healthier lives

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

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

The practice's uptake for the cervical screening programme was 82% which was the same as the national average.

There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to the clinical commissioning group

## Are services effective?

(for example, treatment is effective)

(CCG) averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 83% to 97% and five year olds from 94% to 100%.

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.

- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Two of the consulting rooms used by GPs did not have curtains around the examination couch. There were blinds on the windows. There were patient examination rooms on the other side of the corridor and we were told the GPs used these when appropriate to maintain patients' privacy and dignity during examinations, investigations and treatments.

All of the 12 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.

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

- 96% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and national average of 89%.
- 96% of patients said the GP gave them enough time compared to the CCG average of 90% and national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.
- 95% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

- 98% of patients said the last nurse they spoke to was good at treating them with care and concern compared to national average of 91%.
- 97% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and national average of 87%.

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

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

Staff told us that translation services were available for patients who did not have English as a first language.

### 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 2.8% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted and visited the family.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. For example, being one of the most rural practices in Wiltshire and with an older than average population, the practice had identified benefits in having other medical services delivered from the premises. As a result they hosted a range of CCG funded services including; a psychology service for two sessions a week, physiotherapy on four sessions a week and a Midwife service once a week. Less frequently the practice hosted clinics run by a diabetic nurse, an incontinence nurse and a health visitor. A national charity on hearing loss held regular hearing aid clinics at the practice.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.

Data from the CCG showed that the practice had a low rate of patients on their list being admitted to hospital via the accident and emergency department (A&E) compared to other practices in Wiltshire. For example, between April and June 2015 they had the second lowest A&E admission rates in Wiltshire.

Data from the CCG also showed that the practice had a low rate of referrals to hospital outpatient departments compared to other practices in Wiltshire. For example, between April and June 2015 they had the lowest rate of outpatient referrals in Wiltshire.

### Access to the service

The practice is open between 8.30am and 5pm Monday to Friday. Appointments with GPs are from 8.40am to 5.40pm. Extended surgery hours are offered from 6pm to 8.10pm on Monday and 8am to 8.40am on alternate Wednesdays.

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.

Between 8am to 8.40am in the morning and 5.40pm to 6.30pm, one GP was on call and could be contacted through the out of hours service.

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

- 95% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 99% of patients said they could get through easily to the surgery by phone compared to the national average of 73%.
- 49% of patients said they always or almost always see or speak to the GP they prefer compared to the national average of 36%.

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

### Listening and learning from concerns and complaints

The system in place for handling complaints and concerns were not clear or robust.

- The practice was unable to find the complaints policy. On the day of our inspection there was no information in the waiting area giving patients guidance on how to complain or on the practice website.
- There was a designated responsible person who handled all complaints in the practice.

We looked at three complaints received in the last 12 months and found they were dealt with in a timely way, with openness and transparency. However, one letter we saw did not include details of how to escalate the complaint if the patient was not happy with the practice response.

Lessons learnt from concerns and complaints were usually discussed informally between the partners and lessons were not adequately shared with other staff.

# Are services well-led?

Requires improvement 

(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. For example they had identified the practice building was in need of enlarging and refurbishment and had secured funding this work, which was scheduled to start in September 2016.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. However, we found some shortcomings on the day of our inspection.

- The practice was going through the process of moving their policies and procedures to an intranet based system so the information could be more readily accessed. On the day of our inspection some policies, such as the complaints policy, could not be found.
- The lead dispensary administrator had left the previous week and neither the practice manager nor the remaining dispensing staff were aware of the procedures to follow in relation to the storage of vaccines and recording of fridge temperatures.
- We were told of an event the previous week when a member of the reception team had raised a safeguarding concern with the duty GP as the safeguarding lead was not on duty. When we asked to see the documentation regarding this it could not be found.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

### Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality

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

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.

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 sense of leadership in place and staff felt supported by management.

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. We observed a strong and supportive team who sought to deliver an excellent service to their patients.
- Staff told us the practice had four teams. These being the reception, dispensary, nursing and GP teams. Each team held regular meetings and we saw minutes of meeting confirming this. They did not have regular meetings involving all staff members.

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

The practice was not proactive in formally seeking patients' feedback.

- The practice did not have a patient participation group. We were told the practice had been trying to develop such a group and had the names of six potential members, but no meetings had been held so far.
- 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.

### Continuous improvement

There was a clear focus on continuous learning and improvement at all levels within the practice. For example,

# Are services well-led?

Requires improvement



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

the GPs and the health care assistant were involved in medical research and trials. However, we heard that

learning was generally shared informally and the practice did not have clear or robust systems for ensuring that learning from safety incidents and complaints was shared throughout the practice.



## 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>12. (1) Care and treatment must be provided in a safe way for service users.</p> <p>12. (2) without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include –</p> <p>12. (2)(b) doing all that is reasonably practicable to mitigate any such risks;</p> <p>12. (2)(g) the proper and safe management of medicines;</p> <p><b>How the regulation was not being met:</b></p> <ul style="list-style-type: none"><li>• The provider did not have adequate security and stock control of their blank prescription forms.</li><li>• Not all Patient Group Directions were appropriately signed by the authorising clinician and the nurses acting on them.</li></ul>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints</p> <p>16. (1) Any complaint received must be investigated and necessary and proportionate action must be taken in response to any failure identified by the complaint or investigation.</p> <p>16. (2) The registered person must establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity.</p> <p><b>How the regulation was not being met:</b></p>



## Requirement notices

- Information about how to complain was not easily accessible to patients.
- The provider was unable to find their complaints policy.

### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

17. (1) Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part.

17. (2) Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to—

17. (2)(a) assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services);

#### **How the regulation was not being met:**

The provider did not have an adequate system for informing those involved in significant events, complaints and incident reports of the outcome of investigations and ensuring learning points are adequately shared with staff.

### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

18. (2) Persons employed by the service provider in the provision of a regulated activity must—

18. (2)(a) receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform,

#### **How the regulation was not being met:**

This section is primarily information for the provider

## Requirement notices

There was no evidence that staff had a level of knowledge of the Mental Capacity Act appropriate to their role.