

Avon Valley Practice

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Avon Valley Practice on 23 August 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Most risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Ensure that all appropriate emergency medicines are held at the practice.

The areas where the provider should make improvement are:

Summary of findings

- Ensure that the drug monitoring protocol is constantly reviewed to ensure that all repeat prescriptions continue to be monitored safely.

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.

Requires improvement



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice has established a delivery service to a local shop for patients who are less mobile and had systems to monitor how these medicines were managed. They also provided a safe system for dispensing monitored dosage boxes for those patients that required extra assistance with taking their medicines.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safeguarded from abuse.
- Most risks to patients were assessed and well managed.

However,

- Not all emergency medicines were securely stored.
- There was no atropine available at the time of our inspection. (Atropine is a drug that can slow the heart rate and is recommended to be available for emergencies in practices such as Avon Valley Surgery that fit coils or perform minor surgery.)
- The practice had developed an automated computerised system to check that repeat prescriptions were safe to dispense, but were unable to confirm that the system applied to all prescriptions where there may be a potential prescribing risk.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.

Summary of findings

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- The practice had developed a range of dynamic real time audits. These were computerised checks which ran every time a patients' record was accessed and were designed to alert the practice to a potential issue. For example, a group of blood thinning medicine called novel oral anticoagulants (NOACs) which need to be used with caution in patients who are over 80 years of age, under a certain weight or has kidney problems. Each time a patient's record is accessed the system checks if the patient had been prescribed a NOAC medicine and if so, whether any of the caution criteria are met. If so the system sends an alert prescribing GP and puts a flag on the front page of the patient's records. This meant the practice could deal with the potential issue at the earliest opportunity.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- One of the GPs was designated as a GP with a special interest in neurology which enabled some patients with certain neurological disorders to be assessed and treated by this GP locally instead of having to be referred to a consultant at the local hospital.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

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 several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice recognised it had a larger than average number of patients who were military veterans and were sensitive to the needs of this group. The practice's computer system alerted staff to patients who were veterans.
- They had won a Gold Carers award from a local charity working in partnership with the local council for their work with carers.

Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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, it had been working with the CCG, NHS England area team and the local authority to develop the additional capacity that will be required when the anticipated influx of military personnel and their families move into the area later this year. One aspect of this work was the enlargement and refurbishment of the branch surgery at Durrington.
- 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. However, some patients said they had difficulty getting through to the practice by phone.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with all clinicians and management as well as other stakeholders.

Are services well-led?

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

Good



- The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- The practice had just completed a project to enlarge and refurbish their branch surgery ready for an influx of military personnel and their families to the area.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. However, we found that two locum GPs and been given, but had not signed, a contract, which meant the practice was not following its own locum procedure.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. For example, the practice sent a text message to patients who had signed up to the service, two hours after their appointments asking for feedback. The patient representative group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- They offered a wellbeing clinic for patients over 75 years of age and their carers. These clinics were delivered in partnership with other health service teams and local charities such as Alzheimer's Support and Carers Support Wiltshire.
- The practice contacted patients over 75 of age within three days of them being discharged from hospital to try and reduce readmissions.
- The practice has established a home delivery service and a delivery service to a local shop for patients who are less mobile and had systems in place to monitor how these medicines were managed. They also provided a safe system for dispensing monitored dosage boxes for those patients that required extra assistance with taking their medicines.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice had a nurse practitioner specialising in long term conditions who provided personal care to patients with diabetes and chronic obstructive pulmonary disease.
- 100% of patients with diabetes on the register had a flu vaccine in the period 08/2014 to 03/2015, compared to the clinical commissioning group average of 96% and national average of 94%.
- Longer appointments and home visits were available when needed.

Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

The practice is rated as good for the care of families, children and young patients.

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young patients who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice had a policy of reviewing their list of patients under five years old who had not been seen in the last three years each month and taking appropriate action.
- 94% of women on the register aged 25 to 64 had had a cervical screening test in the preceding five years (4/2014 to 3/2015 data), compared to a clinical commissioning group average of 85% and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered patients full online access to their medical records and 5% of patients had signed up for this service.

Summary of findings

- Extended hours surgeries were offered on Monday evenings from 6.30pm to 7.30pm for patients who were unable attend during normal surgery hours.
- The practice offered an SMS text messaging service for appointment reminders, test results and notification that repeat prescriptions were ready for collection.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments and annual Cardiff health checks for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

Good



- 86% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 88%.
- 94% of patients on the register with a psychosis had their alcohol consumption recorded in their notes in the preceding 12 months (4/2014 to 3/2015), compared to the national average of 90%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- They offered a wellbeing clinic for patients with dementia and their carers.
- The practice carried out advance care planning for patients with dementia.

Summary of findings

- 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 in line with local and national averages. Two hundred and thirty five survey forms were distributed and 111 were returned. This represented 1.8% of the practice's patient list.

- 79% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 79% and 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 the CCG average of 84% and national average of 76%.

- 92% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and national average of 85%.
- 86% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 84% and 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. No comment cards were completed.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. One patient said he occasionally found it hard to get through to the practice by phone.

Avon Valley Practice

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, a practice manager specialist adviser, a CQC pharmacy inspector and a CQC inspection manager.

Background to Avon Valley Practice

Avon Valley Practice is a small rural practice operating across two surgeries, the main surgery is based in Upavon and the branch surgery in Durrington, on the edge of Salisbury Plains in Wiltshire. It has a dispensary at each location. It is one of the practices within the Wiltshire Clinical Commissioning Group and has approximately 6,230 patients.

The area the practice serves has relatively low numbers of people from different cultural backgrounds and is in the low range for deprivation nationally, (although 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 has a slightly higher than average patient population between 40 and 75 years old. The practice is close to a number of military bases and has a higher than average number of military veterans.

The practice provides a number of services and clinics for its patients including childhood immunisations, family planning, minor surgery and a range of health lifestyle management and advice including asthma management, diabetes, heart disease and high blood pressure management.

There are three full-time GP partners. Two were male, one was female. They are supported by three nurse practitioners, three practice nurses, two health care assistants and an administrative and dispensing team of 17 led by the practice manager.

The practice is a teaching and training practice. (A teaching practice accepts provisionally registered doctors undertaking foundation training, while a training practice accepts qualified doctors training to become GPs who are known as registrars.) At the time of our inspection they had one registrar and one foundation doctor working with them.

The practice is open between 8am and 5.30pm Monday to Friday, and 8am and 6.30pm on Friday. Appointments are from 8.30am to 12 noon every morning and 2.30pm to 6pm daily. Extended hours appointments are offered at the Durrington branch surgery, approximately eight miles away, 6.30pm to 7.30pm on Monday. Appointments can be booked over the telephone or in person at the surgery.

When the practice is closed patients are advised, via the practice's website that all calls will be directed to the out of hours service. Out of hours services are provided by Medvivo.

The practice has a General Medical services contract to deliver health care services. This contract acts as the basis for arrangements between NHS England and providers of general medical services in England.

The practice provides services from the following sites:

- Upavon Surgery, 43 Fairfield, Upavon, Wiltshire, SN9 6DZ.
- Durrington Surgery, 77 Bulford Road, Durrington, Wiltshire, SP4 8EU.

Detailed findings

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We also spoke with one member of the patients' reference group. We carried out an announced visit on 23 August 2016. During our visit we:

- Spoke with a range of staff including five receptionists and dispensers, three nurses and healthcare assistants, the office team leader, practice manager and the three GPs.
- 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 people's needs?
- Is it well-led?

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a patient who had signed up for online access to his medical records complained that he had seen a specialist's diagnosis of his condition online before the practice had informed him or discussed it with him. Following an investigation, the practice introduced a new procedure for putting patients' records online to prevent this from happening again and gave a full apology to the patient. They also had discussions with the software developers as they were the first practice to give patients full on-line access to their records in the clinical commissioning group (CCG) area and wanted to ensure other practices giving patients full online access to their records were alerted to the issue.

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. These arrangements

reflected relevant legislation and local requirements. 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 on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Nurses were trained to level two.

- 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 (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses 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 five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Medicines Management

We looked at the arrangements for managing medicines including prescribing, handling, dispensing, storing and security. The practice had a dispensary at both the main surgery at Upavon and the branch surgery at Durrington offering pharmaceutical services to those patients on its practice list who lived more than one mile (1.6km) from their nearest pharmacy which was about half of their patients.

Are services safe?

- The practice had a named GP lead, providing governance for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Any medicines incidents or 'near misses' were recorded for learning and was supported by a standard operating procedure. This helped make sure appropriate actions were taken to minimise the chance of similar errors occurring again.
- The arrangements for managing medicines, including emergency medicines and vaccines in both the Upavon and Durrington sites generally kept patients safe (including obtaining, prescribing, recording, handling, storing and security). There were systems in place to monitor the temperature of all the fridges but the temperature of rooms where medicines were stored were not monitored. All medicines were secure except for the emergency medicines at the Durrington Practice, which patients could access. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants and nurses were trained to administer certain vaccines and medicines against a patient specific prescription or direction from a prescriber.
- Processes were in place for handling requests for repeat prescriptions which included the review of high risk medicines. These prescriptions were not always signed before being supplied to patients although the practice had developed a range of dynamic real time audits, which were triggered at the point of acute or repeat prescribing to monitor medicines and to alert the prescriber when action is required. For example, when diclofenac, a nonsteroidal anti-inflammatory medicine, is due to be prescribed or dispensed to a patient whose risk of developing cardiovascular disease is 20% or more, an alert is created by the system which stops the medicine being prescribed if it's a repeat prescription and alerts the prescriber to consider a different choice of medicine. However, the practice was unable to provide evidence that the protocols applied to all prescriptions where there may be potential prescribing risks.
- Dispensary staff showed us a comprehensive and up to date range of standard operating procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). These were up to date and accurately reflected current practice. The dispensing process was safe and effective. Although date checking of stock was undertaken routinely, one medicine was found to be out of date. The practice was signed up to the Dispensing Services Quality Scheme to help ensure processes were suitable and the quality of the service was maintained.
- The practice has established a delivery service to a local shop for patients who are less mobile and had systems to monitor how these medicines were managed. They also provided a safe system for dispensing monitored dosage boxes for those patients that required extra assistance with taking their medicines.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential for misuse) and had procedures to manage them safely. There were also arrangements for the appropriate destruction of controlled drugs.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed

Are services safe?

to meet patients' needs. We were told that all staff worked in both the main surgery and the branch surgery to help ensure service standards, policies and procedures were standardised across both sites.

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 dispensary staff received annual basic life support training and there were emergency medicines available. However there was no atropine available at either site

but this was ordered during the inspection. (Atropine is a drug that can slow the heart rate and is recommended to be available for emergencies in practices that fit coils or perform minor surgery, such as Avon Valley Surgery.)

- The practices had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff of the practice and all staff knew of their location. All the emergency medicines we checked were in date. However they were not stored securely at the Durrington site.
- 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 system alerted GPs to prescribing guidance when a diagnosis was entered on the patient's records.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was better than the national average. 100% of patients on the register with diabetes had a flu vaccination in the preceding 1 August to 31 March compared to the local clinical commissioning group (CCG) average of 96% and national average of 94%.
- Performance for mental health related indicators was similar to the national average. 94% of patients on the register with a psychosis had a comprehensive agreed care plan documented in their record in the preceding 12 months compared to the CCG average of 93% and national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored.
- The practice had developed a range of dynamic real time audits. These audits which ran every time a patients' record was accessed and was designed to alert the practice to a potential issue. For example, a group of blood thinning medicines called novel oral anticoagulants (NOACs) needed to be used with caution in patients who are over 80 years of age, under a certain weight or has kidney problems. Each time a patient's record is accessed, the system checks if the patient has been prescribed a NOAC medicine and if so, whether any of the caution criteria are met. If so the system sends an alert to the prescribing GP and puts a flag on the front page of the patient's records. The practice was not aware of any other practices that used or had developed similar real-time audits.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, following a recent audit of treatment given to patients complaining of a sore throat, one of the actions was to ensure that all locums and training GPs were given guidance on the practice's approach to this, one aspect of which was to ensure that antibiotics were only prescribed where necessary.
- The dispensary relies on the management team to conduct audits and were not always aware of what was going on, for example they were not aware of the results of a controlled drug audit, although they did receive some feedback at meetings.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This 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.

Are services effective?

(for example, treatment is effective)

- One of the GPs was designated as a GP with a special interest in neurology which meant they were able to treat patients with neurological conditions within the practice rather than referring them to hospital.
- The practice held quarterly training events for the whole practice team.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months. The practice had appraisal structure that was different for different grades of staff. However, we were told that the clinical supervision sessions between the senior nurse and GPs were not recorded or regularly scheduled.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- 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 professionals 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. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young patients, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet and alcohol cessation were signposted to the relevant service.
- Smoking cessation advice was available from the practice.

The practice's uptake for the cervical screening programme was 80%, which was better than the CCG average of 77% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. 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.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening,

Are services effective?

(for example, treatment is effective)

- 79% of women aged 50 to 70 on the register had been screened for breast cancer in the last 3 years compared to the CCG average of 77% and national average of 72%.
- 62% of patients on the register aged 60 to 69 had been screened for bowel cancer in the last 30 months compared to the CCG average of 63% and national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to

under two year olds ranged from 92% to 97% and five year olds from 89% to 94%, compared to the CCG average range of 83% to 97% for under two year olds and 92% to 97% for the under five year olds.

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.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The practice recognised it had a larger than average number of patients who were military veterans and were sensitive to the needs of this group. The practice's computer system alerted staff to patients who were veterans.

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

- 89% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 85%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 97% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the 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. We also saw that care plans were personalised.

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 mostly better than local and national averages. For example:

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 82%.
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 150 patients as carers (2.4% of the practice list). All carers were invited to attend an annual review and 50 patients had taken this up in the last 12 months. Written information was available to

Are services caring?

direct carers to the various avenues of support available to them. They had won a Gold Carers award from a local charity working in partnership with the local council for their work with carers.

Staff told us that if families had suffered bereavement, their usual GP sent them a card on the first anniversary conveying their sympathies and asking them to contact the practice if they would like any further advice or support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. For example, it had been working with the CCG, NHS England area team and the local authority to develop the additional capacity that will be required when the anticipated influx of military personnel and their families move into the area later this year. One aspect of this work was the enlargement and refurbishment of the branch surgery at Durrington.

- The practice offered a clinic on a Monday evenings and at the Durrington branch surgery from 6.30 to 7.30 pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice offered a SMS text messaging service. Patients who signed up for the service received appointment reminders with functionality to text back 'cancel,' obtain test results and notifications that medication was ready for collection. Sixty-two percent of patients had signed up for this service.
- Practice offered online access to appointments and other services. Twenty-two percent of patients had signed up for this service.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open between 8am and 5.30pm Monday to Friday, and 8am and 6.30pm on Friday. Appointments

were from 8.30am to 12 noon every morning and 2.30pm to 6pm daily. Extended hours appointments were offered at the Durrington branch surgery, approximately eight miles away, 6.30pm to 7.30pm on Monday.

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 and the practice offered a walk in service on Monday morning when patients arriving before 11am were guaranteed to see a GP or nurse practitioner.

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

- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and national average of 78%.
- 79% of patients said they could get through easily to the practice by phone compared to the CCG average of 80% and national average of 73%.

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

One patient told us they sometimes had difficulty contacting the practice by phone. The practice had identified phone access as one of the key issues for the practice to improve and we saw evidence that they were working with staff and the telephone service provider to achieve this.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

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

Are services responsive to people's needs?

(for example, to feedback?)

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system e.g. a summary leaflet was available in the waiting room and on the practice website.

We looked at four complaints received in the last 12 months and found these were satisfactorily dealt with in a

timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, three of the complaints we look at related to difficulty getting through to the practice by phone. We saw that the practice had identified this as one of the key issues for the practice to work on and saw evidence that they were working with staff and the telephone service provider to achieve this.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had recently managed a number of significant challenges. A planned merger with another practice had been cancelled at short notice and the branch surgery at Durrington had just been enlarged and had a complete refit.
- The branch enlargement and refit had been undertaken in preparation for a sharp increase in the number of patients following Ministry of Defence staff redeployment to the area which was expected to start in October 2016. The practice had also reviewed how they support patients whose first language is not English in preparation for this.
- The practice told us they were currently in the process of drafting a new strategy and business plan.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- However, we found that two locum GPs had been given, but had not signed, a contract, which meant the practice was not following its own locum procedure.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- The practice produced a monthly staff newsletter which covered a range of topics such as learning reminders and updates on ongoing issues.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. The partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

Are services well-led?

Good 

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

- The practice had the e-mail addresses of over 1,500 patients who had agreed to be contacted by the practice so they can give their feedback on a range of issues. The practice told us they had been unsuccessful in arranging meetings for this group and had recently appointed a patient engagement officer to try and improve how they engaged with their patients.
- The practice sent a text message to patients who had signed up to the service, two hours after their appointments asking for feedback.
- The practice had gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not

hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, they had been part of a pilot scheme to develop a system to get feedback from children and young patients following an appointment with a GP or nurse. The first part of the pilot had been completed and the practice was anticipating the start of a second phase of the pilot scheme.

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> <ul style="list-style-type: none">• There was no atropine available in either site on the day of the inspection. (Atropine is a drug that can slow the heart rate and is recommended to be available for emergencies in practices that fit coils or perform minor surgery, such as Avon Valley Surgery.)• The practice did not have an up to date record of the Hepatitis B status of all staff who may have direct contact with patients' blood or blood-stained body fluids eg from sharps. <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment</p>