

The Porch Surgery

Inspection report

Beechfield Road
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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 location

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This practice is rated as Good overall. (Previous inspection September 2016 – Good)

The key questions are rated as:

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

We carried out an announced comprehensive inspection at The Porch Surgery on 29 May 2018 as part of our inspection programme.

At this inspection we found:

- The practice told us they had been having difficulties in recruiting staff particularly GPs. They had recently filled the key vacancies although it would be some weeks before the new staff were in post.
- The practice had clear systems to manage risk so that safety incidents were less likely to happen.
- The practice did not follow guidance around the safe storage and monitoring of vaccinations requiring refrigeration.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.

- In the year 2017/18, the practices' smoking cessation service had achieved a 64% quit rate, which was higher than the national average of 52%.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- The practice had an active Patients Participation Group who the practice engaged with to support service developments.

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

- The provider must ensure care and treatment is provided in a safe way to patients.

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

- The provider should review the newly implemented system for sharing learning points from complaints and significant events to ensure it is effective.
- The provider should review their policy relating to portable appliance testing and their systems for its effective operation.

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

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector and included a GP specialist adviser.

Background to The Porch Surgery

The Porch Surgery is a GP practice located in Corsham, Wiltshire. It is one of 47 practices within the Wiltshire Clinical Commissioning Group (CCG) area and has around 11,360 patients.

The practice occupies a purpose-built building with patient services located on the ground floor. There are 12 consulting rooms and two treatment rooms. There are automatic front doors, a toilet suitable for disabled patients and a check in screen which included languages other than English.

The practice is registered to provide the following regulated activities:

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

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

Data available shows a measure of deprivation in the local area recorded as 9, on a scale of 1-10, where a higher score indicates a less deprived area. (Note that the

circumstances and lifestyles of the people living in an area affect its deprivation score. Not everyone living in a deprived area is deprived and not all deprived people live in deprived areas). The area the practice serves has relatively low numbers of patients from noticeably different cultural backgrounds. 97% of the practice population describes itself as white British. Average male and female life expectancy for patients at the practice is 82 and 84 years respectively, which is similar to the Wiltshire average and in line with the national average of 79 and 83 years respectively.

There are six GP partners and two salaried GPs making a full-time equivalent of five GPs. There are two nurse prescribers, three practice nurses, two health care assistants and a phlebotomist. They are supported by a reception and administrative team of 17 staff and three managers led by the practice manager.

The practice is a training practice and at the time of our inspection they were supporting two doctors training to be GPs.

The practice is open from 8am to 12.30pm and 1.30pm to 6.30pm, Monday to Friday. Between 12.30 and 1.30, when the practice closed for lunch an emergency phone number was available for contacting the practice which was shown in the practice reception and on their website. Appointments with a GP are 8.10am to 11.50am and 2.40pm to 6.10pm, Monday to Friday. The practice offered

extended hours appointments in line with their service contract with the Wiltshire Clinical Commissioning Group. There are extended hours early appointments from 7.15am, evening appointments up to 7.30pm, and the practice is open on alternate Saturday mornings.

The practice has opted out of providing a full Out of Hours service to its own patients. Patients can access an Out of Hours GP service by calling NHS 111. Information about how to contact the out of hours service was available in the waiting area and on the practice website.

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

The practice provides services from a single site:

- The Porch Surgery, Beechfield Road, Corsham, Wiltshire, SN13 9DL

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

Are services safe?

We rated the practice as requires improvement for providing safe services. We found the practice had breached the regulation relating to the provision of safe care and treatment.

Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse, with the exception of those relating to portable appliance testing.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role. The policy was that non-clinical staff who acted as a chaperone would never be left alone with a patient. The practice had carried out a risk assessment and determined a DBS check was not required for these staff. (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.) We saw evidence that this policy had formed part of staff training and they had since been reminded of this policy.
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was no record of completed PAT testing of electrical equipment since 2014.
- There was an effective system to manage infection prevention and control.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety,

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The practice systems for ensuring appropriate and safe handling of medicines were not always effective.

- The practice did not monitor the temperature of their vaccine fridges in line with recommended guidance. When the temperature of the vaccine fridges went above the recommended limit the practice did not take action in line with their policy or national guidance. There had been 20 incidents of the temperature going out of range since February 2018. We were told some, but not all of these incidents had been reported to the management team. During our inspection, we were not provided with documentary or other evidence that the management team had taken appropriate action in order to keep patients safe. Not all incidents had been recorded as a

Are services safe?

significant event. Following our inspection, the practice told us they had contacted the manufacturers of all the vaccines kept and had received verbal confirmation that they were safe to use.

- The systems for managing and storing medicines other than vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

The practice had a good track record on safety.

- There were risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. However, this was not always effective as the practice had failed to recognise that processes outlined in their policies for PAT testing and vaccine storage were not always adhered to.

Lessons learned and improvements made

The practice learnt and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice identified themes and took action to improve safety in the practice
- The practice learnt and shared lessons. They discussed the learning points in staff meetings. Minutes were available for staff to read who did not attend the meeting. However, there was no system in place to ensure staff had read these minutes and therefore received the learning from incidents.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the Evidence Tables for further information.

Are services effective?

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

(Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.)

Effective needs assessment, care and treatment

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

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff used appropriate tools to assess the level of pain in patients.
- The practice used their computer systems to undertake searches of suitable patients for clinical audits to improve their health outcomes and to monitor performance against the Quality and Outcomes Framework (QOF). QOF is a system intended to improve the quality of general practice and reward good practice.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- The practice had taken steps to reduce the number of patients who failed to attend for an appointment (DNAs), via text messages and phone calls to the patients. The practice told us this had reduced the number of DNAs by over 1000 in the past year.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice had a programme to offer 'flu vaccinations to patients. We saw evidence that in the year 2017/18, 76% of patients aged 65 and over had received a 'flu

vaccination compared with the national average of 70%. The practice 'flu vaccination programme was supported by the patients participation groups who attended the special 'flu vaccination clinics.

- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Data from 2016/17 showed, 96% of patients with diabetes had a cholesterol level within the target range when last tested, compared to the national average of 80%. This was a significant positive variation from the average. However, we noted that the practice exception rate for this measure was 28% compared to the national average of 13%. Following our inspection the practice told us the unverified information for 2017/18 showed this exception rate had reduced to 23%. (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.)
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of high-intensity statins for secondary prevention, people with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension).

Families, children and young people:

Are services effective?

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

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

- The practice's uptake for cervical screening was 74%, which was above the national average of 72%, but below the national screening programme coverage target of 80%. The practice had recognised they were not meeting the national target and had implemented a plan to improve uptake. The practice told us the unverified data for 20/17/18 showed the practice uptake rate was 81%. The practice told us Public Health England had sought permission to use the practice as a case study for improving cervical screening uptake.
- The practices' uptake for breast and bowel cancer screening was in line the national average.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental

illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.

- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- 97% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is better than the national average of 90%.
- 93% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is comparable to the national average. However, the practice exception rating was 31% which was higher than the national average of 13%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, 96% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This is comparable to the national average.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. We saw evidence of eight full cycle audits which had been completed in the past 2 years. (Full cycle audits are those that have been repeated to monitor improvements made.) For example, an audit of patients being prescribed mirabegron (a medicine given to treat overactive bladder conditions) demonstrated improved adherence to the best practice guidelines for monitoring this group of patients. Where appropriate, clinicians took part in local and national improvement initiatives.

- We noted that the published QOF exception rates (2016/17) for the asthma and mental health indicators were higher than the local clinical commissioning groups or

Are services effective?

national averages. We discussed this during our inspection. The practice was aware of the data and had taken steps to address the issue. The practice showed us unverified data for the year 2017/18 which showed they had reduced their exception reporting for the asthma indicators by between 36% and 67%, and the mental health indicators by 17% to 100%.

- The practice computer system enabled them to check patients' treatments against best practice guidance. For example, the practice ran a quarterly computer audit of all patients prescribed an anticoagulant medicine (medicines used to prevent the risk of blood clots) to check they had had the regular blood test recommended for these medicines and that the results were within the therapeutic range. The results were seen by the lead GP who was able to take action, such as contacting the patients and asking them to make an appointment to be seen, where appropriate.
- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the

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

- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- The practice told us they had experienced difficulties in recruiting GPs and other appropriately skilled staff. We saw they had a clear plan for dealing with this, which included projecting the staff requirements and staff availability over six months ahead so that any short-fall could be addressed in plenty of time.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for people with long term conditions and when coordinating healthcare for care home residents. The shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

Are services effective?

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity. We saw evidence that in the year 2017/18, 95 patients had participated in the practices' smoking cessation service which had achieved a 64% quit rate. This was higher than the national average of 52%.

Consent to care and treatment

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

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

Please refer to the Evidence Tables for further information.

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.

Involvement in decisions about care and treatment

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

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- The practice had been awarded a gold award for caring for carers by a local charity working in partnership with the local authority.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect.

Please refer to the Evidence Tables for further information.

Are services responsive to people's needs?

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

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

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

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

- The practice had produced some diabetic advice sheets for patients which gave a clear and simple explanation of their blood test results and the medicine they were prescribed.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and Saturday appointments.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice.
- At our last inspection in September 2016, we rated the practices' work with the local Travellers community as Outstanding. On this inspection we were told the practice did not "flag" or have a register of patients who were Travellers as they were no longer considered to be vulnerable, and were now classed as a 'static' population.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.

Timely access to care and treatment

Are services responsive to people's needs?

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately. On the day of our inspection the next routine appointment for a blood test was available the next day. There were no available appointments with a GP, but the practice had a structured plan to control appointment availability and we were told more routine GP appointments would become available at 8am the next day for one, two and three weeks time.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. They discussed the learning points in staff meeting. However, there was no system to ensure these learning points were shared with staff who were unable to attend the meeting.

Please refer to the Evidence Tables for further information.

Are services well-led?

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

Leadership capacity and capability

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The practice told us they had been having difficulties recruiting staff including GPs. They had recently filled the key vacancies although it would be some weeks before the new staff were in post and had completed their induction.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities. The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

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

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management. However, these processes were not always followed.

- Structures, processes and systems to support good governance and management were clearly set out. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established proper policies, procedures and activities to ensure safety. However, these processes were not always followed. For example, they did not follow their policy on the safe keeping of vaccinations or portable appliance testing

Managing risks, issues and performance

Are services well-led?

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

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

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information. However, the practice did not have a clear system to ensure learning points from complaints and significant events were shared with staff unable to attend the meetings where they were discussed.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.

- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. For example, the practice had developed a patient leaflet on skin-tears, which had been shared with other practices by the Wiltshire Clinical Commissioning Group. The practice had recently completed a project to review their stock management and make it more efficient and effective.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Please refer to the Evidence Tables for further information.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is 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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met...The provider did not ensure care and treatment was provided in a safe way to patients. Specifically, the practice did not monitor the temperature of their vaccine fridges in line with recommended guidance,the practice did not take appropriate action when the temperature of the vaccine fridges went above the recommended limit in line with their policy or national guidance. This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.