

St James Surgery

Quality Report

St James Surgery
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Date of inspection visit: 9 February 2016

Date of publication: 22/04/2016

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	6
What people who use the service say	9

Detailed findings from this inspection

Our inspection team	10
Background to St James Surgery	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12
Action we have told the provider to take	21

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at St James Surgery on 9th February 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.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had 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.
- 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.

We saw one area where the provider **MUST** make improvement:

- The practice must undertake a legionella risk assessment and implement any recommendations.

We saw two areas where the provider **SHOULD** make improvement:

- The practice should ensure their adult safeguarding policy included the contact details of who to contact if staff had concerns about a patient's welfare.
- The practice should review their policy regarding electrical equipment testing which should include a risk assessment.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

- There was 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 there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

However,

- The adult safeguarding policy did not include details of who to contact for further guidance if staff had concerns about a patient's welfare.
- They did not have a legionella risk assessment.
- They did not have a policy or risk assessment to support their decision to test electrical equipment every two years.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

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

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the National GP Patient Survey showed patients rated the practice as comparable to others for most 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.

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 to secure improvements to services where these were identified. For example, by developing an urgent home visits service in partnership with four other local practices.
- 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.
- 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 staff and other stakeholders.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

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 knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The patient participation group (PPG) was active. However, we heard that getting feedback from the practice could be difficult.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had worked with the clinical commissioning group and four other local practices to employ an emergency care practitioner to do urgent home visits. This was a new initiative which has been running for a couple of months. The impact was unclear at the time of the inspection.
- Dementia assessments are provided by the practice.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Nationally reported data showed the diabetes indicators were higher than average. For example, 99.6% of patients on the register with diabetes had a flu vaccination in the period August 2014 to March 2015 compared to the national average of 94%.
- Longer appointments and home visits were available when needed.
- 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 complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.

Good



Summary of findings

- 77% of patients on the register with asthma had a review in the last twelve months (04/2014 to 3/2015), compared to the national average of 75%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 95% of women on the register aged 25 to 64 had a cervical screening test in the preceding five years (4/2014 to 3/2015), compared to the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice had a triage system for managing same day appointments with a duty GP, which allowed them to be flexible to the needs of working patients. Where appropriate, GPs conducted telephone consultations.
- 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 extended opening hours for appointments on Monday and Tuesday from 6.30 to 7.30pm.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

- 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).

- 95% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months (4/2014 to 3/2015), which was higher than the national average of 84%.
- 100% of patients with a psychosis had their alcohol consumption recorded in the preceding 12 months (4/2014 to 3/2015), which was higher than the national average of 90%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice was able to refer patients to the Wiltshire psychological service which offered weekly appointments at the surgery.

Good



Summary of findings

What people who use the service say

The national GP patient survey published results on 2 July 2015. The results showed the practice was performing in line with local and national averages. Two hundred and forty-three survey forms were distributed and 123 were returned. This represented 2% of the practice's patient list.

- 90% of patients found it easy to get through to this surgery by phone, compared to a clinical commissioning group (CCG) average of 78% and a national average of 73%.
- 90% were able to get an appointment to see or speak to someone the last time they tried, compared to a CCG average of 88% and a national average of 85%.
- 85% described the overall experience of their GP surgery as fairly good or very good, compared to a CCG average of 88% and a national average of 85%.

- 81% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area, compared to a CCG average of 81% and a national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 12 comment cards which were all positive about the standard of care received. Patients said the staff were always friendly, warm and caring. They said that overall the practice and the service provided was very good. Ninety four percent of patients completing the friends and families test said they would recommend this practice to their family and friends.

We spoke with six patients either face to face or over the telephone. All six patients said they were happy with the care they received and said staff were approachable, committed and caring.

St James Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice manager specialist adviser and a second CQC inspector.

Background to St James Surgery

St James Surgery is located in a purpose built building near the centre of the market town of Devizes, in Wiltshire. All of the consulting rooms are on the ground floor. The practice has a registered population of approximately 6,600 patients. Data shows minimal income deprivation among the practice population. There are a higher number of patients aged over 45 than the national average.

The practice delivers its services from St James Surgery, Gains Lane, Devizes, Wiltshire, SN10 1QU.

There are three GP partners and one salaried GP. Two are female and two are male. There is a nurse manager, two practice nurses, two health care assistants and a phlebotomist. (A phlebotomist takes blood samples.) The practice manager is supported by a team of nine staff.

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

The practice is registered as a partnership between the three partner GPs.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments with GPs are from 8.30am to 11.30am and 2pm to 6pm. Extended surgery hours are offered from 6.30pm to 7.30pm on Monday and Tuesday.

The practice has opted out of providing out of hours services to their patients. The out of hours service is provided by MEDIVIVO and is accessed by calling NHS 111.

This practice had not been previously inspected.

On the day of our inspection the practice registration under the CQC (Registration) Regulations 2009 was incorrect. One of the partners was registered as the registered manager but not as a partner.

The practice had been doing surgical procedures and had not realised they were not registered for this. We were told they would not be conducting any further minor surgery until they were registered for this and we saw evidence that the practice was in the process of making the necessary changes to their registration.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 9 January 2016.

During our visit we:

- Spoke with a range of staff including three GPs, two nurses, a health care assistant, the phlebotomist, the practice manager and two members of the administration and reception team.
- Spoke with six patients including two members of the patient participation group.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events which were then discussed at the weekly clinical meeting.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, we looked at an incident when a delivery of vaccines was left at the surgery without staff signing for them so there was a delay in transferring the vaccines to the storage fridge. (Vaccines need to be kept cool to remain effective.) We saw the action staff took to ensure the vaccines were safe to use and to prevent this happening again.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The children safeguarding policy clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. However, this information was missing from the adult policy. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports for other agencies where necessary. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level three.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had applied for a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). We saw that for three staff members the DBS had been applied for, but not yet received. The practice was actively pursuing this.
- The practice maintained appropriate standards of cleanliness and hygiene. We were told they had cancelled the contract with their cleaning contractor the previous week due to inadequate standards being maintained and the new contractor had started the day before. As a result not all the infrastructure was in place on the day of inspection. For example, cleaning materials such as mops and cleaning fluids were not in their usual place and staff were not clear where they were. We observed the premises to be clean and tidy.
- The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccine, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Two of the nurses had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for

Are services safe?

production of Patient Specific Directions to enable health care assistants to administer vaccinations after specific training, when a doctor or nurse were on the premises.

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

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. The practice had up to date fire risk assessments and carried out annual fire drills. All 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.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

However,

- They did not have a risk assessment for legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The electrical equipment had not been checked to ensure it was safe to use in the last year. Electrical equipment had labels saying they needed to be retested in January 2016 but this had not been done. We were told the practice had decided that the tests only needed to be done every two years rather than annually, but this was not reflected in their written policies or risk assessments.

Arrangements to deal with emergencies and major incidents

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

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

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.8% of the total number of points available, with 11% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). 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 higher than the clinical commissioning group (CCG) average. For example, 99.6% of patients on the register with diabetes had a flu vaccination in the period August 2014 to March 2015, compared to the CCG average of 95%
- The percentage of patients with hypertension having regular blood pressure tests was 82%, compared to the national average of 84%.
- Performance for mental health related indicators was higher than the national average. For example, 100% of patients on the register with a psychosis had their alcohol consumption recorded in the previous 12 months (4/2014 to 3/2015), compared to the national average of 90%.

Clinical audits demonstrated quality improvement.

- There had been seven clinical audits completed last year (2015), three of these were completed audits where the improvements made were implemented and monitored. For example, an audit into the prescribing of a powerful painkiller and anticonvulsant medicine lead to a reduction in the amount of this drug being prescribed.
- The practice participated in local audits and research.

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. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff, such as for those reviewing patients with long-term conditions. Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, appraisals and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

Are services effective?

(for example, treatment is effective)

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice had a care coordinator based at the surgery who acted as a central referral point for patients with complex care needs and liaises between patients, the practice and other services such as social services. The practice had negotiated with the CCG for the care coordinator to have a clinical role so they were able to take on a wider range of duties. This meant more issues could be dealt with in a timely manner and minimise the need for further interventions or referrals.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a weekly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

- 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 people, 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.

Supporting patients to live healthier lives

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

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

Smoking cessation advice was available The practice's uptake for the cervical screening programme was 95%, which was above the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged patients' to attend national screening programmes for bowel and breast cancer screening. Chlamydia testing kits were available.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 84% to 97% and five year olds from 92% to 96%.

Patients had access to appropriate health assessments and checks. These NHS health checks for people 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.

All of the 12 Care Quality Commission comment cards we received from patients were positive about the service experienced. Patients said the staff were always friendly, warm and caring. They said that overall the practice and the service provided was very good.

We spoke with two members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They said it was sometimes difficult to get a routine appointment at a convenient time, but getting a same day appointment for urgent issues was easy due to the practice triage system for assessing and responding to patients. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 89% of patients said the GP was good at listening to them, compared to the clinical commissioning group (CCG) average of 90% and a national average of 89%.
- 84% of patients said the GP gave them enough time, compared to the CCG average of 89% and a national average of 87%.

- 96% of patients said they had confidence and trust in the last GP they saw, compared to the CCG average of 96% and a national average of 95%.
- 85% of patients said the last GP they spoke to was good at treating them with care and concern, compared to the CCG average of 87% and a national average of 85%.
- 91% 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 a national average of 90%.
- 85% of patients said they found the receptionists at the practice helpful, compared to the CCG average of 88% and a national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 90% of patients said the last GP they saw was good at explaining tests and treatments, compared to the CCG average of 88% and a national average of 86%.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care, compared to the CCG average of 85% and a national average of 81%.
- 76% 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 a national average of 84%.

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.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 3% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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, they were working with the CCG and other practices in Devizes to provide an urgent home visits service which was able to respond quicker than GP's were usually able to. They also collaborated with other local practices to run a leg ulcer service as they had identified this could give better outcomes for patients.

- The practice offered extended hours surgery on a Monday and Tuesday evening from 6.30pm to 7.30pm for working patients who could not attend during normal opening hours.
- Every patient had a named GP, although they could see any GP if they wish.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- The practice offered a GP triage system which meant that when patients rang the practice requesting a service on the day, their number was taken and the duty GP called back, to talk to the patient. The GP then offered advice, or an appointment as appropriate.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- The practice worked with a local charity to provide support for carers.
- There were disabled facilities, a hearing loop and translation services available.
- The practice was able to refer patients to the Wiltshire psychological service which offered weekly appointments at the surgery.

The practice asked all new patients to complete a questionnaire. Questions asked included their first impressions of the practice and whether they could suggest any improvements to the service. This information was reviewed by the practice manager and partners.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 11.30am every morning and 2pm to 6.30pm daily. Extended surgery hours were offered from 6.30pm to 7.30pm on Monday and Tuesday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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.

- 79% of patients were satisfied with the practice's opening hours, compared to the national average of 79%.
- 90% patients said they could get through easily to the surgery by phone, compared to the national average of 73%.
- 53% patients said they always or almost always see or speak to the GP they prefer, compared to the national average of 37%.

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

Listening and learning from concerns and complaints

The 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.
- 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.

We looked at one complaint received in the last 12 months and found it was dealt with in a timely way, with openness and transparency. We looked at the complaints log and saw that each had an action sheet and summary of the complaint.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- We saw evidence that the practice was working with the clinical commissioning group and other local practices to see how services could be delivered more effectively to the local population.

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 staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions (with the exception of managing the risk of legionella).

Leadership and culture

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

The practice was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

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

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

- Staff 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 in doing so and felt supported if they did. Team away days were held annually.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice.

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

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

- The practice had gathered feedback from patients through the Friends and Family surveys and complaints received.
- There was an active and independent patient participation group (PPG) which met regularly. They organised community and fundraising events. For example they recently organised an event with speakers from Age UK and the Alzheimer's Society. Two partners usually attend the AGM and feedback was supposed to happen via the nominated member of staff who attended every meeting. However, they told us it was sometimes difficult to communicate with the practice

Are services well-led?

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and they didn't get any feedback from the GPs. They did not work with the practice to gather feedback from patients through surveys, although one PPG member did review their Friends and Family survey results.

- 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. For example, when reception staff requested further guidance on how to respond to patients seeking advice or an appointment, the practice

produced a very clear flow chart showing the questions reception staff should ask and how the answers would determine if they were put on list for the duty doctor, given an appointment or given other advice.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and we saw evidence that they were part of local pilot schemes to improve outcomes for patients in the area. For example, local practices had come together to start an urgent home visits service and a leg ulcer service. We heard they were currently in discussions with the other local practices to expand the scope of their collaborative working.

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	Regulation 12 HSCA 2008 (Regulated Activities) Regulations
Family planning services	2010 Cleanliness and infection control
Maternity and midwifery services	12. (2) without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include –
Treatment of disease, disorder or injury	12. (2)(h) assessing the risk of, and preventing, detecting and controlling the spread of infections, including those that are health care associated.
	How the regulation was not being met:
	The provider had not done a risk assessment for legionella as required by the health & Safety Executive (HSE).