

Market Lavington Surgery

Quality Report

The High Street
Market Lavington
Devizes
Wiltshire
SN10 4AQ

Tel: 01380 812500

Website: marketlavingtonsurgery.nhs.uk

Date of inspection visit: 19 November 2015

Date of publication: 24/12/2015

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	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10
Outstanding practice	10

Detailed findings from this inspection

Our inspection team	11
Background to Market Lavington Surgery	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	22

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Market Lavington Surgery and the practice branch surgery at Urchfont, Village Hall on 19 November 2015.

This was the first inspection using the CQC comprehensive inspection programme. Overall the practice is rated as good. Market Lavington Surgery was committed to delivery of caring and responsive services for its patients.

We found the practice good for the delivery of effective, caring, responsive and well led services. However, the practice was found to require improvement for provision of safe services. All patient groups were rated as good.

Our key findings were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.

- 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.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The 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.

Summary of findings

- Some checks to 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, had not been completed.

We saw three areas of outstanding practice including:

- The practice had a comprehensive carers register to identify carers. They had won an award for their work with carers because they ensured priority and flexible access to appointments and an annual health check for this group of patients. There was close liaison with the local Wiltshire Carers trust to provide support, including benefit advice to all carers within the practice. The practice also offered carers a yearly educational event.
- The practice implemented suggestions for improvements and made changes to the way it

delivered services as a consequence of feedback from patients and from the patient participation group. For example patient feedback had been taken into account in the retention and redevelopment of the service offered at the Urchfont branch surgery.

- The practice engaged with the local school to offer smoking cessation and education service.

However, there was an area of practice where the practice needs to make improvement.

The provider must:

- Complete DBS checks for staff undertaking chaperone duties.

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 good 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 are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are 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.
- Risks to patients were assessed and generally well managed.

However,

DBS checks had not been completed for all nursing staff who undertook chaperone duties.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality.
- 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 patient's needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data showed that 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.

Good



Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- It 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, the practice managed a scheme whereby an emergency care practitioner undertook home visits and held minor injuries clinics.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Are services well-led?

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

Good



- It 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. The practice held a comprehensive risk register and employed independent health and safety scrutiny to ensure safety issues were identified and addressed.
- 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

Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation 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 people.

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- It was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice maintained a branch surgery at Urchfont to facilitate easier access to appointments for older patients who found it difficult to attend the main 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. For example, in the areas of care for patients diagnosed with diabetes and lung disease.
- Patients at risk of hospital admission were identified as a priority.
- The practice achieved 100% of the targets for care of patients with diabetes in 2014/15.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that 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.

Good



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 patients who had a high number of A&E attendances. Immunisation rates were 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 achievement for cervical smears was 86% compared to the national average of 82%.

Good



Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.
- The practice worked with a local school to promote the benefits of not smoking and to offer smoking cessation advice

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 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.

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 those with a learning disability.
- It offered longer appointments for the 11 patients diagnosed with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- It had told 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.

Good



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).

- 86% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months compared to the national average of 84%.

Good



Summary of findings

- 100% of patients with severe mental health problems had a care plan compared to the national average of 86%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- It 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.
- 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 published in July 2015 covering the periods July to September 2014 and January to March 2015 showed the practice was performing either above or similar to local and national averages. Two hundred and fifty two survey forms were distributed and 126 were returned.

- 87% of patients found it easy to get through to this surgery by phone compared to the clinical commissioning group (CCG) average of 78% and a national average of 73%. (A CCG is a group of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services).
- 90% of patients found the receptionists at this surgery helpful compared to the CCG average 88%, national average 87%.
- 92% 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 88% and national average 85%.
- 85% of patients described their experience of making an appointment as good compared to the CCG average 76%, national average 73%).

- 74% of patients usually waited 15 minutes or less after their appointment time to be seen. The CCG average was 69% and national average 65%).
- 95% of patients said the last nurse they saw gave them enough time compared to the CCG average of 93% and national average of 92%

However,

- 84% of patients said the last GP they saw gave them enough time compared to the CCG average of 89% and national average of 87%

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 10 comment cards, of which nine were wholly positive about the standard of care received. Some patients commented on how the practice had supported families with kind and caring treatment for older and younger patients. Others said they found all staff to be friendly and caring.

We spoke with 13 patients during the inspection. Twelve of the patients said that they were happy with the care they received and thought that staff were approachable, committed and caring.

Areas for improvement

Action the service MUST take to improve

- Complete DBS checks for staff undertaking chaperone duties.

Outstanding practice

- The practice had a comprehensive carers register to identify carers. They had won an award for their work with carers because they ensured priority and flexible access to appointments and an annual health check for this group of patients. There was close liaison with the local Wiltshire Carers trust to provide support, including benefit advice to all carers within the practice. The practice also offered carers a yearly educational event.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example patient feedback had been taken into account in the retention and redevelopment of the service offered at the Urchfont branch surgery.
- The practice engaged with the local school to offer smoking cessation and education service.

Market Lavington 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 advisor, a second CQC inspector and a practice nurse specialist advisor.

Background to Market Lavington Surgery

Market Lavington Surgery provides services from a purpose built practice and three times a week from a village hall branch surgery. The main practice is modern and well equipped and the branch surgery facilities were in the process of being upgraded.

There are three partner GPs and an associate GP at the practice. Three of the GPs are female. Two practice nurses are employed and are supported by a health care assistant. The practice manager is supported by a team of 10 administration and reception staff. The practice serves a registered patient population of approximately 5,500. Data shows a low level of income deprivation among the registered population. Approximately 9% of the registered patients are aged over 75. The practice has a higher than average number of patients over the age of 45 and much lower than average number of patients under the age of 44.

The practice supports both training and teaching of doctors. The practice had a qualified doctor training to be a GP working with them at the time of the visit. Placements are offered to medical students from the University of Bristol. Services are delivered via a Personal Medical Services (PMS) contract. (PMS contracts are negotiated between the practice and the local offices of NHS England.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 8.30am to 11am every morning and 2pm to 6pm daily. Extended hours surgeries are offered on Monday, Wednesday and Friday from 7.30am and on Tuesday evening until 7pm.

Market Lavington Surgery, High Street, Market Lavington, Devizes, Wiltshire, SN10 4AQ and Urchfont Village Hall, Church Lane, Urchfont, Wiltshire, SN10 4QT, we visited both during the inspection.

The practice has opted out of providing out of hours services to their patients. Out of hours services are provided by Medvivo. The out of hours service is accessed by calling NHS 111. There are arrangements in place for services to be provided when the surgery is closed and these are displayed at the practice and in the practice information leaflet.

This inspection is part of the CQC comprehensive inspection programme and is the first inspection of Market Lavington Surgery.

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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 19 November 2015. During our visit we:

- Spoke with a range of staff including four GPs, three members of the practice nursing team and five administration and reception staff. We also spoke with 13 patients who used the service.
- Observed how patients were being cared for and talked with carers and family members
- Reviewed the personal care or treatment records of patients.
- Reviewed 10 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 are provided for specific groups of patients and what good care looks 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 also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

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, when an issue arose regarding a minor surgery procedure the practice updated their procedure for undertaking minor surgery to avoid a similar incident occurring in the future.

The practice had also taken action, in the week before our visit, when a fridge temperature recording error was suspected. They purchased a data logging thermometer and made temperature checks every few hours to ensure the fridge was functioning at the appropriate temperatures. When we discussed this incident with the practice they had followed this up with the health protection agency to satisfy themselves they had not placed patients at risk.

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

Overview of safety systems and processes

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

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

received training relevant to their role. The staff we spoke with all knew who the safeguarding leads were and described how they could access the practice safeguarding policies and procedures. GPs were trained to Safeguarding level three for children.

- Notices were in each consulting and treatment room advising patients that nurses would act as chaperones, if required. The availability of chaperones was displayed at the reception desk. All the staff who acted as chaperones were trained for the role. However, two had not completed a disclosure and barring 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. 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 drugs and vaccinations, 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 CCG 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. Patient Group Directions (written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment) had been adopted by the practice to allow nurses to administer medicines in line with legislation. We reviewed the PGD's and all were completed appropriately and were in date. The practice had a system for production of Patient Specific Directions (a patient specific direction, PSD, is a written instruction, from a qualified and registered prescriber for a medicine including the dose, route and frequency

Are services safe?

or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis) to enable Health Care Assistants to administer vaccinations.

- We reviewed seven personnel files and found that 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. However, DBS checks had not been completed for two members of staff who undertook chaperone duties.

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. 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. We noted that one item of medical equipment had not been checked because it was not available on the day the servicing took place.
- The practice also 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. The practice carried out six monthly health and safety audits for which they contracted specialist contractors in this field.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. There was an expectation that staff covered colleague's absences. For example arrangements were in place for medical secretaries to cover each other when on leave.

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 emergency alert and instant messaging system on the computers throughout the practice 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. There was also a first aid kit and accident book available.
- 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 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 patient's needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The practice used a set of electronic templates which prompted the GPs and nurses to complete all actions associated with a range of diagnoses.
- The practice was taking part in a local scheme whereby an emergency care practitioner (a paramedic with a wide range of skills) undertook home visits for four local practices. Data showed that emergency admissions from local care homes for the first quarter of 2015 had fallen by 40% compared to the first quarter of 2014. This was attributed to this scheme and to a local care home support project.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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% of the total number of points available, with exception reporting of 11%. 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 to the CCG and national average. Practice achieved 100% of targets compared to 96% CCG and 89% national average

- The percentage of patients with hypertension having regular blood pressure tests was 87% This was better than the CCG average of 81% and national average of 80%. The exception rate was 4%.
- Performance for mental health related indicators was 100%. This was better than the CCG average of 98% and national average of 93%. However, we found the exception rates for the sub targets ranged from 3% to 40%. We reviewed the detail for exception reporting for patients who did not have a recently reviewed care plan. The detail showed that the practice had made significant effort to review care plans and had valid reasons for exempting patients.
- The dementia diagnosis rate was 67% which was above the national average of 62%.

Clinical audits demonstrated quality improvement.

- There had been seven clinical audits undertaken in the last two years, three of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included agreeing a revised referral system with the local hospitals to increase the number of patients receiving an endoscopy (an examination inside the body using an instrument with a light) in a timely manner.

Information about patients' outcomes was used to make improvements such as; appointing one member of staff to deal with calling patients with long term conditions for their annual reviews. The practice achieved their best QOF performance in 2014/15 since introducing this role.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

Are services effective?

(for example, treatment is effective)

- 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, administering vaccinations and taking samples for the cervical screening programme.
- 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 these learning needs and to cover the scope of their work. This included ongoing support during day to day meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support, equality and diversity and information governance awareness. Staff had access to and made use of e-learning training modules and relevant courses and seminars.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Staff at the practice had attended a recent seminar organised by the CCG to update their awareness of the Act. 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, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and benefits advice. Patients were then signposted to the relevant service.
- GPs could refer patients to weight loss classes, gym classes and smoking cessation advice was available at the practice from level 2 stop smoking advisors.

The practice had a system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 83%, which was better than the most recent national average of 77%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 87% to 100% compared to the national averages of 79% to 98%. For five year olds from 93% to 98%. This was comparable to national averages of 94% to 97%. Flu vaccination rates for the over 65s were 73%, and at risk groups 52%. These were also comparable to CCG and national averages.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patient's 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 are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

Are services effective?

(for example, treatment is effective)

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 on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

The practice worked with the Patient Participation Group (a patient participation group or PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care) on holding health education events. For example, one of these focused on health problems encountered by older patients.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that 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 and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed. Recent improvements to the layout of the practice meant they could offer them a private room to discuss their needs.

Nine of the 10 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with two members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. We also spoke with 13 patients who were very positive about the care and support they received. Patients with young children and elderly relatives were particularly complimentary.

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

- 89% of patients said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 84% of patients said the GP gave them enough time. The CCG average was 89% and national average 87%.
- 94% of patients said they had confidence and trust in the last GP they saw. The CCG average was 96% and national average 95%.

- 95% of patients said the nurse gave them enough time. The CCG average was 93% and national average 92%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern. The CCG average was 92% and national average 90%.
- 90% of patients said they found the receptionists at the practice helpful. The CCG average was 88% and national average 87%.

Care planning and involvement in decisions about care and treatment

Patients told us that 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. The vast majority of patient feedback on the comment cards we received was also positive and aligned with these views.

However, the results from the national GP patient survey showed patients who took part were not as positive with these aspects of their care. They showed that when responding to questions about their involvement in planning and making decisions about their care and treatment they rated the practice below CCG averages. For example;

- 82% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 77% said the last GP they saw was good at involving them in decisions about their care. The CCG average 85% and national average 82%.

The practice was very aware of the views of patients who took part in the national survey. The results had been discussed with the PPG and GPs had agreed to place a greater emphasis on involvement in decisions and focusing on health advice. We saw that a wider range of health promotion leaflets were available and health topics were included in the practice newsletter.

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

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 over 150 patients as carers. Written information was available to direct carers to the various avenues of support available to them. The practice had a carers co-ordinator and had won a gold award for the service they delivered to this group of

patients. Dedicated clinics were held for carers where they received a comprehensive health check. An advisor from the local carers organisation attended and they were able to offer a range of advice on services available to carers including benefits.

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, a dementia advisor held clinics at the practice for both practice patients and those from nearby practices. The practice led the introduction of the emergency care practitioner and was responsible for managing and monitoring the service.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- Some of the chairs in the waiting room had been raised and had arm rests to assist patients who found it difficult to get in and out of low chairs.
- The facilities at Urchfont were being upgraded to include ramped access to the reception and consulting room.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. Appointments were from 8.30am to 11am every morning and 2pm to 6pm daily. Extended hours surgeries were offered early in the morning on Monday, Wednesday and Friday from 7.30am and in the evening on Tuesday until 7pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above the local and national averages. Patients told us on the day that they were able to get appointments when they needed them.

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 87% patients said they could get through easily to the surgery by phone. The CCG average was 78% and national average 73%.
- 85% patients described their experience of making an appointment as good. The CCG average was 76% and national average 73%.
- 74% patients said they usually waited 15 minutes or less after their appointment time. The CCG average was 69% and national average 65%.

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. It was on the practice website, in the patient leaflet and available at reception.

We looked at the summary of the annual complaints review for 2014/15. This showed that the practice revisited the learning from complaints and checked that action identified had been taken. For example, when the system for receiving prescription was changed the practice checked that the new system was followed to prevent any errors in receiving prescription requests. We looked at five complaints from 2015 in detail and found all were investigated thoroughly, dealt with in a timely way and patients received an apology when something had gone wrong. All the responses to complaints we saw were open and honest and contained an explanation of what the practice had done to avoid recurrence.

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 vision statement which staff knew. Staff understood the values of the practice and our discussions with them showed they were committed to delivering friendly, helpful and approachable services.
- The practice had a strategy and supporting business plan which reflected the vision and values.

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.
- There were practice specific policies that were implemented and were available to all staff.
- Partners and staff had a comprehensive understanding of the performance of the practice.
- There was a programme of clinical and internal audit which was used to monitor quality and to make improvements.
- There were comprehensive arrangements for identifying, recording and managing risks and implementing mitigating actions.

Leadership, openness and transparency

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

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

When there were unexpected or unintended safety incidents:

- the practice gave affected patients reasonable support, truthful information and a verbal and written apology

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

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. We also noted that team away days were held twice a year.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and 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.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, seats in the waiting room had been raised and improvements to the branch surgery were nearly completed because patients wanted to retain their local service.
- The practice had also gathered feedback from staff through 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.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment 13.—(1) Service users must be protected from abuse and improper treatment in accordance with this regulation (2) Systems and processes must be established and operated effectively to prevent abuse of service users. <ul style="list-style-type: none">Two members of staff who undertook chaperone duties had not completed DBS checks.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	