

# White Horse Health Centre

## Quality Report

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

## Ratings

Overall rating for this service		Good	
Are services safe?		Good	
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	11

### Detailed findings from this inspection

Our inspection team	12
Background to White Horse Health Centre	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	15

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at White Horse Health Centre on 19 October 2016. Overall the practice is rated as good.

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

- The practice recognised the value of learning from significant events and had a system to review them regularly and as part of everyday practice. The practice carried out a thorough analysis of the significant events to look for root causes, ways to prevent any reoccurrence and to identify any improvements needed.
- Risks to patients were assessed and well managed.
- The practice had a patient focussed approach to patients over 75 who may have health risks associated with frailty. The nurses conducted home assessments, worked with other providers to provide the best care package, conducted health checks and focussed on prevention and health education.
  - Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment; they were proactive about development and learning opportunities. We saw staff cascading learning and development from training events to the rest of the staff.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs. At White Horse Health Centre patients could access a number of services provided by other care providers including; speech and language therapy, a hearing aid repair clinic, breast screening, mobile chemotherapy, dental services and an X-ray clinic.
- 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.

# Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

The practice had developed a frailty assessment template which included care support and care planning and covered the whole patient's experience of changing energy, physical ability, cognitive and health needs and social and environmental factors. The template was shared with NHS England and shared across the clinical commissioning group

The areas where the provider should make improvement are:

Ensure all actions taken when the dispensary fridge recorded temperatures are outside of the normal range are documented.

Ensure all controlled drugs that had been returned by patients are recorded until are destroyed.

Ensure the exception rates are reviewed.

**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 good for providing safe services.

Good



- The practice recognised the value of learning from significant events and carried out a thorough analysis of the significant events to look for root causes, ways to prevent any reoccurrence and identify any improvements needed. The significant events were a standing agenda item in meetings and learning was shared across the whole practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse which were regularly monitored and updated.
- Risks to patients were assessed and well managed.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were similar to average when compared to the national average.
- Performance for diabetes related indicators were mixed compared to the local and national averages. For example: The percentage of patients with diabetes whose last blood test for diabetes control was in the target range (in the last 12 months 2014/15) was 63% compared to the clinical commissioning group (CCG) average of 59% and the national average of 60%.
- The percentage of patients with diabetes whose last blood pressure reading (in the last 12 months 2014/15) was in the target range was 82% compared to the CCG average of 87% and the national average of 87%.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff were proactive about development and learning opportunities. We saw a number of examples of staff cascading learning and development from training events to the rest of the staff.

# Summary of findings

- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for some aspects of care.
- The practice had been awarded a gold plus award for caring for carers by a local charity working in partnership with the local authority. 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, the practice had been early implementers of a 'Leg Club' a primary care led service to deliver research based wound management in a friendly social environment, provide continuity of care and coordinated care, promote health and wellbeing and achieve improved healing outcomes.
- The nurse for older people undertook home visits for those over 75 with complex health and social care needs who may be at risk of hospital admissions to ensure the correct care plans and support was in place. This included liaison with other services to meet the whole patients' needs and had included joint visits with social services, palliative care, community teams and community mental health nurses where appropriate.
- The practice had just expanded the older persons visiting scheme to include people over 75 in nursing and residential care to ensure the correct care plans and treatments were in place, this included educational support for the care home staff.

# Summary of findings

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- 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 to prevent ill-health, improve wellbeing and provide services to improve health outcomes by delivering clinical excellence.
- The practice was working to consider the health needs of the community by tailoring services to address these needs. The practice recognised the need to involve the staff and patients in developing services.
- There was a clear leadership structure and staff felt supported by management.
- 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 provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was involved in the practice. They held a number of events to support the local community including working with the practice team to deliver a health promotion event covering topics including carer support and support for people experiencing issues with end of life care, vision, hearing and dementia.
- 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 outstanding for the care of older people.

- The practice had employed two specialist nurses to provide a patient focussed approach to patients over 75 who may have health risks associated with frailty. The nurses conducted home assessments to meet the patients' health and social needs, worked with other providers to provide the best care package, updated care plans, conducted health checks and focussed on prevention and health education. The service had seen an 11% reduction in admissions from the community, a 30% reduction in re-admissions and a 54% reduction in admissions from care homes since June 2015.
- The practice had developed a frailty assessment template which included care support and care planning and covered the whole patient's experience of changing energy, physical ability, cognitive and health needs and social and environmental factors. The template was shared with NHS England and shared across the clinical commissioning group.
- The practice offered proactive, personalised care to meet the needs of the older people in its population. The practice held health education events in the local community and this included a talk from the local palliative care teams about end of life care.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Outstanding



### 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.
- Performance for diabetes related indicators were mixed compared to the local and national averages. For example,
- The percentage of patients with diabetes whose last blood test for diabetes control was in the target range (in the last 12 months 2014/15) was 63% compared to the clinical commissioning group (CCG) average of 59% and the national average of 60%.

Good



# Summary of findings

- The percentage of newly diagnosed patients with diabetes referred to education programme within nine months (in the last 12 months 2014/15) was 78% which was higher than the CCG average of 69% and the national average of 66%.
- The practice ensured patients with complex conditions who may be near the end of life had 'Just in Case' medicines available to help with symptoms for these patients. The clinical team had delivered training updates for these medicines and conditions in conjunction with the local hospice.
- 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 the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

The practice is rated as good for the care of families, children and young 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.
- The practice offered a 'No Worries' service for young people aged 13 to 24 which offered sexual health care and advice whether registered at the practice or not. The practice held drop in clinics three times a week and would offer on day appointments as required.
- The practice held lifestyle advice sessions for pre-expectant and expectant parents.
- The practice had access to a counselling support service for young people at the practice.
- 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.
- The practice's uptake for the cervical screening programme was 76% which was comparable to the CCG average of 76% and above the national average of 74%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Good





# Summary of findings

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

Good



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

- The practice held a weekend health promotion event in the local community, which covered topics including cancer treatments and smoking cessation.
- The practice offered a drop in service for those needing a blood test.
- 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, including an email results and prescription service as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice had adjusted the access to results service following patient feedback to extend the access.

## **People whose circumstances may make them vulnerable**

Good



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 had a disability advocate and a care coordinator to support staff and patients.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Two of the GPs worked in partnership with the local drug and alcohol service and pharmacies to provide care and treatment to patients with drug and alcohol problems under a shared care agreement held drug and alcohol prescribing support.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. The practice had developed a reference guide in every clinical room to support referrals.

# Summary of findings

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

Good



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

- Performance for mental health related indicators were mostly lower than the local and national averages:
- The percentage of patients with a serious mental health condition who had a care plan reviewed (in the last 12 months 2014/15) was 63% which was lower than the CCG average of 76% and the national average of 77%.
- The percentage of patients with a newly diagnosed serious mental health condition who had a bio-psychosocial assessment on diagnosis (in the target ages 2014/15) was 78% which was lower than the CCG average of 83% but higher than the national average of 76%.
- The percentage of patients with dementia care whose care plan has been reviewed in the last 12mths (2014/15) was 78% which was comparable to the CCG average of 79% and the national average of 77%.
- The percentage of patients with dementia care who had the appropriate blood tests in the last 12 months (2014/15) was 83% which was higher than the CCG average of 75% and the national average of 75%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia. The practice offered on site access to an Alzheimer's support team.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on July 2016. The results showed the practice was performing in line with local and national averages. The GP survey distributed 230 survey forms and 114 were returned. This represented less than 1% of the practice's patient list.

- 76% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 80% and the national average of 73%.
- 84% 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 89% and the national average of 85%.
- 77% of patients described the overall experience of this GP practice as good compared to the CCG average of 90% and the national average of 85%.

- 74% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 83% and the 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 18 comment cards which were all positive about the standard of care received. Many patients reported care to be excellent, all the comment cards from the branch noted how highly they valued the branch service. However a couple of the cards commented on difficulty accessing appointments.

We spoke with eight patients during the inspection. All eight patients said they were very satisfied with the care they received and thought staff were approachable, committed and caring. However two noted issues getting through to arrange routine appointments.

# White Horse Health Centre

## 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 second CQC inspector and a practice manager specialist.

## Background to White Horse Health Centre

White Horse Health Centre is located in the town of Westbury in Wiltshire with a branch practice, Bratton Surgery a few miles away in the village of Bratton. The Whitehorse Health Centre is part of the Westbury Group Practice and took over the practice of Smallbrook Surgery in September 2015. This is registered as a separate GP practice which we inspected on the same day. The clinical, management and administration staff provide services across all three locations, and patients registered at Smallbrook can also be seen at White Horse Health Centre or Bratton Surgery.

This report covers the practices at White Horse Health Centre and Bratton Surgery, there is a separate report for Smallbrook Surgery and we would recommend they are read in conjunction.

The practice has a lower than average patient population in the 20 to 40 years age group but otherwise is similar to the national average for patient demographics for age range. The practice is part of the Wiltshire Clinical Commissioning Group and has approximately 19,400 patients (with approximately 4,000 at Smallbrook). The area the practice serves is urban and semi-rural and has relatively low numbers of patients from different cultural backgrounds. The practice area is in the low to mid-range

for deprivation nationally. The practice has a higher than average (64%) number of patients, compared to the local and national average (54%), living with a long term condition which can mean there is an increased demand for GP services.

The practice team work across the White Horse Health Centre, Bratton Surgery and Smallbrook Surgery under the Westbury Group Practice and are managed by six GP partners (two female and four male). The practice is supported by five salaried GPs, (three female and two male), 17 practice nurses (including nurse practitioners), 11 health care assistants and phlebotomists, a practice pharmacist, an administrative team and a management team including an operations manager, services support manager, service development manager, patient communications manager and a clinical lead manager led by the practice manager. White Horse Health Centre is a teaching and training practice providing placements for GP registrars and medical students.

The Bratton Surgery is a dispensing practice and is able to dispense medicines for patients who live more than 1.6km from any pharmacy premises.

The practice has a Primary Medical Services (PMS) contract to deliver health care services. A PMS contract is a locally agreed alternative to the standard General Medical Services contract used when services are agreed locally with a practice which may include additional services beyond the standard contract.

The White Horse Health Centre is open between 8am and 6:30pm Monday to Friday. Extended hours appointments are offered from 7:30am to 8am on Tuesday mornings and Wednesday and Thursday evenings until 8pm, the practice also offers access every other Saturday from 8am to 10:30am.

# Detailed findings

Bratton Surgery is open between 8:30am and 1pm Mondays, 8:30am to 5:30pm Tuesdays, 12pm to 3:30pm Wednesdays, 8:30am to 5:30pm Thursdays and 8:30am to 1pm Fridays.

Appointments are available between the two locations from 8:30am to 11am (Tuesdays 7:30am to 10am) every morning and from 2:30pm to 5pm Mondays, Tuesday and Fridays and from 2:30pm to 8pm Wednesdays and Thursdays and between 8am and 10:30am every other Saturday which alternates between White Horse Health Centre and Bratton Surgery.

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

The Westbury Group Practice is registered to provide services from the following locations:

White Horse Health Centre, Mane Way, Westbury, Wiltshire.

Bratton Surgery, The Tynnings, Bratton, Wiltshire.

Smallbrook Surgery, The Avenue, Warminster, Wiltshire.

This inspection is part of the CQC comprehensive inspection programme and is the first inspection of White Horse Health Centre; we visited all three locations as part of our inspection.

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 19 October 2016. During our visit we:

- Spoke with a range of staff including five GPs, four of the nursing team, the practice management team and a range of the reception and administration staff and one of the dispensing team. We spoke to representatives of the patient participation group and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

## Detailed findings

- People experiencing poor mental health (including people with dementia).

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice recognised the value of learning from significant events and had a system to review them regularly and as part of everyday practice. The practice carried out a thorough analysis of the significant events to look for root causes, ways to prevent any reoccurrence and identify any improvements needed. The significant events were a standing agenda item in meetings and learning was shared across the whole practice.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an incident where a patient was advised of a serious condition over the phone the practice reviewed the incident and identified areas for improvement including a system change to introduce an option in the computer system which highlighted any 'serious diagnosis' to allow the GP seeing the results to send urgent results straight to the relevant GP to provide continuity wherever possible. This learning and system change was shared across the relevant practice staff.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. 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 practice carried out regular medicines audits, with the support of the local clinical commissioning group medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The arrangements for managing medicines, including emergency medicines kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Medicines in the dispensary (at Bratton Surgery) and treatment rooms were stored securely and there was an expiry date checking process in place. There were systems in place to monitor the temperature



## Are services safe?

of all the fridges. We looked at action taken when the dispensary fridge recorded temperatures outside of the normal range and found that in two cases they were recorded and actioned appropriately. However in a third case the action taken had not been recorded appropriately, although we were told that the correct action had been taken at the time.

- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions and authorisation for nurses or other staff who are competent to administer certain medicines but not authorised to prescribe. This enables the supply or administration of medicines to groups of patients who may not be individually identified before presenting for treatment. Health care assistants were trained to administer certain vaccines and medicines against a patient specific prescription or direction (PSDs) from a prescriber. PSDs are written instructions, from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.
- Processes were in place for handling requests for repeat prescriptions which included reviews of high risk medicines. Dispensary staff identified when a medicine review was due and told us that they would alert the relevant GP to re-authorise the medicine before a prescription could be issued. This process ensured patients only received medicines that remained necessary for their conditions. We were told that the practice had recently reviewed their repeat prescription process to further improve patient safety.
- We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Incidents relating to medicines were raised as significant events and 'near misses' were recorded in line with a standard operating procedure. These incidents were reviewed to make sure appropriate actions were taken to minimise the chance of similar errors occurring again.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training, and had opportunities for continuing learning and development.

Dispensary staff showed us a comprehensive range of standard operating procedures which covered all aspects of the dispensing process (SOPs are written instructions about how to safely dispense medicines). These were up to date and accurately reflected current practice. The dispensing process was safe and effective. Staff used a bar code scanner to double check dispensed items matched what was prescribed. The practice signed up to the Dispensing Services Quality Scheme which rewards practices for providing high quality services to patients and help ensure processes were suitable and the quality of the service was maintained.

- The practice provided a safe medicines compliance aid box system for those patients who required assistance with taking their medicines.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. For example, controlled drugs were stored in a controlled drugs cupboard, access to them was restricted and the keys held securely. There were arrangements in place for the destruction of controlled drugs. However, we found that controlled drugs that had been returned by patients were not recorded until they were ready to be destroyed. We discussed this with the practice team and this was immediately rectified. Staff were aware of how to raise concerns with the controlled drugs accountable officer in their area.
- We reviewed eight 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.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the



## Are services safe?

equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty, the practice adjusted the staff cover across the White Horse Health Centre, the branch at Bratton Surgery and the Smallbrook Surgery to meet the patients' needs where possible, for example GPs moved to cover appointments at Smallbrook when the GP at Smallbrook had an unexpected absence. The management, administration and clinical teams covered all the three practice locations to try to best manage the demand.

### **Arrangements to deal with emergencies and major incidents**

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- 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 stored securely.

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

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available. The practices overall exception rate was 15.6% which is higher than the national average of 10.2%. (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 had higher than average exception rates for a number of clinical conditions including, mental health (exception rate of 34% compared to the national average of 11%), dementia, diabetes (exception rate of 17% compared to the national average of 11%), chronic obstructive pulmonary disease (COPD- a range of long term lung conditions) and cancer (exception rate of 23.5% compared to the national average of 15.4%). We looked into the exception rates during our inspection, from the records and information we saw we did not find any concerns relating to the clinical care for these patients. Data from 2014/15 showed:

- Performance for diabetes related indicators were mixed compared to the local and national averages, for example:

- The percentage of patients with diabetes whose last blood test for diabetes control was in the target range in the last 12 months (2014/15) was 63% compared to the clinical commissioning group (CCG) average of 59% and the national average of 60%.
- The percentage of patients with diabetes whose last blood pressure reading in the last 12 months (2014/15) was in the target range was 82% compared to the CCG average of 87% and the national average of 87%.
- The percentage of patients with diabetes who had a foot examination and risk classification (in the last 12 months 2014/15) was 78% compared to the CCG average of 83% and the national average of 82%.
- The percentage of newly diagnosed patients with diabetes referred to education programme within nine months (in the last 12 months 2014/15) was 78% which was higher than the CCG average of 69% and the national average of 66%.
- Performance for mental health related indicators were mostly lower than the local and national averages:
- The percentage of patients with a serious mental health condition who had a care plan reviewed (in the last 12 months 2014/15) was 63% which was lower than the CCG average of 76% and the national average of 77%.
- The percentage of patients with a serious mental health condition who had a record of their alcohol consumption (in the last 12 months 2014/15) was 56% which was lower than the CCG average of 78% and the national average of 80%.
- The percentage of patients with a newly diagnosed serious mental health condition who had a bio-psychosocial assessment on diagnosis (in the target ages 2014/15) was 78% which was lower than the CCG average of 83% but higher than the national average of 76%.
- The percentage of patients with dementia care whose care plan has been reviewed in the last 12 months (2014/15) was 78% which was comparable to the CCG average of 79% and the national average of 77%.
- The percentage of patients with dementia care who had the appropriate blood tests in the last 12 months (2014/15) was 83% which was higher than the CCG average of 75% and the national average of 75%.

# Are services effective?

## (for example, treatment is effective)

There was evidence of quality improvement including clinical audit.

- We saw five of the clinical audits which had been completed in the last two years. Three of these were completed audits where the improvements made were implemented and monitored. For example an audit which looked at the use of a blood test to help identify the risk of a blood clot in certain conditions was undertaken to ensure the practice was following best practice guidelines. The audit identified the need to introduce a protocol to ensure any patients with a high risk were referred on the day for follow up care and supporting prompts and tools to help diagnosis and referral guidelines. The audit also included monitoring criteria and identified the need for an education session to support the clinical staff.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included identifying patients on a certain medicine for a rheumatology condition and ensuring they were all on the correct treatment plan and had the most up to date care advice.

Information about patients' outcomes was used to make improvements, for example the practice had used recent guidance from a safeguarding update to introduce a guidance template for the staff to help them support any patients who may be experiencing domestic violence.

### 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. Staff we spoke to who had undergone this recently told us they were supported through their induction and received regular progress checks as well as three and six month reviews. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For

example, for example the nursing team undertook regular updates in long term conditions management, and had diplomas in diabetes, asthma, COPD and heart disease.

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources, discussion at practice meetings and clinical supervision.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring. The lead nurse had recently reviewed and updated the clinical supervision and clinical observations undertaken to ensure staff were working to best practice and learning and achieving goals. The nursing team and GPs had support, training and facilitation for revalidation. The GPs were part of a local education group and had access to regular development sessions and supported peer learning. All staff had received an appraisal within the last 12 months. Staff told us that appraisals were useful and that they were supported to raise any requests for training and development.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and attended external training events. We saw a number of examples of staff cascading learning and development from training events to the rest of the staff, for example one of the nurses shared learning relating to frailty to the whole practice team, one of the GPs shared learning from study days to the clinical team on skin conditions and a safeguarding update.

### 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.

# Are services effective?

## (for example, treatment is effective)

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice had recently ensured that records from all the patients at Smallbrook Surgery were accessible to the teams at White Horse and Bratton practices, and also the community teams to ensure patient care could be coordinated.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. There was a regular meeting schedule which included meetings with palliative care teams, community teams and other providers including social care to ensure care needs were met. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young 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. The reception and nursing staff confirmed if they needed any support to determine capacity they would be supported by the GPs.

- The process for seeking consent was noted in the patient record, we noted the consent form for minor surgery needed updating to ensure the GPs could record written information given to the patients.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and weight management were able to get support and advice at the practice and where appropriate were signposted to the relevant service.
- The practice had access to counselling support, health promotion advice, women's health advice and dietary advice at the main practice at Whitehorse Health Centre.

The practice's uptake for the cervical screening programme was 76% which was comparable to the CCG average of 76%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice's uptake for the breast cancer screening programme (2014/15) was 79% which was above the CCG average of 77% and the national average of 72%. The practice's uptake for the bowel screening programme was 60% which was below the CCG average of 63% and above the national average of 58%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff were aware that some patients may want to discuss sensitive issues or appear distressed; staff were able to offer them a private room to discuss their needs.

All of the 18 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group (PPG). They also 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.

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

- 83% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 91% of patients said the last nurse they saw or spoke to was good at listening to them compared to the CCG average of 93% and the national average of 91%.
- 85% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.

- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 96% of patients said they had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 98% and the national average of 97%.
- 77% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 85%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

The practice had undertaken a number of analyses of the patients satisfaction and experience, including working with the local Healthwatch team and the public and the local media. They had looked at the length of the appointment times and increased them, looked for any trends or areas for improvement. The practice had noticed some patients expectations were not always met and were working to improve the experience and work with the patients and the patient participation group to address this.

### 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 from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients felt involved in planning and making decisions about their care and treatment. All the patients we spoke to during our inspection told us they felt involved in their care however results from the GP survey were below or in line with local and national averages. For example:

## Are services caring?

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 86%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 82%.
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

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

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

### **Patient and carer support to cope emotionally with care and treatment**

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 403 patients as carers (2.1% of the practice list). The practice website had information and links for carers; the practice had written information available to direct carers to the various avenues of support available to them and support for carers was included in local health promotion and education events. The practice had been awarded a gold plus award for caring for carers by a local charity working in partnership with the local authority.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a bereavement pack. 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, the practice had been early implementers of a 'Leg Club' a primary care led service to deliver research based wound management in a friendly social environment, provide continuity of care and coordinated care, promote health and wellbeing and achieve improved healing outcomes.

- The practice had employed two specialist nurses (and were recruiting a health care assistant) to provide a patient focussed approach to patients over 75 who may have health risks associated with frailty. The nurses conducted home assessments to meet the patients' health and social needs, worked with other providers to provide the best care package, updated care plans, conducted health checks and focussed on prevention and health education. The service had seen an 11% reduction in admissions from the community, a 30% reduction in readmissions and a 54% reduction in admissions from care homes since June 2015.
- The practice had recently expanded the older persons visiting scheme to include people over 75 in nursing and residential care to ensure the correct care plans and treatments were in place. This included educational support for the care home staff.
- The practice had developed a frailty assessment template which included care support and care planning and covered the whole patient's experience of changing energy levels, physical ability, cognitive and health needs and social and environmental factors. The template was shared with NHSE and shared across the clinical commissioning group.
- The practice offered a confidential 'No Worries' service for young people aged 13 to 24 which offered sexual health care and advice whether registered at the practice or not. The practice held drop in clinics three times a week and would offer on the day appointments as required.
- The practice held lifestyle advice sessions for pre-expectant and expectant parents.
- The practice offered a range of long acting contraceptive choices and a women's health service.
- Two of the GPs worked in partnership with the local drug and alcohol service and pharmacies to provide care and treatment to patients with drug and alcohol problems under a shared care agreement held drug and alcohol prescribing support.
- The practice had access to a counselling support service for young people at the practice.
- The practice ensured patients with complex conditions who may be near the end of life had 'Just in Case' medicines available to help with symptoms for these patients. The clinical team had delivered training updates for these medicines and conditions in conjunction with the local hospice.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice had reviewed the appointment system following patient and staff feedback to try to meet the increasing demand where possible. They had introduced updates to the telephone system and were offering a number of same day and next day appointments. The practice had a number of urgent access appointments available each day including telephone consultations. We saw evidence that patients found it difficult to book routine appointments. A range of appointments were available each day and there were a limited number of advance routine appointments available. The practice had been continually monitoring and adjusting the demand since the introduction of a new system in October 2016. The practice was working with the patient participation group to improve access for patients.
- Patients were able to receive travel vaccinations available on the NHS.
- The White Horse Health Centre had been purpose built in 2012, there were good facilities for patients including a lift, disabled facilities, a hearing loop and translation services available. The branch location at Bratton Surgery had disabled facilities, a hearing loop and translation services available.

# Are services responsive to people's needs?

## (for example, to feedback?)

- The practice had links to other services at the White Horse Health centre and patients could access a number of services provided by other care providers including; speech and language therapy, a hearing aid repair clinic, breast screening, mobile chemotherapy, dental services and an X-ray clinic.
- The practice offered on site access to an Alzheimer's support team.

### Access to the service

White Horse Health Centre was open between 8am and 6:30pm Monday to Friday. Extended hours appointments were offered from 7:30am to 8am on Tuesday mornings and Wednesday and Thursday evenings until 8pm, the practice offers access every other Saturday from 8am to 10:30am.

Bratton Surgery was open between 8:30am and 1pm Mondays, 8:30am to 5:30pm Tuesdays, 12pm to 3:30pm Wednesdays, 8:30am to 5:30pm Thursdays and 8:30am to 1pm Fridays.

The practice had been continually reviewing the access to appointments following patient

feedback as they were aware that many patients reported dissatisfaction with access to appointments and routine prebookable appointments. The practice was aware that their own shortage of GPs were impacting on access to appointments. The appointment system was continually adjusted and adapted to try to meet the patient demand and the practice had just introduced a system to release a range of appointments available each day, within 48 hours and within the week. This had meant that a number of patients were still finding difficulty in booking advance routine appointments. The GPs were able to book advance appointments for patients who needed a follow up review and for those with long term or complex conditions.

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.

- 73% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 78%.
- 76% of patients said they could get through easily to the practice by phone compared to the CCG average of 80% and the national average of 73%.

Patients told us on the day of the inspection that they were able to get urgent appointments when they needed them. A couple of people told us routine appointments were difficult to access and they sometimes experienced delays with the telephone system.

The practice was aware of the challenges patients were reporting, they had recently centralised the telephony system so calls for any of the three locations were answered centrally at White Horse Health Centre but could also be answered within Smallbrook Surgery and Bratton Surgery. This had been a considerable change for a number of the patients. The management team and partners were working hard to maintain access and a consistent service for all three locations and improve access.

The practice had a system in place to assess:

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

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

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- 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, including information in the reception areas, in the newsletters and on the website.

We looked at four complaints received in the last 12 months and found they were dealt with in a timely way, with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, the practice had seen a



# Are services responsive to people's needs?

(for example, to feedback?)

number of complaints relating to access and were continually monitoring and adjusting access to appointments and increased the number of staff available to answer the calls at peak times.

# 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 prevent ill-health, improve wellbeing and provide services that improve health outcomes for patients by delivering clinical excellence in everything they do. The practice was working together to be responsive to the needs of the community and to consider the health needs of the community, tailoring services to address these needs. The practice recognised the need to involve the staff and patients in developing services.

- The practice had a regularly reviewed and updated strategy and supporting business plans which reflected the vision and values and changing challenges to the primary care services.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. The practice had ensured all the policies and procedures were accessible across all the three practices. The policies had been updated to ensure consistency following the incorporation of Smallbrook Surgery.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. The team held regular social events for team support.
- Staff said they felt respected, valued and most felt supported, particularly by the management team and the partners in the practice. Staff were involved in discussions about how to run and develop the practice. For example, when the practice at White Horse Health Centre had taken over the services at the Smallbrook practice, the management team and the partners encouraged all members of staff to identify opportunities to learn from each other and look for ways to improve the service delivered for the patients.

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

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

# Are services well-led?

Good 

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the layout of the seating areas in the waiting rooms, access to the appointment system and how the practice updated the community on changes and developments in the practice. The PPG had also held a number of events to support the local community including working with the practice team to deliver a health promotion event in a local community setting, covering topics including carer support and support for people experiencing issues with end of life care, vision, hearing and dementia.
- The PPG had also held educational events to deliver knowledge and skills including basic life support to PPG members.
- The practice had gathered feedback from staff through staff meetings, appraisals and general discussion. Staff told us they felt confident to offer suggestions or to give feedback and discuss any concerns or issues with colleagues and management. For example one of the GPs had suggested ways to share the duty doctor

system, and the nursing team had made suggestions to how the vaccine clinics were held. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice was proactive in new projects including becoming a pilot for a clinical assistant model.

The practice was working on a website to support staff to direct patients to the most appropriate clinician, for example identifying when a patient's needs would be best met by a pharmacist or a specialist nurse.

The practice was expanding their older people's nurse scheme to investigate falls and urinary infections in the over 75s which are often associated with a high number of hospital admissions.

One of the GPs was developing the practice digital services to use innovative methods to help meet the patients' needs and ensure the systems for collaborative working were maximised.

The practice was recognised and given an award by the Mayor of Westbury for services to the community.