

Park Lane Practice

Quality Report

7-9 Park Lane

Swindon

Wiltshire

SN1 5HG

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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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Park Lane Practice, 7-9 Park Lane, Swindon, SN1 5HG on 13 January 2016. Overall the practice is rated as requires improvement.

Specifically, we found the practice to require improvement for provision of safe, effective, caring, responsive and well-led services. The concerns which led to these ratings apply to all population groups using the practice.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. The majority of information about safety was recorded. However, reviews and follow ups of significant events and incidents were not thorough and lessons learned were not always communicated widely enough to support improvement.

- Risks to patients were not always assessed and well managed. For example, the practice did not have a formal written business continuity and disaster recovery plan.
- We saw the practice was finding difficult to carry out repeat audits which was making it difficult to identify improvement areas and monitor continuous progress effectively.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Most staff had the skills, knowledge and experience to deliver effective care and treatment. However, some staff had not received annual appraisals.
- Results from the national GP patient survey showed less patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment when compared to the local and national averages. However, most of the patients we spoke with on the day of inspection informed us they were treated with respect and involved in decisions about their care.

Summary of findings

- Patients said they found it difficult to make an appointment with a named GP and had to wait a long time to get through to the practice by telephone each morning. Urgent and online appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about services and how to complain were available and easy to understand.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- The practice had a limited governance arrangements to enable assessment and monitoring of the service.

The areas where the provider must make improvements are:

- Review the process for investigating and implementing change following incidents, significant events and patient safety alerts to ensure actions are completed. Improve the recording of discussions and actions during practice meetings.
- Develop a comprehensive business continuity plan in order to deal with major incidents such as power failure or building damage.

- Implement and improve a system of clinical audit cycles to ensure effective monitoring and assessment of the quality of the service.
- Ensure all staff have received regular annual appraisals.
- Continue to review the appointments booking system and the waiting time it takes to get through to the practice by telephone.
- Ensure there are formal governance arrangements in place and staff are aware how these operate to ensure the delivery of safe and effective services.

In addition the provider should:

- Implement a system to promote the benefits of bowel screening to increase patient uptake.
- Develop and implement a clear action plan, to improve the outcomes for patients experiencing poor mental health.
- Ensure written consent is appropriately asked for and documented on all patient records.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services as there are areas where it must make improvements.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when there were unexpected significant events and safety incidents, the system for review and follow up was inconsistent. Lessons learnt were not always communicated widely enough to support improvement.
- National patient safety and medicine alerts were not disseminated within the practice in a formal way and there was no system to record that these had been appropriately dealt with.
- When there were 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.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, the practice had not have a comprehensive business continuity plan in place for major incidents such as power failure or building damage.
- There was an infection control protocol in place and infection control audits were undertaken regularly.

Requires improvement



Are services effective?

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

- There was minimal evidence that audits were driving improvement in performance to improve patient outcomes.
- The provider informed us that written consent forms were not always completed for more invasive procedures, for example, when removing a cyst (a fluid-filled bump lying just underneath the skin).
- Most staff had the skills, knowledge and experience to deliver effective care and treatment. However, some clinical and non-clinical staff had not received annual appraisals.

Requires improvement



Summary of findings

- Data showed patient outcomes were comparable to the locality for the management of diabetes. For example, the practice had achieved 90% of the total Quality and Outcomes Framework (QOF) points available, compared to 90% locally and 89% nationally.
- Staff assessed need and delivered care in line with current evidence based guidance.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patient's needs.

Are services caring?

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

- Data showed that patient outcomes were low compared to others in locality for several aspects of care. However, most of the patients we spoke with on the day of inspection informed us they were treated with respect and involved in decisions about their care.
- Results from the national GP patient survey we reviewed showed relatively less patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- For example, 71% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 82%.
- 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.

Requires improvement



Are services responsive to people's needs?

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

- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, but urgent appointments were available on the same day.
- The practice informed us they were facing difficulties in recruiting new GPs which was a common problem in Swindon area and partly relying on long term locum GPs.
- We found that patients were not satisfied with the appointments booking system and the waiting time it takes to get through to the practice by telephone. However, the practice recognised the increasing demand and was in the process of

Requires improvement



Summary of findings

implementing and reviewing changes. The practice informed us they were in the process of switching telephone provider and recognised that they were required to monitor and improve the waiting time it takes to access the practice by telephone.

- 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 and other stakeholders.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet people's needs.
- It reviewed the needs of its local population and engaged with the NHS England Area Team and Swindon Clinical Commissioning Group to secure improvements to services where these were identified.

Are services well-led?

The practice is rated as requires improvement for being well-led.

- 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 a weak governance framework which did not support the delivery of good quality care. The number of concerns we identified during the inspection reflected this.
- For example, the practice had not carried out regular repeated audits, appointment booking system was not monitored effectively and lessons learned from significant events and incidents were not always communicated widely enough to ensure risks were managed appropriately.
- There was a focus on continuous learning and improvement at all levels. However, annual appraisals for some clinical and non-clinical staff was not always managed appropriately.
- The practice was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.

Requires improvement



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 requires improvement for the care of older patients. The provider was rated as requires improvement for safe, effective, caring, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice offered proactive, personalised care to meet the needs of the older patients in its population. For example, the practice had secured funding for providing personalised care to patients aged 75 or over.
- It was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The percentage of patients aged 65 or over who received a seasonal flu vaccination was lower (64%) than the national average (73%). However, the practice was performing in line with national average for current year.
- The premises were accessible to those with limited mobility.
- There was a register to manage end of life care.
- There were good working relationships with external services such as district nurses.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of patients with long-term conditions. The provider was rated as requires improvement for safe, effective, caring, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- There were clinical leads for chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All patients with long term conditions 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.

Requires improvement



Summary of findings

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young patients. The provider was rated as requires improvement for safe, effective, caring, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- 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.
- The practice's uptake for the cervical screening programme was 71%, which was below the national average of 82%. However, the practice informed us they were sending reminder letters to encourage cervical screening uptake.
- 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 was providing youth counselling and sexual health clinics.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age patients (including those recently retired and students). The provider was rated as requires improvement for safe, effective, caring, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The needs of the working age population, those recently retired and students had been identified.
- 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.
- Extended hours appointments were offered at the practice premises every Tuesday morning from 7am to 8am.
- In addition, the practice offered extended hours appointments as a part of clinical commissioning group (CCG) overflow service arrangements at three different locations (which included acute visits, urgent children care services and success clinics) in the Swindon area from 7am to 8pm (Monday to Friday).

Requires improvement



Summary of findings

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of patients whose circumstances may make them vulnerable. The provider was rated as requires improvement for safe, effective, caring, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- It offered annual health checks for patients with learning disabilities. Health checks were completed for 16 patients out of 21 patients on the learning disability register.
- Longer appointments were offered to patients 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.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of patients experiencing poor mental health (including people with dementia). The provider was rated as requires improvement for safe, effective, caring, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- 52% of patients experiencing poor mental health were involved in developing their care plan in last 12 months.
- 76% of patients with dementia had been reviewed in the last 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health how to access various support groups and voluntary organisations.

Requires improvement



Summary of findings

- Systems were in place to follow up patients who had attended accident and emergency, when experiencing mental health difficulties.
- 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 on 2 July 2015 showed the practice was performing below to the local (CCG) and national averages. There were 105 responses (out of 280) and a response rate of 38%.

- 82% say the last appointment they got was convenient compared with a CCG average of 90% and a national average of 92%.
- 41% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 58% and a national average of 59%.
- 33% find it easy to get through to this surgery by phone compared with a CCG average of 74% and a national average of 73%.
- 80% find the receptionists at this surgery helpful compared with a CCG average of 84% and a national average of 87%.
- 72% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 83% and a national average of 85%.
- 48% describe their experience of making an appointment as good compared with a CCG average of 70% and a national average of 73%.
- 58% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 61% and a national average of 65%.

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 mostly positive about the standard of care received. We spoke with 13 patients and one patient participation group (PPG) member during the inspection. Patients we spoke with and comments we received were very positive about the care and treatment offered by the GPs and nurses at the practice. They said staff treated them with dignity and their privacy was respected. They also said they always had enough time to discuss their medical concerns.

The patients we spoke with on the day and comment cards we received were in line with national survey results findings that patients were not satisfied with the appointments booking system and had to wait long time to get through to the practice by phone.

The practice recognised that there was more work to do to monitor and review appointments booking system and waiting time to get through to the practice by phone. The practice informed us they had taken a number of steps to address concerns raised following patients feedback. The practice had reviewed their appointment booking system, introduced telephone consultations and pre-bookable online GPs appointments. The practice informed us they were in the process of switching telephone provider and expecting to review waiting time by collecting telephone calls data from the new telephone provider so they could effectively monitor and improve in this area.

Areas for improvement

Action the service **MUST** take to improve

- Review the process for investigating and implementing change following incidents, significant events and patient safety alerts to ensure actions are completed. Improve the recording of discussions and actions during practice meetings.
- Develop a comprehensive business continuity plan in order to deal with major incidents such as power failure or building damage.
- Implement and improve a system of clinical audit cycles to ensure effective monitoring and assessment of the quality of the service.

- Ensure all staff have received regular annual appraisals.
- Continue to review the appointments booking system and the waiting time it takes to get through to the practice by telephone.
- Ensure there are formal governance arrangements in place and staff are aware how these operate to ensure the delivery of safe and effective services.

Action the service **SHOULD** take to improve

- Implement a system to promote the benefits of bowel screening to increase patient uptake.

Summary of findings

- Develop and implement a clear action plan, to improve the outcomes for patients experiencing poor mental health.
- Ensure written consent is appropriately asked for and documented on all patient records.

Park Lane Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Park Lane Practice

The Park Lane Practice is situated in the Swindon area. The practice is located in a converted building with limited car parking for patients and staff. There is ramp access for patients and visitors who have difficulty managing steps. All patient services are offered on the ground and first floors. The practice comprises of five consulting rooms, two treatment rooms, one patient waiting area, administrative and management office and a meeting room.

There is one principal GP, one salaried GP and three long term locum GPs at the practice. Three GPs are male and two female. The practice employs two practice nurses and a health care assistant. The practice manager and practice coordinator are supported by a senior receptionist and a team of administrative and reception staff. Services are provided via a General Medical Services (GMS) contract (GMS contracts are negotiated nationally between GP representatives and the NHS).

The practice was facing difficulties in recruiting new GPs which was a common problem in the Swindon area and nationally. The practice was paying higher than normal rates to locum GPs. The practice recognised they were required to recruit new GPs and improve patients per GP ratio (which was currently 2,400 patients per GP).

The practice has approximately 6,600 registered patients. The practice population of patients aged between 25 and 39 years is higher than national and clinical commissioning group (CCG) (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) averages and there are a lower number of patients between 60 and 69 years old compared to CCG and national averages.

Services are provided from the following location:

Park Lane Practice

7-9 Park Lane

Swindon

SN1 5HG

The practice has opted out of providing out of hours services to their patients. There are arrangements in place for services to be provided when the practice is closed and these are displayed at the practice, in the practice information leaflet and on the patient website. Out of hours services are provided during protected learning time and between 2pm and 6:30pm (every Wednesday) and 30 minutes before opening and after closing time (Monday to Friday) by the practice internal on call mobile arrangements or after 6:30pm, weekends and bank holidays by calling 111.

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

Detailed findings

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, (Regulated Activities) Regulations 2014, 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

Prior to the inspection we contacted the Swindon Clinical Commissioning Group (CCG), NHS England area team and local Healthwatch to seek their feedback about the service provided by Park Lane Practice. We also spent time reviewing information that we hold about this practice including the data provided by the practice in advance of the inspection.

The inspection team carried out an announced visit on 13 January 2016. During our visit we:

- Spoke with 11 staff and 13 patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed 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 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 open and transparent approach and we saw a system in place for reporting and recording significant events, however this was operated inconsistently.

- 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.
- We reviewed records of four significant events and incidents that had occurred during the last 12 months. There was evidence that the practice had investigated the incidents thoroughly and learned from some significant events but implementing change was not clearly defined or planned. For example, the outcome of one significant event regarding verifying patients identity with their date of birth when booking appointments was not fully implemented and similar incidents occurred again.
- Significant events were a standing item on the practice meeting agenda. However, we noticed in meeting minutes that significant events were not documented in detail. There was a risk that staff who did not attend the meeting would not be able to identify any action required from these events to improve safety.
- We reviewed safety records and national patient safety alerts. We noticed national patient safety and medicines alerts were not systematically shared with the team. There was a risk that all staff were not aware of any changes that were relevant to the practice and where they needed to take action.

Overview of safety systems and processes

The practice had 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 provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received

training relevant to their role. For example, GPs were trained to Safeguarding children level three, nurses were trained to Safeguarding children level two and both GPs and nurses had completed adult safeguarding training.

- Notices in the waiting room, treatment and consultation rooms, advising patients that staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS). (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).
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. A practice nurse was the infection control 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 all staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- We checked medicines kept in the treatment rooms, medicine refrigerators and found they were stored securely (including obtaining, prescribing, recording, handling, storing and security). Processes were in place to check medicines were within their expiry date and suitable for use. Regular medicine audits were carried out to ensure the practice was prescribing 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 (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccines. Records showed fridge temperature checks were carried out daily. There was a policy for ensuring that medicines were kept at the required temperatures, which also described the action to take in the event of a potential failure.
- Recruitment checks were carried out and the five staff files we reviewed showed that recruitment checks had been undertaken prior to employment. For example, Disclosure and Barring Service (DBS) checks, proof of identification, references, qualifications and registration with the appropriate professional body.

Are services safe?

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had an up to date fire risk assessment in place and they were carrying out fire safety checks.
- All electrical and clinical equipment was checked to ensure it was safe. 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 (a bacterium which can contaminate water systems in buildings).
- Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe. The practice manager showed us records to demonstrate that actual staffing levels and skill mix met planned staffing requirements. However, the practice was struggling to recruit new GPs due to a shortage in the area and using three long term locum GPs to deliver the services.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system in all the consultation and treatment rooms which alerted staff to any emergency.
- All clinical and non-clinical staff had received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. We noted that defibrillator checks were carried out and documented regularly. 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 not have a comprehensive business continuity plan in place for major incidents such as power failure or building damage.

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 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). In 2014-15, the practice had achieved 98% of the total number of points available, compared to 95% locally and 94% nationally, with 9% exception reporting. The level of exception reporting was lower than the CCG average (10%) and similar to the national average (9%). Exception reporting is the percentage of patients who would normally be monitored but had been exempted from the measures. These patients are excluded from the QOF percentages as they have either declined to participate in a review, or there are specific clinical reasons why they cannot be included.

Data from 2014-15 showed;

- Performance for diabetes related indicators was similar to the CCG and above the national average. The practice had achieved 90% of the total number of points available, compared to 90% locally and 89% nationally.
- The percentage of patients with hypertension having regular blood pressure tests was lower than the CCG and national average. The practice had achieved 83% of the total number of points available, compared to 84% locally and 84% nationally.

- Performance for mental health related indicators was higher than the CCG and national average. The practice had achieved 100% of the total number of points available, compared to 95% locally and 93% nationally.
- Performance for dementia related indicators was higher than the CCG and national average. The practice had achieved 100% of the total number of points available, compared to 95% locally and 95% nationally.

Clinical audits were not always carried out to demonstrate quality improvement. .

- The practice had carried out one repeated clinical audit cycle. We checked one clinical audit completed in the last year.
- On the day of inspection the practice was not able to demonstrate evidence of completed clinical audit cycles which was making it difficult to identify improvement areas and monitor continuous progress effectively.
- The practice participated in applicable local audits, national benchmarking and accreditation.

Effective staffing

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

- The practice had a staff handbook for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of most 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 one-to-one meetings, appraisals, coaching, mentoring, clinical supervision and facilitation and support for the revalidation of doctors. Some clinical (two nurses and one health care assistant) and non-clinical staff (two out of seven) had not received an appraisal within the last 12 months.
- Staff had received training that included: safeguarding children and adults, fire safety, basic life support, health and safety and equality and diversity. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

Are services effective?

(for example, treatment is effective)

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

- This included care and risk assessments, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- Staff worked together 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, when they were referred, or after they were discharged from hospital. Due to limited resources the practice had not been involved in identifying patients who were deemed at risk of admissions.

Consent to care and treatment

Staff sought patients' consent (verbal only) to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young patients, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The provider informed us that verbal consent was taken from patients for routine examinations and minor procedures and recorded in electronic records. The provider informed us that written consent forms were not always completed for more complex procedures, for example, when removing a cyst (a fluid-filled bump lying just underneath the skin). However, the provider was aware of their responsibility and blank consent form template was available to complete for more invasive procedures.
- All clinical staff demonstrated a clear understanding of the Gillick competency test. (These are used to help assess whether a child under the age of 16 has the maturity to make their own decisions and to understand the implications of those decisions).

Supporting patients to live healthier lives

Patients who may be in need of extra support were identified by the practice.

- These included patients receiving end of life care, carers, those at risk of developing a long-term condition and those wishing to stop smoking. Patients were signposted to the relevant external services where necessary such as local carer support group.
- A practice nurse from the clinical commissioning group (CCG) was offering clinics for smoking cessation advice at the practice and data showed 70% smokers had been given stop smoking advice.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 71%, which was below the national average of 82%. There was a policy to offer text message reminders for patients about appointments. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. In total 16% of patients eligible had undertaken bowel cancer screening and 75% of patients eligible had been screened for breast cancer, compared to the national averages of 58% and 72% respectively.

Childhood immunisation rates for the vaccinations given were lower when compared to the CCG averages. For example:

- Childhood immunisation rates for the vaccinations given in 2014/15 to under two year olds ranged from 80% to 100%, these were comparable to the CCG averages which ranged from 81% to 100%.
- Childhood immunisation rates for vaccinations given in 2014/15 to five year olds ranged from 88% to 97%, these were lower than the CCG averages which ranged from 91% to 98%.

Flu vaccination rates for the over 65s were 64%, and at risk groups 49%, compared to national averages of 73% and 52% respectively.

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.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that patients were treated 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 they could offer them a private room to discuss their needs.

All of the 18 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 one member 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 less patients felt they were treated with compassion, dignity and respect. The practice was below the CCG average and national average for most of its satisfaction scores on consultations with doctors whilst in line with or above average for nurses. For example:

- 81% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 80% patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and national average of 87%.
- 77% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.
- 85% said the GP gave them enough time compared to the CCG average of 85% and national average of 87%.

- 95% said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and national average of 95%.
- 92% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 91%.

The one PPG members and 13 patients we spoke to on the day informed us that they were satisfied with consultations with doctors and nurses at the practice.

We saw friends and family test (FFT) results for last three months and 80% patients were likely or extremely likely recommending this practice. Most patients we spoke to on the day would recommend this practice to their family and friends.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey we reviewed showed less patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were below CCG average and national average. For example:

- 82% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 71% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 82%.

One member of staff told us that translation services were available for patients who did not have English as a first language; however other staff spoken to were unaware of this. The electronic self-check in screen was adaptable to different languages.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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. There was a practice register of 83 patients (1.3% of the practice patient population list size) who were carers and they were being supported, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support

available to them. The practice website also offered additional services including counselling. Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This 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

We found the practice was responsive to patient's needs and had systems in place to maintain the level of service provided. The demands of the practice population were understood and systems were in place to address identified needs in the way services were delivered. Many services were provided from the practice including diabetic clinics, mother and baby clinics and a smoking cessation clinic. The practice worked closely with health visitors to ensure that patients with babies and young families had good access to care and support. Services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care. For example;

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- The provider had secured funding for a short project for patients over 75 years old. A practice nurse was visiting patients at their homes and delivering care services by using holistic approach.

Access to the service

The practice was open from 8:30am to 6pm Monday to Friday with the exception of every Wednesday (closed at 2pm). However, one of the practice GPs was available on call from 8am to 8:30am and 6pm to 6:30pm Monday to Friday and on Wednesday's from 2pm to 6:30pm (this out of hours service was managed internally by the practice by using their internal on call mobile protocol). The practice was closed on bank and public holidays and patients were advised to call NHS111 for assistance during this time. The practice offered range of scheduled appointments to patients every weekday from 8:30am to 5:30pm including open access appointments with a duty GP throughout the day.

In addition to pre-bookable appointments that could be booked up to two or three days in advance, urgent appointments were also available for patients that needed

them. The practice offered extended hours appointments every Tuesday morning from 7am to 8am at the practice. In addition, the practice offered extended hours appointments as a part of clinical commissioning group (CCG) overflow service arrangements at three different locations (which included acute visits, urgent children care services and success clinics) in Swindon area from 7am to 8pm (Monday to Friday).

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was well below the CCG average and the national average. For example:

- 33% of patients said they could get through easily to the practice by phone compared to the CCG average of 74% and national average of 73%.
- 48% of patients described their experience of making an appointment as good compared to the CCG average of 70% and national average of 73%.
- 51% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 75%.
- 58% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 61% and national average of 65%.

We checked the online appointment records of three GPs and noticed that the next appointments with named GPs were available within three weeks. Urgent appointments with GPs or nurses were available the same day.

Six out of 13 patients we spoke with on the day informed us they were not satisfied with appointment booking system and were not always able to get pre-bookable appointments when they needed them. Some patients we spoke with on the day raised concerns which were in line with national survey results findings that patients had to wait long time to get through to the practice by telephone.

The practice was aware of poor national survey results and they had taken steps to address the issues. For example;

- The practice had introduced an online appointment system and pre-bookable GPs appointments were available to book online.
- The practice had reviewed appointment booking system and telephone consultation appointments with GPs had been introduced.
- The practice recognised they were required to improve in these areas. The practice informed us they were in the

Are services responsive to people's needs?

(for example, to feedback?)

process of switching telephone provider and expecting to review waiting time by collecting telephone calls data from the new telephone provider so they could effectively monitor and improve in this area.

Listening and learning from concerns and complaints

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

- The 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. The complaints procedure was available from reception, detailed in the

patient leaflet and on the patient website. Staff we spoke with were aware of their role in supporting patients to raise concerns. Patients we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at 15 complaints received in the last 12 months and found that all written complaints had been addressed in a timely manner. When an apology was required this had been issued to the patient and the practice had been open in offering complainants the opportunity to meet with either the manager or one of the GPs.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

Are services well-led?

Requires improvement 

(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.

- We found details of the aims and objectives were part of the practice's statement of purpose and strategy. The practice statement of purpose included working in partnership with patients and staff to provide a high quality, customer friendly and cost effective service. This also included treating patients with dignity and respect and delivering high quality services to meet the specific needs of patients.
- The practice had a clear strategy which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had a governance framework but some improvements were required. The number of concerns we identified during the inspection demonstrated this. For example:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. However, some staff had not received annual appraisals to enable them to carry out the duties they were employed to do.
- There was minimal evidence of completed clinical audit cycles or that audit was driving improvement in performance to improve patient outcomes. There was no planned programme of future audits.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, monitoring of specific areas such as the business continuity and disaster recovery plan, written consent in line with guidance, appointment booking system and lessons learned from significant events and incidents were not always communicated widely enough to ensure risks were managed appropriately.
- Practice specific policies were implemented and were available to all staff.
- Staff had a good understanding of the performance of the practice.
- The practice was facing difficulties in recruiting new GPs which was a common problem in Swindon area. The

practice was paying higher than normal rates to locum GPs. The practice recognised they were required to recruit new GPs and improve patients per GP ratio (which was currently 2400 patients per GP).

Leadership and culture

A partner and GPs in the practice prioritised safe, high quality and compassionate care. A partner and GPs in the practice were visible in the practice and staff told us that they were approachable and always took time to listen to all members of staff. Staff told us there was an open and relaxed atmosphere in the practice and there were opportunities for staff to meet for discussion or to seek support and advice from colleagues. Staff said they felt respected, valued and supported, particularly by the partners and management in the practice.

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

When there were significant safety incidents:

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

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

- Staff told us 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.
- 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

Are services well-led?

Requires improvement 

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys including friends and family tests and complaints received. There was a new PPG and the practice was encouraging more patients to join. For example, a poster was displayed in the waiting area inviting patients to join the PPG. The practice had made changes following feedback from the patients. For example, the practice appointment system had been reviewed and pre-bookable online GPs appointment system was introduced.

- The practice had also gathered feedback from staff through staff meetings, some appraisals and discussion. We saw that some appraisals were completed in the last two years. 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. For example, we saw a practice nurse was in the process of completing a nurse appraiser course and was looking forward to carry out appraisals for other nurses and health care assistant.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: We found the registered person did not have effective governance, assurance and auditing processes to assess, monitor and improve the quality of service provided in carrying out the regulated activities. For example, monitoring of specific areas such as repeated clinical audits, regular annual appraisals and lessons learnt from significant events and safety alerts were not always communicated widely enough to support improvement. A comprehensive business continuity plan was not in place. We found the registered person did not operate effective appointment booking system to ensure patients needs were met and reflecting their preferences. Regulation 17(1)(2)(a)(b)