

Purton Medical Practice

Quality Report

High Street
Purton
Swindon
SN5 4BD
Tel: 01793 770207
Website: www.purtonsurgery.co.uk

Date of inspection visit: 7 April 2016
Date of publication: 05/05/2016

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

Ratings

Overall rating for this service

Good 

Are services safe?

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	3
The six population groups and what we found	6
What people who use the service say	9
Areas for improvement	9

Detailed findings from this inspection

Our inspection team	10
Background to Purton Medical Practice	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Purton Medical Practice on 7 April 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvements are:

- Provide additional support and training to nursing staff in relation to the Mental Capacity Act and best interest decisions.
- Improve the number of patients identified as carers to enable supportive measures for this patient group.

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



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- 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 showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

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 similar to or higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The carers register only recorded 16 patients as carers. The practice had identified this low number and was working with a local carers support group to encourage patients to come forward and be identified.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- 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, in the management of travelling community patients who preferred to attend accident and emergency for their primary care needs.
- 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.

Good



Are services well-led?

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

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

Good



Summary of findings

openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice looked after three elderly care homes. Each home had a named GP and dedicated weekly ward rounds to reduce emergency admissions.
- 68% of patients with COPD had received a review of their condition within the last 12 months compared with the CCG average of 78% and national average of 79%. However, data for 2015/16 indicated the practice had improved this indicator to 86%.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Diabetes QOF indicators showed the practice achieved 98% compared to the CCG average of 96% and national average of 89%.
- 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.

Good



Families, children and young people

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

Good



Summary of findings

- 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 relatively high for all standard childhood immunisations.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 93% of women had a record of a cervical screening test within the last five years compared to the national average of 82%.
- Asthma QOF indicators showed the practice had achieved 89% compared to the CCG average of 98% and national average of 97%. The indicator of
- We saw positive examples of joint working with midwives. The practice had not been assigned a named health visitor by the CCG due to recruitment difficulties. The practice were liaising with the CCG to rectify this. We saw evidence of health visitor referrals and collaborative working despite the limitations.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Following patient feedback, the practice had offered earlier appointments which could be booked online. Availability of these had been increased by 30% to accommodate patients of working age.
- 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.
- Blood pressure screening for patients over 45 was 93% compared to the CCG average of 91% and national average of 91%.

Good



People whose circumstances may make them vulnerable

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

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless patients, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and carers.
- The practice looked after a care home for patients with a learning disability. There was a named GP for the care home and home visits were available. Annual reviews and vaccines were offered by GP and practice nurse at the care home.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- The practice informed 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.

People experiencing poor mental health (including people with dementia)

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

- 77% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months compared to the CCG average of 79% and national average of 77%.
- The Quality and Outcomes framework (QOF) achievement for 2014/15 showed the practice had achieved 98% for mental health target indicators. This was similar to the CCG average of 98% and above the national average of 93%.
- 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 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.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing in line with local and national averages. 243 survey forms were distributed and 124 were returned. This represented 1% of the practice's patient list.

- 75% found it easy to get through to this surgery by phone compared to the CCG average of 80% and a national average of 73%.
- 90% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 89% and national average of 85%.
- 82% described the overall experience of their GP surgery as fairly good or very good compared to the CCG average of 88% and national average of 85%.
- 80% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to the CCG average of 82% and 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 27 comment cards which were all positive about the standard of care received. Patients stated they felt staff were polite and caring and would go out of their way to help. Many commented on how they were listened to and treated with respect. Four of the comment cards offered a negative view alongside the positive comments, with two expressing discontent with a GP and two stating it was difficult to get an appointment with the GP of choice.

We spoke with 15 patients during the inspection. All 15 patients said they were happy with the care they received and thought staff were approachable, committed and caring. The majority (14) were able to see their GP of choice within five days. The latest friends and family test data showed 80% of patients would recommend the practice to someone who had just moved to the area.

Areas for improvement

Action the service **SHOULD** take to improve

- Provide additional support and training to nursing staff in relation to the Mental Capacity Act and best interest decisions.
- Improve the number of patients identified as carers to enable supportive measures for this patient group.

Purton Medical 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 adviser, a practice manager specialist adviser and an Expert by Experience.

Background to Purton Medical Practice

Purton Medical Practice (also known as Purton Surgery) and Green Gable Surgery (the branch practice) offer primary medical services to over 9,600 patients in the Purton, Cricklade and surrounding areas of rural and semi-rural Wiltshire. The practice boundary has an estimated low level of socio-economic deprivation, meaning few patients are affected by deprivation locally. The practice offers GP and nursing consultations from two sites approximately five miles from one another. Patients are given the option to be seen at either practice and staff work across both sites. The practice also looks after three nursing homes and one residential care home for patients with a learning disability.

The practice has five GP partners (one female, four male) and one salaried GP (female). There are three practice nurses (all female), two phlebotomists (both female), a practice manager, two medical secretaries, seven part time receptionists, and six part time administration personnel. There is one GP vacancy and the practice are looking to recruit an additional salaried GP in the summer of 2016.

The practice offers support and mentorship to GPs in training as it is a training practice. There is currently one GP trainee who is undertaking their training at the practice.

Purton Surgery (the main practice) is a single storey purpose built accommodation. There is ample parking available outside and designated disabled parking spaces. There is a wide entranceway that leads to an open reception area and large waiting room. To ensure privacy at reception the practice has invested in a radio which is played through speakers into the waiting room. There are six GP consultation rooms and two nurse treatment rooms. All the GP consultation rooms and nurse treatment rooms are accessible from the waiting area. There are two patient toilet facilities including a disabled toilet with emergency pull cord. Baby change facilities are also available.

Purton Surgery is open between 8.15am and 6pm Monday to Friday. Appointments are from 8.20am to 11.50pm every morning and 1.50pm to 5.50pm daily. The telephone lines are open between 8am and 6.30pm.

Green Gable Surgery (the branch practice) is also a single storey purpose built accommodation. There is a large car park outside with easy access to the building. There are two consultation rooms and one treatment room.

Green Gable Surgery is open between 8.30am to 12.30pm and 2pm to 5pm Monday to Friday, with the exception of Wednesday when the branch practice closes at 12.30pm. The telephone lines direct patients to Purton Surgery for any emergencies when Green Gable Surgery is closed, including lunchtime. Appointments are from 8.40am to 11.50am every morning and 2pm to 5pm daily, except for Wednesday afternoons when the practice is closed.

Extended surgery hours are offered on Monday, Tuesday and Thursday evenings until 8pm and Friday mornings from 7.30am and every Saturday morning between 9am and 12pm. All extended hours appointments are for Purton Surgery only.

Detailed findings

The practice has opted out of providing out of hours care for patients when the practice is closed. This service is offered by SEQOL who are accessed by calling the NHS 111 service.

All GP services are provided from two sites:

Purton Surgery

High Street

Purton

Swindon

SN5 4BD

and

Green Gable Surgery

38a High Street

Cricklade

Swindon

SN6 6AY

We visited both sites as part of this inspection. The practice has been inspected by CQC in 2014 using the old methodology and framework and was meeting all the fundamental standards at that time.

Why we carried out this inspection

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

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

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 7 April 2016.

During our visit we:

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

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

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

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

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

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 practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a fax from the hospital was highlighted as a priority, and was not processed effectively to ensure the GPs saw the information without delay. The scanning policy was amended and all reception staff made aware that all urgent documentation should be scanned in before alerting the GP.

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained in Safeguarding adults and Safeguarding children to 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 check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice had decided to only offer clinical staff (Nurses and GPs) to be chaperones. Whilst all the clinical staff were aware of this policy, the non-clinical staff had not been informed. Staff told us that no member of reception or administration staff had been asked to chaperone patients.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions had been adopted by the practice from the Clinical Commissioning Group (CCG) to allow nurses to administer medicines in line with legislation. The lead practice nurse had identified the travel vaccine PGDs were past the recommended review date by seven days and had spoken with the CCG as newer versions were not available on the website. The CCG were in the process of updating the travel vaccine PGDs.
- We reviewed four 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.

Are services safe?

- There were effective systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available 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 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 that enough staff were on duty.

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met 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 95% of the total number of points available, with 7% exception reporting, compared to the national average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was 98% which was similar to the CCG average of 96% and better than the national average of 89%.
- The percentage of patients with hypertension having regular blood pressure tests was 93% which was similar to the CCG and national average which were both 91%.
- Performance for mental health related indicators was 98% which was similar to the CCG average of 98% and better than the national average of 93%.

Chronic obstructive pulmonary disease (COPD) indicators showed an achievement of 89% which was lower than CCG and national averages at 98% and 96% respectively. Asthma indicators were also lower with the

practice achieving just 88% compared to the CCG and national averages of 98% and 97% respectively. The practice were aware of this data and had trained one of the practice nurses in respiratory disease management. The nurse had only recently completed the training and was due to undertake a further diploma in September 2016. However, we noted that COPD reviews had improved from 68% in 2014/15 to 86% in 2015/16 which brought the practice to above the CCG (78%) and national (80%) averages for the preceding year.

Clinical audits demonstrated quality improvement.

- There had been eleven clinical audits undertaken in the last two years, ten of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits and peer review.
- Findings were used by the practice to improve services. For example, recent action taken as a result included offering women additional information and advice when receiving a contraceptive implant to discuss potential side effects and expected symptoms.

Information about patients' outcomes was used to make improvements such as; an audit of cervical smear sampling showed only 1% of the total number of samples taken were inadequate. This meant the majority of women receiving cervical screening were having adequate samples taken, reducing the necessity of being recalled for a further test.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered

Are services effective?

(for example, treatment is effective)

vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

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

Consent to care and treatment

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

- 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 assessed the patient's capacity and recorded the outcome of the assessment. One of the practice nurses did not feel confident in offering an assessment of capacity and would speak to a GP for clarification.
- The process for seeking consent was monitored through records audits.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Lifestyle and health advice was available from the practice nurses and smoking cessation was available on site.

The practice's uptake for the cervical screening programme was 93%, which was better than the national average of 82%. There was a policy to offer a letter and 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.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example, screening for bowel cancer in patients aged 60 to 69 was 65% (in the last 30 months) compared to the CCG average of 63% and national average of 58%. In addition, breast cancer screening uptake for patients aged 50 to 70 (over a 36 month period) was 84% which was better than the CCG average of 77% and national average of 72%.

Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccines given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 87% to 100% compared to the CCG average of 83% to 97% and five year olds from 93% to 97% compared to the CCG average of 92% to 97%.

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 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 27 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. Only four cards mentioned an additional negative comment, mostly concerned with appointment availability with the GP of choice and two describing discontent with a GP consultation.

We spoke with six members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. 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 above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 89% said the GP gave them enough time compared to the CCG average of 90% and national average of 87%.
- 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.

- 91% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 94% said the nurse was good at listening to them compared to the CCG average of 92% and national average of 91%.
- 91% said the nurse gave them enough time compared to the CCG average of 93% and national average of 92%.
- 100% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and national average of 97%.
- 96% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 89% said they found the receptionists at the practice helpful compared to the CCG average of 90% and national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 87% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 82% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 82%.
- 94% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.

Are services caring?

- 91% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

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.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 16 patients (less than 1%) of the practice list as carers. The practice had recognised that there was a low number of carers identified from the registered patient list. In response, the practice held an educational meeting for all staff and invited a representative from Carers Support Wiltshire to attend. The practice had appointed a lead for carers who had

developed posters and leaflets, for patients and staff, to recognise and encourage patients to be registered as a carer. In addition, the website had been updated to direct patients to a carer's page where information and advice was available. The website also encouraged patients to recognise themselves as carers and identified the support available to them. The practice had won a gold standard accreditation award for the work being undertaken for carers from Carers Support Wiltshire and continued to be supported by them. The practice had begun holding coffee mornings and tea party's where representatives from carer's organisations were available. A carer's pack was available in the practice to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This contact 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, in the management of travelling families where it was identified this community tended towards attending accident and emergency as a primary care service. The CCG was supporting the practice to identify data and opportunities to share with other practices and commissioning teams.

- The practice offered extended hours appointments for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and carers.
- Home visits were available for older patients and patients who would benefit from these. The practice had up to 20 home visits per day and accommodated these easily.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were disabled toilet facilities, a hearing loop and translation services available. All facilities were accessible on one level at both practice sites. Neither site had automated doors or lowered counters for patients with restricted mobility.

Access to the service

Purton Surgery was open between 8.15am and 6pm Monday to Friday. The telephone lines were open from 8am to 6.30pm daily. Appointments were from 8.30am to 11.40am every morning and 2pm to 5.50pm daily. Extended surgery hours were offered on Monday, Tuesday and Thursday evenings until 8pm, Friday mornings from 7.30am and every Saturday between 9am and 12pm.

Green Gable Surgery in Cricklade was open between 8.30am and 12.30pm every morning and 2pm until 5pm each weekday except Wednesdays when it was closed for the afternoon. The telephone lines were activated to answer calls during closure periods (including lunchtime) and directed patients to Purton Surgery for emergencies. Appointments at Green Gable Surgery were from 8.40am to

11.50am every morning and 2pm to 5pm daily, except for Wednesday afternoons when the practice was closed. There were no extended hours appointments offered from Green Gable Surgery.

In addition to pre-bookable appointments that could be booked up to one week in advance, urgent appointments were also available for patients that needed them. The practice had operated a weekly release of routine appointments for a number of years. The appointments were released on a Wednesday evening for the following week. This enabled more patients the opportunity to book a routine appointment with their preferred GP and reduced the number of "did not attend" appointments. Nurse and phlebotomy (blood taking) appointments were available up to four weeks in advance. The practice also had a high number of patients registered to use online booking and repeat prescription ordering. There were emergency and same day appointments available daily.

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.

- 72% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 75% patients said they could get through easily to the surgery by phone compared to the CCG average of 80% and national average of 73%.
- 56% patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 64% and national average of 59%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them, although there were some difficulties in seeing their GP of choice. The practice were monitoring the appointments system and did not feel the survey result truly reflected the success of the weekly booking system. They offered patients a choice of GP and choice of site when patients rang for an appointment. If the GP of choice was unavailable a suitable alternative was offered. Patients we spoke with on the day of inspection told us the longest wait to be seen by their preferred GP was 10 days with the average taking two to three days.

Listening and learning from concerns and complaints

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

Are services responsive to people's needs? (for example, to feedback?)

- 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 such as a poster in the waiting room and information on the website and in the patient leaflet.

We looked at eight complaints received in the last 12 months and found all were satisfactorily handled, dealt with in a timely way, with openness and transparency in dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a complaint about the wrong paperwork being given to a patient's relative resulted in additional training for reception staff in ensuring the correct paper work was confirmed and handed over at the correct time, thus reducing unnecessary delays to patient treatment.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

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.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

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

When there were safety incidents:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had assisted the practice in the commencement of patient information evenings. The practice had run two such evenings with overwhelming success. Topics included diabetes care and British Heart Foundation. The evenings were oversubscribed (practice limited to 40) so a village hall was hired and 100 patients attended. The PPG had also initiated vintage tea party fund raising events which had contributed towards the electronic checking in system at Purton and the radio licence for a radio in the waiting room. The next opportunity to raise funds would contribute towards raised seating with arm

Are services well-led?

Good 

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

rests in the waiting areas. The seven members regularly attend the practice to sit and talk to patients and gather feedback which is reflected on in their monthly meetings.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a positive focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and representatives of the practice attended regular local cluster and Clinical Commissioning Group meetings to share information and learning from significant events. The practice manager also had regular meetings with other practice managers locally to improve outcomes for patients in the area.