

Northlands Surgery

Quality Report

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

Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	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 Northlands Surgery on 16 August 2016. Overall the practice is rated as good.

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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 been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.

- Themed open mornings were held by the practice several times a year for patients. These included talks being given by the GPs to patients on topics such as "Staying Healthy".
- To address childhood obesity the practice had invited families to attend an open morning on a Saturday for an educational talk, which 50 people attended
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they could 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.

Summary of findings

- There was a clear leadership structure however staff did not always feel supported by management. Staff satisfaction was mixed and the practice has had a high turnover of nursing staff in 2016.
- The practice proactively sought feedback from 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 must make improvement are:

- The practice must ensure that staff feel respected, valued and supported by the leadership team.

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.

- 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 things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

- The practice is rated as good for providing effective services.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average 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 other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice had received an award from the Wiltshire Council stop smoking service for its smoking cessation service they offered to patients.
- Themed open mornings were held by the practice several times a year for patients. These included talks being given by the GPs to patients on topics such as "Staying Healthy".

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

Good



Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had received the gold plus award from Carers Support Wiltshire for the last three years, for the work it was doing to support their patients who were carers.

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. Calne was selected as one of three demonstrator localities in Wiltshire for improving integrated working with the wider health, social care and voluntary agencies and the practice led on this initiative with the community team leader.
- The practice had a higher than local average prevalence of childhood obesity. An open morning with an educational talk to address this had been held by the practice.
- Improved collaborative working between practices, care home staff and the community nursing team had led to a 40% reduction in hospital admissions over a 12 month period.
- Patients said appointments could be made 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 requires improvement 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 it.
- There was a clear leadership structure.

Requires improvement



Summary of findings

- Staff satisfaction was mixed. We were told that if a concern was raised they were not always taken seriously or treated with respect when they did so. Some staff commented that they had felt bullied at times.
- Staff told us they had the opportunity to raise issues at team meetings but some did not feel confident in doing so as they did not feel they would be supported by all members of the leadership team.
- Not all staff said they felt respected, valued and supported, particularly by the partners in the practice.
- We noted that there was a high turnover of nursing staff in 2016.
- 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 openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from patients, which it acted on. The patient participation group was active.
- There was a focus on continuous learning and improvement within the practice.

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 patients.

- 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 provided medical services for four care homes and had improved ways of working with these homes in order to reduce hospital admissions. Weekly ward rounds and monthly multidisciplinary care homes locality meetings were initiated. Improved collaborative working with the community nursing team, care home managers and the care homes pharmacist had led to a 40% reduction in hospital admissions over a 12 month period.
- Nationally reported data showed that outcomes for patients with conditions commonly found in older patients were at or above local and national averages. For example The percentage of patients with chronic obstructive pulmonary disease (a chronic lung condition) who had a review undertaken including an assessment of breathlessness using the Medical Research Council breathlessness scale in the preceding 12 months (01/04/2014 to 31/03/2015) was 96% which was higher than the local average of 91% and the national average of 90%.

Good



People with long term conditions

The practice is rated as good for the care of patients 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.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 96% compared to a local average of 91% and national average of 88%
- Longer appointments and home visits were available when needed.

Good



Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- 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.
- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice had identified themselves as having a higher than average prevalence of childhood obesity. In response the practice had initiated activities to address this. For example, the GPs invited families to attend an open morning on a Saturday for an educational talk, to which 50 people attended.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Extended hours surgeries were available two evenings a week, and occasional Saturday mornings. Telephone consultations were available to improve access for working patients.
- Nurses provided extended hours appointments for reviewing patients with diabetes and performing cervical cytology screening.

Good



Summary of findings

- The practice had purchased a machine for processing blood samples which meant working age patients could attend for blood tests even after the last specimen collection for the day to the hospital laboratory.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



People experiencing poor mental health (including people with dementia)

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

- 89% of patients diagnosed with dementia that had their care reviewed in a face to face meeting in the last 12 months, which was better than the local average of 88% and the national average of 84%.
- The percentage of patients with a serious mental illness who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months (2014 to 2015) was 97% compared to a local average of 93% and a national average of 90%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice carried out advance care planning for patients with dementia.
- All staff had received dementia awareness training and a number of staff had become dementia friends.

Good



Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Of the 237 survey forms that were distributed 107 were returned. This represented a 45% response rate compared to a national average of 38% and 1% of the practice population.

- 85% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 80% and a national average of 73%.
- 85% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 84% and a national average of 76%.
- 85% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and a national average of 85%.
- 80% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 84% and a national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 30 comment cards of which 28 were positive about the standard of care received. Comments included that the service, care and treatment was excellent and that patients were treated with the upmost respect and professionalism. One card commented that routine appointments bookable in advance were difficult to attain but also commented that the care and treatment received was good. Another card commented that receptionists were intrusive and asked for too much information when making an appointment. We discussed this with the practice at the inspection. They recognised that they needed to do more to help patients understand that the GPs had requested receptionists to ask for this information to assist in finding patients the most appropriate appointment.

We spoke with eight patients during the inspection. All eight patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service MUST take to improve

- The practice must ensure that staff feel respected, valued and supported by the leadership team.

Northlands Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Northlands Surgery

Northlands Surgery is located near to the centre of Calne, a market town in rural Wiltshire. The practice has a slightly higher than average patient population in the 40 to 80 years age group and lower than average in the 25 to 40 years age group. The practice is part of the Wiltshire Clinical Commissioning Group and has approximately 11,000 patients. The area the practice serves is urban and semi-rural and has relatively low numbers of patients from different cultural backgrounds. The practice area is in the low to mid-range for deprivation nationally.

The practice is managed by five GP partners (three female and two male) and the practice manager who is a non-clinical partner. The practice is supported by two salaried GPs, both female, an advanced nurse practitioner, three practice nurses, three health care assistants and an administrative team led by the practice manager. Northlands Surgery is a training practice providing placements for GP registrars and medical students.

The practice is open between 8.30am and 6pm Monday to Friday. The telephone lines are transferred to a call answering service from 8am to 8.30am and at 5.30pm. Appointments are available between 8.40am and 12.25pm every morning and 2.30pm to 5.40pm every afternoon. Telephone appointments are also available to book.

Extended hours appointments are offered from 6.30pm to 8pm on Monday and Wednesday evenings. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were available for patients that needed them.

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

The practice has a General Medical Services contract to deliver health care services. This contract acts as the basis for arrangements between the NHS England and providers of general medical services in England.

Northlands Surgery is registered to provide services from the following location:

North Street
Calne
Wiltshire
SN11 0HH

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

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

Detailed findings

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 16 August 2016. During our visit we:

- Spoke with a range of staff five GPs, three nurses, the practice manager and several members of the administrative team and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a medicines review identified that a patient had not returned for a blood test as advised. The patient was contacted and received a blood test which found the results to be abnormal. All patients on this medicine were audited which found a number of patients had not received appropriate monitoring. These patients were followed up and alerts entered onto patient notes to ensure this did not happen 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. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always

provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level three.

- A notice in the waiting room and in all consulting and treatment rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual internal and external 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, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presenting for treatment.

Are services safe?

Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction (PSDs) from a prescriber. PSDs are written instructions, from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.

- 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.

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 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 and non-clinical areas which alerted all staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. A GP attended the local clinical governance meetings where guideline updates were discussed. These were then cascaded to practice staff in clinical meetings and on the practice intranet. The practice computer system also had links to the most recent local and national guidelines.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.4% of the total number of points available. The practice's exception rating was 9% which was lower than the local average of 11% and the national average of 10%. (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 2014/2015 showed:

- Performance for diabetes related indicators was comparable to local and national averages. The percentage of patients with diabetes, on the register, in whom the last blood test was within target range in the preceding 12 months (2014 to 2015) was 82% compared to a local average of 83% and a national average of 78%.
- Performance for mental health related indicators was in line with local average and above national average. The percentage of patients with a serious mental illness who

had a comprehensive, agreed care plan documented in their record, in the preceding 12 months (2014 to 2015) was 91% compared to a local average of 93% and a national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been eight clinical audits undertaken in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included an audit to determine whether fast track referrals for suspected cancer were appropriate. Data showed the practice had a higher fast track referral rate compared to the local area. Overall results showed that in the majority of cases, these referrals were appropriate. The practice amended their processes to ensure that the two cases that were inappropriate were managed more effectively.
- Information about patients' outcomes was used to make improvements such as: ensuring patients on certain medicines were monitored more effectively to prevent blood tests being missed.

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. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Nurses had completed diplomas in diabetes and respiratory diseases. Regular updates were undertaken by nurses in all areas of practice nursing to ensure the quality of care delivered remained high.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could

Are services effective?

(for example, treatment is effective)

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, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and 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.
- 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 professionals 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. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young 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, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were also signposted to the relevant services.
- The practice had received an award from the Wiltshire Council stop smoking service for its smoking cessation service offered to patients.
- Staff had all received dementia awareness training to better support patients with this condition and also their families.
- Themed open mornings were held by the practice several times a year for patients. These included talks being given by the GPs to patients on topics such as "Staying Healthy".

The practice's uptake for the cervical screening programme was 91%, compared to the local the average of 85% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme 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 bowel cancer, 60% of eligible patients had been screened compared to the local average of 63% and the national average of 58%. For breast cancer, 79% of the eligible patients had received screening compared to a clinical commissioning group (CCG) average of 77% and a national average of 72%. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example,

Are services effective? (for example, treatment is effective)

childhood immunisation rates for the vaccinations given to under two year olds ranged from 79% to 100%, compared to a local average of 83% to 98% and five year olds from 90% to 97% compared to the local 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.

We received 30 patient Care Quality Commission comment cards. Twenty eight were positive about the service experienced. One card commented that routine appointments bookable in advance were difficult to attain but also commented that the care and treatment received was good. Another card commented that receptionists were intrusive and asked for too much information when making an appointment. We discussed this with the practice at the inspection. They recognised that they needed to do more to help patients understand that the GPs had requested receptionists to ask for this information to assist in finding patients the most appropriate appointment. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 92% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.

- 91% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the 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 from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients 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:

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 82%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

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

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

Are services caring?

- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 287 patients as carers (2.7% of the practice list). Carers were invited for a health check with the health care assistant and a representative of Care Support Wiltshire. Written information was available to direct carers to the various

avenues of support available to them. The practice had received the gold plus award from care support Wiltshire this year. This is an award given to practices who have maintained gold level for two consecutive years. Feedback from a representative of Care Support Wiltshire told us that Northlands Surgery was highly committed to supporting patients registered as carers and demonstrated this by adapting their services following the sharing of good practices elsewhere by the representative.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. The practice had been nominated as one of three demonstrator practices in Wiltshire for improving integrated working with the wider health, social care and voluntary agency community.

- The practice offered extended hours on a Monday and Wednesday evening from 6.30pm to 8pm, and on occasional Saturday mornings for working patients who could not attend during normal opening hours.
- The practice had purchased a machine for processing blood samples which meant working age patients could attend for blood tests even after the last specimen collection for the day to the hospital laboratory.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had installed a lift to improve access to consulting rooms on the first floor.
- The Wiltshire Joint Strategic Assessment data highlighted the practice to have a higher than local average prevalence of childhood obesity. In response the practice had initiated activities to address this. For example, the GPs invited families to attend an open morning on a Saturday for an educational talk, which 50 people attended.
- The practice provided medical services for four care homes and had improved ways of working with these homes in order to reduce hospital admissions. Weekly ward rounds and monthly multidisciplinary care homes locality meetings were initiated, which included the community nursing team, care home managers and the

care homes pharmacist as well as GP representatives from the practices. Improved collaborative working had led to a 40% reduction in hospital admissions over a 12 month period.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. Appointments were from 8.40am to 12.25pm every morning and 2.30pm to 5.40pm every afternoon. In addition to pre-bookable appointments that could be booked up to four weeks in advance. Telephone consultations were also available to book and same day urgent appointments were available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 88% of patients were satisfied with the practice's opening hours compared to the CCG of 80% and the national average of 78%.
- 85% of patients said they could get through easily to the practice by phone compared to CCG of 78% and the national average of 73%.

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

The practice had a system in place to assess:

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

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

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

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

- We saw that information was available to help patients understand the complaints system on the practice website and in the practice leaflet.

We looked at three of the complaints received in the last 12 months and found that these were satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns

and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, when the practice received a complaint regarding a repeat prescription that hadn't been actioned in a timely way, the practice took the opportunity to review its policies and amended these to prevent reoccurrence.

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.

- 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 its 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 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

On the day of inspection the partners in the practice demonstrated they prioritised safe, high quality and compassionate care for their patients.

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

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

- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place however staff did not always feel supported by management.

- Staff told us the practice held regular team meetings. However we were told that administrative staff meetings had not taken place for a long time, although those staff told us that they would benefit from this. We saw minutes of clinical and partner meetings. A representative of the nursing and administrative team were invited to practice meetings. Nurse meetings were held weekly.
- Staff satisfaction was mixed. We received information prior to the inspection and on the inspection day, regarding management style. We were told that if a concern was raised staff were not always taken seriously or treated with respect when they did so. Some staff commented that they had felt bullied at times.
- Staff told us they had the opportunity to raise issues at team meetings but some did not feel confident in doing so as they did not feel they would be supported by all members of the leadership team. However some staff did tell us that they felt able to raise issues and they would be supported by the management team.
- Not all staff said they felt respected, valued and supported, particularly by the partners in the practice.

We noted that the practice had a high turnover of nursing staff in 2016.

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. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. A number of actions had been taken by the practice following suggestions made by the PPG. For example the installation of automatic doors, raised chairs for the waiting room and monthly newsletters. We saw that the practice fully engaged and had good working relationships with the PPG.

Are services well-led?

Requires improvement 

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

- Some staff felt able to make suggestions which would improve working practices. For example the leadership team listened and implemented the suggestion that reception staff should be trained to be multi-skilled across tasks. This ensured all areas could be covered during absences of colleagues.
- Some staff told us they would discuss concerns or issues with colleagues but only with certain members of the management team.

Continuous improvement

There was a focus on continuous learning and improvement within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice offered to be a pilot practice in the area to develop solutions through technology, such as an out of hours application and shared telephony.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include:</p> <p>Mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.</p> <p>How the regulation was not being met: The registered provider had failed to:</p> <ul style="list-style-type: none">Identify and manage the risks to the health and welfare of staff who did not feel respected, valued and supported by the leadership team. <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>