

Marlborough Medical Practice

Quality Report

Quality report

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Date of inspection visit: 12 December 2016

Date of publication: 17/01/2017

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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Marlborough Medical Practice on 12 December 2016. Overall the practice is rated as good.

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

- There was a clear leadership structure and staff felt supported by the partners and the management team. The practice proactively looked for improvements and acted on staff recommendations. We saw a high level of staff satisfaction and very good staff retention rate. Staff told us they were proud of the practice as a place to work. The practice also had an active patient participation group who were very engaged in the practice and supporting improvements for patients.
- There was an open positive learning culture in the practice and a transparent approach to safety with an effective system in place for reporting and recording significant events. The practice valued opportunities to learn from any events, near misses or suggestions.
- 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.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice staff we spoke to recognised that patient care was central to the ethos of the practice and told us the practice treated patients as individuals and was proactive in considering their needs and expectations.
- The practice had taken a number of measures to engage with the local community and had been liaising with the local town council, local members of parliament and local patient representatives to

Summary of findings

promote their services explain their challenges and help meet the patient expectation and use the information sharing to help tailor and improve services.

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

The areas where the provider should make improvement are:

- Ensure that the governance around Controlled Drugs is improved in order to accurately record running balances; record patient returned medicines and improve the security of the key to the CD cupboard.
- Review the location of the defibrillator.
- Ensure that all prescriptions for repeat medicines are signed by a prescriber before the medicines are supplied to a patient.

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 open positive learning culture in the practice and a transparent approach to safety with an effective system in place for reporting and recording significant events. The practice valued opportunities to learn from any events, near misses or suggestions.
- 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 to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed. The practice held regular walk rounds to ensure health and safety was regular reviewed and monitored.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff also used opportunities within their teams to share and cascade learning from any external courses, for example the nursing team shared updates on dressings and wound care and the GPs had access to external speakers and training and development days which they shared across the GPs.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice was proactive about identifying the learning needs of staff and conducted yearly appraisals supported by interim mini appraisals to support the development needs of the staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Summary of findings

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.
- 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.

Good



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 the practice had access to a scheme where emergency admission beds were available to older patients in local care homes supported by GPs to help reduce avoidable hospital admissions.
- The practice made some reasonable adjustments for patients who struggled to manage their own medicines, for example, the dispensary staff were able to offer medicine compliance aides for patients who needed this type of support to take their medicines and we saw that the process for packing and checking these was safe.
- 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 to deliver high quality care and promote good outcomes for patients.

Good



Summary of findings

- The practice staff we spoke to recognised that patient care was central to the ethos of the practice and told us the practice treated patients as individuals and was proactive in considering their needs and expectations.
- The practice had taken a number of measures to engage with the local community and had been liaising with the local town council, local members of parliament and local patient representatives to promote their services explain their challenges and help meet the patient expectation and use the information sharing to help tailor and improve services.
- The practice proactively looked for improvements and acted on departmental recommendations. Regular meetings were held across the staff teams. We saw a high level of staff satisfaction and very good staff retention rate. Staff told us they were proud of the practice as a place to work. The practice also had an active patient participation group who were very engaged in the practice and supporting improvements for patients.
- 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 for managing notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- There was a focus on continuous learning and improvement.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as 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 had access to a scheme where emergency admission beds were available to older patients in local care homes supported by GPs to help reduce avoidable hospital admissions. The practice team also held an annual review meeting to discuss issues and how they could support the care homes.
- The GP held a weekly ward round for their patients in the local care homes to assess and review care needs, on occasion accompanied by a specialist in the care of the elderly.
- The practice arranged medicine compliance aides, assisted in the completion of repeat prescription requests and offered large print labels for older patients
- All patients in care homes and those patients outside of care homes who were identified as being at high risk of admission were included on the admissions avoidance register and had their End of Life care plan regularly reviewed with the aim to reduce the number of admissions to hospital. On receipt of a discharge notice from hospital these patients were followed up by the local care coordinator.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

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.
- Performance for diabetes related indicators were in line with the local and national averages, for example:
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading was in the target range in the preceding 12 months (2015/16) was 94% which was better than the clinical commissioning group (CCG) average of 93% and the national average of 91%.

Good



Summary of findings

- Longer appointments and home visits were available when needed.
- The practice reviewed patients with multiple conditions and before recalling them for any review ensured their appointment was the correct length to ensure all their needs could be reviewed.
- All patients over the age of 65 with seven or more medications on their repeat medication list are identified and included on a register. These patients are offered an extended appointment with the GP in order that their care and treatment for all conditions is reviewed and adjusted at one appointment.
- 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 Accident and Emergency (A&E) attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The practice had engaged with a local secondary school and provided information about support available, information about support groups, help for carers and emergency key rings.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme was 81%, which was below the CCG average of 86% and the same as the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Children could access online booking from the age of 14.
- The community Midwife ran a weekly clinic in the practice. Six week baby checks and post-natal checks were carried out with the midwife and a GP.
- We saw positive examples of joint working with midwives and health visitors.

Good



Summary of findings

Working age people (including those recently retired and students)

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 offered extended hours appointments from 7.30am - 8am Tuesday to Friday and 6.30pm - 7pm Monday to Thursday. Telephone consultations were also available.
- The practice offered online appointments including repeat prescription requests, 22% of patients had signed up for this service.
- Patients who had registered a mobile number or email address with the practice received a reminder of their appointment.
- The practice was proactive in offering a full range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

- The patient registration policy was an inclusive policy enabling patients living in vulnerable circumstances and homeless patients of no fixed abode to register at the practice.
- The practice offered regular health checks and 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).

Good



Summary of findings

- 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The percentage of patients with dementia who had their care plan reviewed in the last 12 months was 87% which was in line with the local average of 88% and the national average of 84%.
- Performance for mental health related indicators were similar or above the local and national averages, for example:
- The percentage of patients with a serious mental health condition who had their care plan reviewed in the last 12 months (2015/16) was 95% compared to the CCG average of 92% and the national average of 88%.
- The practice had access to local support systems for patients experiencing poor mental health and referred for support where possible. The practice worked with the community nurses and the drug and alcohol advisors and gave them priority phone access to the GPs, and held joint consultations where appropriate.
- The practice encouraged the dispensary and reception teams to highlight any concerns to the GPs where patients may be experiencing poor mental health and had systems in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results were published on July 2016. The results showed the practice was performing in line with or above local and national averages. The GP survey distributed 232 survey forms and 131 were returned, a completion rate of 59%. This represented 1.1% of the practice's patient list.

- 85% of patients found it easy to get through to this practice by phone compared to a clinical commissioning group (CCG) average of 80% and a national average of 73%.
- 95% of patients were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 89% and a national average of 85%.
- 90% of patients described the overall experience of this GP practice as good compared to a CCG average of 90% and a national average of 85%.

- 79% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to a CCG average of 83% 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 40 comment cards which were all positive about the standard of care received. The majority of comments were very positive about the service experienced and many reported excellent care and treatment. A few comment cards reported perceived delays getting to see a specific GP or getting an appointment of their choice.

We spoke with 10 patients during the inspection. All 10 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring, the majority of the patients said they were very involved in their care and found the staff excellent. A couple of patients reported frustrations with the appointment system which we fed back to the practice.

Marlborough 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 CQC pharmacist and a practice manager specialist adviser.

Background to Marlborough Medical Practice

Marlborough Medical Practice is located in the market town of Marlborough in Wiltshire. The practice population is drawn from the market town of Marlborough and a large number of surrounding villages. Patients are also registered from a number of schools including boarding schools. Many local residents commute into Swindon, Oxford and London for work. The practice population has significantly lower than local and national averages of patients between the ages of 20 to 40, and those under 10, and significantly higher numbers of 15 to 19 years olds and those over 85, and slightly higher than average of those over the age of 80.

The practice population has a low incidence of social deprivation and a high percentage of patients who are white British. The practice delivers services to a registered population of approximately 11,800 patients.

The premises are situated over two floors with all the clinical rooms for patient access on the ground floor with good level access. The practice has a dispensary offering pharmaceutical services to those patients on its practice list who live more than one mile (1.6km) from their nearest pharmacy. The practice dispenses medicines for

approximately 4,000 patients and is signed up to the Dispensing Services Quality Scheme, which rewards practices for providing high quality services to patients from their dispensary.

The practice has five partners (three male, two female), three associate GPs (female) and uses three regular locum GPs. The GPs are supported by a nurse led nursing team of 11, including three nurse prescribers, a practice manager and a patient services manager, a dispensing lead and four dispensers, a reception lead and eight receptionists, a secretarial lead and three secretaries, and four administrators.

The practice is open between 8am to 6:30pm Monday to Friday with telephone access between 1pm and 2pm. Appointments were from 8am to 1pm and 2pm to 6:30pm every afternoon. Extended hours appointments were offered from 7.30am - 8am Tuesday to Friday and 6.30pm - 7pm Monday to Thursdays.

The dispensary is open from 8:30am to 1pm and 2pm to 6:30pm every week day.

The practice has opted out of providing out of hours services to their patients. Out of hours services are provided by Medvivo which is accessed via NHS 111.

The practice has a personal medical services (PMS) contract to provide medical services to the patients (A PMS contract is a locally agreed alternative to the standard GMS contract used when services are agreed locally with a practice which may include additional services beyond the standard contract).

The practice is registered to carry out its regulated activities from the following location:

Detailed findings

George Lane

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Wiltshire,

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This was our second inspection of Marlborough Medical Practice.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 12 December 2016.

During our visit we:

- Spoke with a range of staff including five GPs, four of the nursing team, the practice manager, the patient services manager, the dispensing lead, and a number of the dispensing, administration and reception team.
- Spoke to patients 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 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 for reporting and recording significant events.

- Staff told us they would complete a significant event form and raise the issue with the patient services manager, additionally the culture of the practice meant that from the beginning staff were encouraged to raise any suggestions for ways to reduce any likelihood of reoccurrence. 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 and involved the staff to share learning from incidents. Staff were encouraged to identify any areas for improvement.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an incident when the practice was exposed to a risk of fraud, the practice systems prevented this occurring, the incident was raised as a significant event and the learning shared to increase awareness.

Overview of safety systems and processes

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

- There were arrangements 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. All other staff were trained to a minimum of level one.

- Notices in the waiting room and clinical rooms advised patients that chaperones were available if required. All staff 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). Staff who acted as chaperones were trained for the role.
- 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 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, kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Medicines in the dispensary and treatment rooms were stored securely and there was an expiry date checking process in place. There were systems in place to monitor the temperature of all the fridges and staff took appropriate action when they recorded temperatures outside of normal ranges.
- The practice carried out regular medicines audits, with the support of the local clinical commissioning group medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Staff had completed a number of dispensary audits including one looking at uncollected prescriptions. These resulted in changes to improve patient safety.
- Blank prescription forms and pads were securely stored and there was a system in place to monitor pre-printed prescription pads. Patient Group Directions (PGDs) had

Are services safe?

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. Health care assistants were trained to administer certain vaccines and medicines against a patient specific prescription or direction from a prescriber.

- Processes were in place for handling requests for repeat prescriptions which included the review of high risk medicines. However repeat prescriptions were not being signed before the medicines were supplied to patients. This was highlighted to the practice and they immediately changed their procedures to ensure that this was rectified. The dispensary staff identified when a medicine review was due and told us that, if necessary, they would alert the relevant GP to re-authorise the medicine before a prescription could be issued. This process ensured patients only received medicines that remained necessary for their conditions.
- We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Incidents relating to medicines were raised as significant events and were recorded in line with a standard operating procedure. These incidents were reviewed to make sure appropriate actions were taken to minimise the chance of similar errors occurring again. Medical alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) were managed centrally and we saw evidence that they were being actioned appropriately.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training, and had opportunities for continuing learning and development. Dispensary staff showed us a comprehensive range of standard operating procedures which covered all aspects of the dispensing process (SOPs are written instructions about how to safely dispense medicines). These were up to date and accurately reflected current practice. The dispensing process was safe and effective, and there were good systems in place to check dispensed items were correct. The practice provided a safe medicine compliance aide system for a small number of patients who required assistance with taking their medicines. The practice signed up to the

Dispensing Services Quality Scheme which rewards practices for providing high quality services to patients and help ensure processes were suitable and the quality of the service was maintained.

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted. However, the practice was not always recording a running balance in the controlled drug register and the security of the key to the CD safe had not been reviewed. By the end of the inspection, the practice had already taken action to record the running balance. There were appropriate arrangements in place for the destruction of controlled drugs but those that were returned by patients were not being recorded in the register until they were destroyed. Staff were aware of how to raise concerns with the controlled drugs accountable officer in their area.
- Three of the nurses had qualified as an Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role.
- 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 coffee room which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out at least two fire drills per year, the practice had fire marshals and all staff we spoke to knew of their responsibilities in the event of a fire. 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

Are services safe?

substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system for all the different staffing groups to ensure enough staff were on duty. For example the nursing team provided cover amongst themselves for annual leave or used a regular bank member of staff who was included in the staff training and appraisals.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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 practice. These were checked weekly to ensure they were safe and appropriate. All the emergency medicines we checked were in date.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. The defibrillator was not ideally placed for an emergency.
- A first aid kit and accident book were available.

The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage with local arrangements in the case of any issues with access to their premises. The plan included emergency contact numbers for staff with copies held off site.

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 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.
- Interviews with GPs and nurses showed that patients had their care and treatment needs assessed and the practice took account of the patient's holistic needs, age, gender, race and culture as appropriate.

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 99.3% of the total number of points available. (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 2015/16 showed:

- Performance for diabetes related indicators were in line with the local and national averages, for example:
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading was in the target range in the preceding 12 months (2015/16) was 94% which was comparable to the clinical commissioning group (CCG) average of 93% and the national average of 91%.

- The percentage of patients with diabetes, on the register, in whom the last cholesterol reading was in the target range in the preceding, 12 months was 79% which was comparable to the CCG average of 84% and the national average of 80%.
- The percentage of patients with diabetes, on the register, who had a foot check in the preceding 12 months, was 86% which was comparable to the CCG average of 90% and the national average of 88%.
- Performance for mental health related indicators were similar or above the local and national averages, for example:
 - The percentage of patients with a serious mental health condition who had their care plan reviewed in the last 12 months (2015/16) was 95% compared to the CCG average of 92% and the national average of 88%.
 - The percentage of patients with a serious mental health condition who had their alcohol consumption reviewed in the last 12 months (2015/16) was 93% which was comparable to the CCG average of 92% and the national average of 89%.
 - The percentage of patients with dementia who had their care plan reviewed in the last 12 months was 87% which was in line with the local average of 88% and the national average of 84%.
- There was evidence of quality improvement including clinical audit.
- We were shown eight clinical audits undertaken in the last two years, one of these was a completed audit where the improvements were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services

Information about patients' outcomes was used to make improvements. For example, following a recent medicines management update, the GPs had identified a number of medicines which needed flagging to help identify any patients who may be at risk of kidney problems in certain situations. This learning was shared across the GPs and the nurse prescribers.

Effective staffing

Are services effective?

(for example, treatment is effective)

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

- The practice had an induction programme for all newly appointed staff. Staff we spoke to told us they felt supported and had regular feedback through their induction. The induction covered such topics as infection prevention and control, health and safety, fire safety, safeguarding and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the dispensary team had undertaken national vocation qualifications at level two and three, one of the nursing team was being supported to undertake a diabetes diploma to support the management of patients with diabetes.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The practice was proactive about identifying the learning needs of staff and conducted yearly appraisals supported by interim mini appraisals to support the development needs of the staff. 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 and facilitation and support for revalidation of the nurses and the GPs. One of the GPs was trained as an appraiser. All staff had received an appraisal within the last 12 months.
- The practice supported medical students from a local university. The GPs met daily to discuss patients with complex needs and provide peer support and opportunities for learning.
- Staff received training that included the mandatory topics such as safeguarding, basic life support and information governance. Staff also used opportunities within their teams to share and cascade learning from any external courses, for example the nursing team shared updates on dressings and wound care. The GPs had access to external speakers and training and development days which they shared across the GPs.

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. The practice held a weekly clinical meeting, representatives from the nursing and administration team attended and cascaded the information to the rest of their teams. The nursing team met bi-monthly supported by a GP. The clinical staff told us that patient's care and treatment was always discussed whenever needed on an ad hoc basis, staff told us the GPs were very approachable and accessible for support. 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 we spoke to understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and weight management were identified by the staff where

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

possible and supported or signposted to a support service. Patients were supported with smoking cessation, dietary advice, healthy living advice, weight management advice within the practice and also were able to receive exercise and healthy living advice from local gyms to support them.

The practice's uptake for the cervical screening programme was 81%, which was below the CCG average of 86% and the same as the national average of 81%. The practice telephoned patients who did not attend for their cervical screening test to remind them of its importance. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data from 2014/15 showed that the practice's uptake for the breast cancer screening

programme was 81% compared to the CCG average of 77% and the national average of 72%. Data from 2014/15 for bowel screening showed the practice's uptake was 64% compared to the CCG average of 63% and the national average of 58%.

With the exception of the meningitis C and pneumococcal vaccines for which no data was available at the time of inspection, childhood immunisation rates for the vaccinations given were comparable to the CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 100% compared to the CCG range from 94% to 97% and the national range from 73% to 95%. Rates for the under-fives ranged from 92% to 97% compared to the CCG range from 91% to 97% and the national range from 81% to 95%.

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.

- 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 40 patient Care Quality Commission comment cards we received which commented on the level of care were very positive about the service experienced and many reported excellent care and treatment. A few comment cards reported perceived delays getting to see a specific GP or getting an appointment of their choice. 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 one members of the patient participation group (PPG). They also told us they were very happy with the care provided by the practice and said the practice was very engaged in gaining patient feedback and being engaged with the community. 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:

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 88% 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 the last nurse they saw or spoke to was good at giving them enough time compared to the CCG average of 94% and the national average of 92%

- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 98% of patients said they had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 98% and the national average of 97%.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 85%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 94% 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.

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

Are services caring?

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

- Staff told us that translation services were available and staff had used the service whenever required, although there was not a high need for this service.
- Information leaflets were available in easy read format.
- The practice with the patient participation group (PPG) had also produced a leaflet for the patients which gave useful contact numbers in the event of non-medical emergencies. For example, useful numbers in the event of a water or gas emergency. The practice had received positive feedback from the community on this leaflet. The leaflet had been shared across the Wiltshire area for the wider benefit of patients.

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 health advice and 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 125 patients as carers (1% of the practice list). The practice was aware that the local population had a high number of carers who did not necessarily want to be identified as carers. Work was underway with the PPG and the patients to promote how they could support carers. For example offering flexible appointments and health checks. The practice had won the Wiltshire Gold plus carer's award for the last three years for their work with carers. The practice had recently held events at flu clinics and held local carers fair in the local community to help promote the help and support available to carers.

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 consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. For example the practice had access to a scheme where emergency admission beds are available to older patients in local care homes supported by GPs to help reduce avoidable hospital admissions.

- The practice had access to local support systems for patients experiencing poor mental health and referred for support where possible. The practice worked with the community nurses and the drug and alcohol advisors and gave them priority phone access to the GPs, and held joint consultations where appropriate.
- The practice had engaged with a local secondary school and provided information about support available, information about support groups, and help for carers and emergency key rings.
- The GPs held a weekly ward round for their patients in the local care homes to assess and review care needs, on occasion accompanied by a specialist in the care of the elderly.
- The practice assisted in the completion of repeat prescription requests and offered large print labels for older patients. The practice team also held an annual review meeting to discuss issues and how they can support the care homes.
- The practice made some reasonable adjustments for patients who struggled to manage their own medicines, for example, the dispensary staff were able to offer medicine compliance aides for patients who needed this type of support to take their medicines and we saw that the process for packing and checking these was safe.
- All patients in care homes and those patients outside of care homes who were identified as being at high risk of admission were included on the admissions avoidance register and had a regularly reviewed End of Life care plan with the aim to reduce the number of hospital admissions. On receipt of a discharge notice from hospital these patients were followed up by the local care coordinator.

- 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.
- All patients over the age of 65 with seven or more medications on their repeat medication list were identified and included on a register. These patients were offered an extended appointment with the GP in order that their care and treatment for all conditions was reviewed and adjusted at one appointment.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Children could access online booking from the age of 14.
- The community Midwife ran a weekly clinic in the practice. Six week baby checks and post-natal checks were carried out with the midwife and a GP.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and translation services available, all the clinical rooms for patients were on the ground floor with level access. The practice had one inner door which was not automated, staff assisted patients where required and the practice was discussing options to improve this with the patient participation group.

Access to the service

The practice was open between 8am to 6:30pm Monday to Friday. Appointments were from 8am to 1pm and 2pm to 6:30pm every afternoon. Extended hours appointments were offered from 7.30am - 8am Tuesday to Friday and 6.30pm - 7pm Monday to Thursdays. Appointments could be booked up to six weeks in advance and urgent on the day appointments were also available.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were mostly above the local and national averages.

- 69% usually get to see or speak to their preferred GP compared to the local average of 64% and the national average of 59%.

Are services responsive to people's needs?

(for example, to feedback?)

- 85% of patients said they could get through easily to the practice by phone compared to the local average of 80% and the national average of 73%.
- 95% were able to get an appointment to see or speak to someone the last time they tried

compared to the local average of 89% and the national average of 85%.

- Although 68% of patients were satisfied with the practice's opening hours compared to the national average of 78%.

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

The practice had a triage system 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 for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system including a patient leaflet available on the website and in the waiting room.

We looked at complaints received in the last 12 months and found these were dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, following a complaint relating to the management of test samples a learning need was identified and shared with the relevant staff. This was supported by a process reminder for the reception staff to prevent likelihood of any reoccurrence. An apology and explanation was given to the complainant.

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 staff we spoke to recognised that patient care was central to the ethos of the practice and told us the practice treated patients as individuals and was proactive in considering their needs and expectations.
- The practice had a regularly reviewed strategy and supporting business plans which reflected the values and were regularly monitored. The practice had taken a number of measures to engage with the local community and had been liaising with the local town council, local members of parliament and local patient representatives to promote their services explain their challenges and help meet the patient expectation and use the information sharing to help tailor and improve services.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Staff were encouraged to identify any concerns or areas for improvement.
- 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 arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The practice held regular walk rounds to ensure health and safety was regular reviewed and monitored.

Leadership and culture

On the day of inspection the partners and the management team in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners and the management team were very accessible and approachable and always took the time to listen to all members of staff and encouraged feedback and new ideas.

The practice proactively looked for improvements and acted on departmental recommendations. Regular meetings were held across the staff teams. We saw a high level of staff satisfaction and very good staff retention rate. Staff told us they were proud of the practice as a place to work.

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

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

There was a clear leadership structure and staff felt supported by the partners and the management team.

- There was a regular meeting structure in place across the different staff groups although whole practice meetings were less frequent and held on an ad hoc basis.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, by the partners, the management team and colleagues within the practice. All staff were involved in discussions

Are services well-led?

Good 

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

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. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice devised a 'you said –we did' poster following feedback from the Friends and Family test, a recent topic included, patients did not understand why reception staff needed to ask some questions about why they were calling, the practice answered with an explanation for patients and extra awareness training for the receptionists.
- The practice was proactive about engaging with staff for feedback and suggestions, all the staff had opportunities to feedback including through appraisal and their interim appraisal meetings, and generally through staff meetings and discussions.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the practice had engaged with the local scheme to support patients in care home beds and reduce avoidable admissions, the practice had embraced the local CCG transforming care project and provided a range of services and reviews to improve the care and treatment for patients with complex health needs.

The practice was working to employ an advance nurse practitioner to support the GPs and patients by offering improved access for urgent assessments and treatments.

The practice was looking at ways to manage the increasing demand on primary care services with consideration for the local difficulty in GP recruitment and was engaged with the local community and local practice to look at ways to help share resources and look at innovative ways of working together to help meet the demand wherever possible. The practice was positively working with the staff and community to involve the views of the staff and the patients and work together to support the best models of care.