

Ashington House Surgery

Quality Report

Ashington Way

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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?

Requires improvement



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 Ashington House Surgery on 14 September 2016. Overall the practice is rated as good.

The practice was previously inspected in October 2014 and previously rated good overall, with requires improvement in safe care due to risks to patients relating to the maintenance of the premises and the equipment.

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

- During the inspection in September 2016 we did not find any concerns or risks to patients relating to the maintenance of the premises and the equipment.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. However there was no annual review of actions to identify any areas for learning.
- Risks to patients were assessed and well managed, with the exception of those relating to management and security of blank prescriptions.

- 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. We saw evidence that audits were driving improvements to patient outcomes although these were limited.
- 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.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvements are:

Summary of findings

- Ensure there are appropriate arrangements for the secure storage of prescriptions and systems to monitor their use, including in treatment rooms.

In addition the provider should:

- Ensure that all patients with long term conditions have the support and care they need.

- Ensure a record of actions and a review of outcomes from significant events and safety alerts.
- Ensure that nurses are administering medicines under a legal authority

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- There was an effective system in place for reporting and recording significant events however there was no annual review to identify any themes or areas for learning.
- 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 with the exception of those relating to management of medicines. The blank prescriptions were not held securely at all times; and the patients group directions for nurses to administer medicines were not always signed as approved by the authorised person.

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 average compared to the national average.
- 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. We saw evidence that audits were driving improvements to patient outcomes although these were limited.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for their care and treatment and involvement in decisions about their 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.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- 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 limited facilities but actively managed the constraints on the premises, the practice was equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- The practice had a vision to listen to the patient's needs, deliver high quality care and promote self-care for patients. Staff were clear about their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- There was a 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

Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- All patients over 75 years have a named GP and are offered annual health checks.
- The practice work with a 'Community navigator' (a clinical commissioning group led scheme) to help identify any patients who may benefit from extra support or signposting to help with health needs and wider social care needs.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators were mixed compared to the local and national averages:
- The percentage of patients with diabetes, on the register, in whom the blood test was in the target range in the preceding 12 months 2014/15 was 83% which was higher than the clinical commissioning group (CCG) average of 78% and the national average of 78%.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months 2014/15) was in the target range was 80% compared to the CCG average of 79% and the national average of 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice worked with a community matron for anyone who has a long term condition, to support them for their health and

Summary of findings

wider social care needs. The practice and community matron developed care plans for those at risk of hospital admissions to help support their care needs and reduce avoidable admissions.

- The practice worked closely with the Macmillan nurses at the local Hospice and meet regularly to discuss patients and ensure the correct care is in place.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations and any that did not attend for immunisations were followed up.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 81% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice liaised with the health visitors and midwives regularly at the practice to support good communication and joint working.
- Young carers were identified on the computer system and offered extra support where appropriate.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- 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.

Good



Summary of findings

- The practice offered early appointments from 7am on Wednesday and Friday morning and late appointments until 7.30pm on Tuesdays for those could not attend in normal working hours.
- The practice offered a text reminder service for appointments and telephone consultations.
- For patients experiencing any problems at work the practice could refer patients to a local support service.
- The practice offered a drop in blood pressure monitoring through reception.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability. They offered an annual health consultation and liaised with the local Learning Disability team where necessary.
- 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.
- The practice held a drop in service for patients concerned about domestic abuse held by a local specialist every Friday afternoon.

People experiencing poor mental health (including people with dementia)

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

Good



- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months (2014/15) was 86% which was comparable to the CCG average of 85% and the national average of 84%.

Summary of findings

- The percentage of patients with a serious mental health problem who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (2014/15) was 99% which was higher than the CCG average of 88% and the national average of 88%.
- The percentage of patients with a serious mental health problem whose alcohol consumption had been recorded in the preceding 12 months (2014/15) was 96% which was higher than the CCG average of 85% and the national average of 90%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had counsellors on site for support; patients could self-refer for psychological support. For those patients experiencing poor mental health the practice could access various support groups and voluntary organisations including a local crisis team.
- 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.
- The practice reviewed the medicines for mental health patients after four weeks of starting the medicines and continued to review regularly until they had been stable for a year.

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 most local and national averages. The GP survey distributed 234 forms and 120 were returned. This represented 1.5% of the practice's patient list.

- 86% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the clinical commissioning group (CCG) average of 83% and the national average of 85%.
- 81% of patients described the overall experience of this GP practice as good compared to the CCG average of 83% and the national average of 85%.
- 75% 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 75% and the national average of 78%.

- However 54% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 72% and the national average of 73%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards which were all positive about the standard of care received. All the comments were positive about the care received and the support from staff, although a couple mentioned delays getting routine appointments.

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.

Data from the Friends and Family test from July and August 2016 showed that 88% to 92% of patients said they were likely or extremely likely to recommend the practice to their friends and family.

Ashington House Surgery

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 and a practice manager specialist adviser.

Background to Ashington House Surgery

Ashington House Surgery is located in the west of Swindon. The practice serves a population of approximately 10,200 patients. The practice population demographics are similar to the local and national average in age range of the patients. The practice has some areas of social deprivation within the local community.

Services to patients are provided under a General Medical Services (GMS) contract with NHS England. (A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract).

The team consists of five GP partners and one salaried GP; they are supported by two part time practice nurses and a health care assistant. The clinical team are supported by a practice manager and a team of reception and administration staff.

The practice is open from 8am to 6pm Monday, Tuesday, Thursday and Friday, on Wednesday the practice closed at 12.30pm. However, they offer pre-booked appointments only through the afternoon. From 6pm to 6.30pm the practice has telephone access for any emergencies.

When the practice is closed the Out Of Hours cover is provided by SEQOL accessed via NHS 111.

The regulated activities the practice provides are available from:

Ashington Way,
Westlea,
Swindon,
SN5 7XY

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. We had undertaken a previous inspection of this service in October 2014 when we found the service had breached a regulation relating to the safe care of patients arising from premises and equipment issues. 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 14 September 2016. During our visit we:

- Spoke with a range of staff, including four GPs, two of the nursing team, the practice manager and six of the reception and administration team and spoke with patients who used the service.

Detailed findings

- 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 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 as they occurred at reviewed significant events as a standing item at the weekly clinical meeting. However, there was no annual review to see if there were any themes or additional areas for learning that had not been identified at the time of the event.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. The practice manager and the clinical team informed us that they were all aware of the safety alerts however, the practice could not evidence how they would know what action had been taken.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. 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 were trained to child protection or child safeguarding level three and one to level four; the nurses were trained to level two. All the non clinical staff were trained to at least level one.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. An infection control audit had been undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- Most of 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). However the practice did not record or keep track of the blank prescriptions through the practice, or secure them within the clinical rooms. Clinical rooms were not secured through the day. 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 CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received 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, we noted a number of the PGDs which had been updated in August 2016 had been signed by the

Are services safe?

nurse but not yet signed and authorised by the GP responsible for medicine management which meant the PDGs were not valid, this was rectified on the day of the inspection. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed three 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 managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available which identified local health and safety representatives. The practice had up to date fire risk assessments and had carried out a fire drill in July 2016, we saw the recording of the fire safety procedures needed updating. 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. The practice had a stable team and provided cover for each other wherever possible. We saw the practice had a long term locum for support and continuity.

Arrangements to deal with emergencies and major incidents

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

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

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.8% of the total number of points available. The practice had an overall clinical exception rate of 14.1% which was above the clinical commissioning group (CCG) average of 9.8% and the national average of 9.2%. The practice had higher than average exception reporting rates for a number of clinical conditions including dementia, diabetes, mental health indicators and coronary heart disease. (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). We looked into the exception rates during the inspection, the practice manager advised us that the patients were followed up by letter before they were excepted.

Data from 2014/15 showed:

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

- The percentage of patients with diabetes, on the register, in whom the blood test was in the target range in the preceding 12 months 2014/15, was 83% which was higher than the CCG average of 78% and the national average of 78%.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months 2014/15) was in the target range was 80% compared to the CCG average of 79% and the national average of 78%.
- The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March (01/04/2014 to 31/03/2015), was 99.7% which was higher than the CCG average of 96% and the national average of 94%.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (2014/15) was 99.5% compared to the CCG average of 88% and the national average of 88%.
- Performance for mental health related indicators were higher than the local and national averages:
- The percentage of patients with a serious mental health problem who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (2014/15) was 99% which was higher than the CCG average of 88% and the national average of 88%.
- The percentage of patients with a serious mental health problem whose alcohol consumption has been recorded in the preceding 12 months (2014/15) was 96% which was higher than the CCG average of 85% and the national average of 90%.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months (2014/15) was 86% which was comparable to the CCG average of 85% and the national average of 84%.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits undertaken in the last two years, two of these were completed audits where the improvements made were implemented and monitored.

Are services effective?

(for example, treatment is effective)

- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included reducing the use of special order medicines which the practice had managed to successfully reduce by 50%.

Information about patients' outcomes was used to make improvements such as: the practice had joined a local CCG led pilot into managing heart failure jointly with a heart failure specialist hospital nurse and a pilot to manage repeat prescribing in a local hub.

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 had undertaken extra training in diabetes and asthma. The nursing team had also recently undertaken updates including for cervical smears, immunisations, travel health and sexual health.
- 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 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. We did not see any programme of shared learning across the clinical teams within the practice for example regular supervision or shared learning and development opportunities. However the nursing team told us they could go to any of the GPs for support with a patients care when required. 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 people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The 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:

Are services effective?

(for example, treatment is effective)

- 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. Patients were offered support including weight management and smoking cessation help at the practice or signposted to the relevant service, including referrals to diet busters and a local healthy walks service.
- All patients who were newly registered had an alcohol questionnaire and their heart disease risk score completed. Any that scored high were referred on to the GP.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 81% 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 by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. 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.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice's uptake for the breast screening programme was 82% which was higher than the CCG average of 77% and the national average of 72%. The practice's uptake for the bowel screening programme was 57% which was in line with the CCG average of 56% and the national average of 58%.

Childhood immunisation rates for the vaccines given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 76% to 100% compared to the CCG range from 81% to 97% and for five year olds the range from 94% to 99% compared to the CCG range from 91% to 98%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 20 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

Results from the national GP patient survey showed 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:

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 96% of patients said the last nurse they saw or spoke to was good at listening to them compared to the CCG average of 91% and the national average of 91%.
- 85% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.

- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% 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 97% and the national average of 97%.
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 79% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% 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 above local and national averages. For example:

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 82%.
- 96% of patients say the last nurse they saw or spoke to was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 90%.

Are services caring?

- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% 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.
- 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 209 patients as carers (2% of the practice list). The practice held regular carers coffee mornings and had delivered educational topics for carers. This included a recent talk that covered topics such as support avenues for those living with Alzheimer's. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card where they felt this would be appropriate. 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 where appropriate.

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 offered extended hours access on a Tuesday evening and Wednesday morning for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice work with a 'Community navigator' (a clinical commissioning group led scheme) to help identify any patients who may benefit from extra support or signposting to help with health needs and wider social care needs.
- The practice held carers coffee mornings and offered advice and support and signposting to other services.
- Patients could self-refer for psychological support which could be accessed at the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice held a drop in service for patients concerned about domestic abuse held by a local specialist every Friday afternoon.
- Patients were able to receive travel vaccines available on the NHS.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open from 8am to 6pm Monday, Tuesday, Thursday and Friday, on Wednesday the practice closed at 12.30pm. However they offered pre-booked appointments only through the afternoon. From 6pm to 6.30pm the practice had telephone access for any emergencies. Appointments were from 8.30am to 11.20am every morning and from 2.30pm to 5.30pm (with some sessions up till 6pm). Extended hours appointments were offered until 7.30pm on Tuesdays and between 7am and 8am on

Wednesday and Friday mornings. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

The practice was part of a Swindon CCG wide scheme which offered urgent appointments at local health centres between 8am and 8pm and 10am to 8pm on Saturday and Sunday. For children the service ran from 8am to 8pm every day including the weekend.

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

- 65% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and the national average of 76%.
- 54% of patients said they could get through easily to the practice by phone compared to the CCG average of 72% and the national average of 73%.
- 61% of patients said they usually get to see or speak to their preferred GP compared to the CCG average of 55% and the national average of 59%.
- 73% of patients described their experience of making an appointment as good compared to the CCG average of 69% and the national average of 73%.

Patients told us on the day of the inspection that they were able to get urgent appointments when they needed them, three patients commented they had to wait two to three weeks for routine appointments.

The practice was aware of the difficulties of accessing routine appointments and was working hard to meet the demand where possible. The practice had recently seen an increase in patients registering from the local area which was impacting on the availability of routine appointments.

The practice had promoted their online services to try to ease the demand on the telephone lines and introduced a cancellation message service to help free up telephone access time.

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.

Are services responsive to people's needs?

(for example, to feedback?)

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

Listening and learning from concerns and complaints

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

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

- We saw that information was available to help patients understand the complaints system.

We looked at six 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 as a result to improve the quality of care. For example, the access to the phlebotomy service had reduced due to staffing issues which meant some patients travelling across town to get blood tests. The GPs had listened to the concerns and introduced some extra phlebotomy sessions.

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 vision to listen to the patient's needs, deliver high quality care and promote self-care for patients and had included the NHS's six Cs of care, compassion, commitment, courage, competence and communication.

- The practice had a supporting business plan which was regularly monitored and reviewed to consider the changes and challenges to primary care. It included plans to address the constraints due to the current premises.

Governance arrangements

The practice had a 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.
- An understanding of the performance of the practice was maintained.
- Clinical and internal audit was used to monitor quality and to make improvements although this was limited. For example, there had only been two audits in the last two years which had shown any impact on patient outcomes and there was no ongoing audit plan.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience and capability to run the practice and ensure good quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners and the practice manager were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of

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

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of written correspondence. We noted during our inspection that verbal complaints were not always recorded to identify any themes of areas for learning.

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

- The practice had a very stable team over many years. A number of staff had worked at the practice for a long time. All the staff felt the team worked well and that they were well supported.
- Staff told us the practice held regular team meetings, although due to staff shortages this had not recently been regularly in place for the nursing team.
- 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, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted

Are services well-led?

Good 

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

proposals for improvements to the practice management team. For example, the PPG had worked with the practice manager to review and update the policy for appointments that were not attended and worked jointly on ways to manage this. The PPG had been involved in some fund raising and had purchased a wheelchair for the practice.

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

Continuous improvement

The practice team was part of local pilot schemes to improve outcomes for patients in the area. For example the practice had worked with the CCG pharmacist to review medicines and treatment plans for patients, including those on multiple medicines or long term medicines. The practice were working with the local CCG pilots in heart failure and repeat prescribing.

The practice was aware they were constricted by the limitations of their premises, layout and issues within their building. They were actively working with NHS England and the CCG to improve access and services for patients.

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>How the regulation was not being met:</p> <p>The practice did not record or keep track of the blank prescriptions through the practice, or secure them within the clinical rooms. Clinical rooms were not secured through the day.</p> <p>This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>