Cricklade Surgery

Quality Report

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

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	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 Cricklade Surgery on 31 May 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence-based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- 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.
- The practice GPs delivered medicines to patients' homes from the main and rural branch site. This service was mainly available for elderly patients who were unable to attend the practice, or could not make alternative arrangements to collect their medicines.
- 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.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Summary of findings

We found one area where the provider should make improvement:

- The provider should seek support to recruit members to its patient participation group, to better reflect the patient population it serves. We saw that the practice had started to canvass patients to see who would be interested in joining an on-line group. There was a notice in the waiting area and information regarding this in the practice information leaflet.

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?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- We saw a programme of clinical audits that included improvements for patient care, with schedules identified for second cycle audits.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey (January 2016) 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.

Summary of findings

- 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.
- A care co-ordinator was based at the practice and ensured continuity of care between the practice and other agencies.

Are services responsive to people's needs?

Good

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 (CCG) to secure improvements to services where these were identified. For example, the practice is in the process of recruiting an emergency care practitioner to contact and visit patients in their homes, and reduce the number of emergency hospital admissions.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with regular appointments available the same day.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients.
- 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 the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.
- The practice dispenser made direct contact with some patients and their carers within days of a patient's discharge from hospital, to provide support with new and existing medicines.
- A care co-ordinator was based at the practice. They telephoned patients on discharge from hospital to offer support, and to enquire whether a GP visit or other assistance was required.
- In 2016, the practice received the Gold Plus Award from a local charity. This was the highest level award, in recognition of the services it provides to carers.
- The practice regularly hosted a clinic for carers to receive a health check.
- The practice GP's delivered medicines to patients homes from the main and rural practice This service was mainly available for elderly and poorly/terminal ill patients who were unable to attend the surgery and could not make alternative arrangements.

Summary of findings

- The practice offered home visits by the practice nurse for vulnerable patients who did not attend their scheduled appointments. Patients were assessed and if necessary, booked for a same day emergency appointment at the practice.

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to 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 and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The individual provider encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The practice does not at present have a patient participation group but at the time of our visit, we saw evidence that patients have agreed to form an on-line group.
- There was a focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- Older patients with complex care needs or those at risk of hospital admissions had personalised care plans which were shared with community nurses and the local care co-ordinator, to facilitate continuity of care. Patients had given consent to having their personal information shared.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

People with long term conditions

Good

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

- The practice nurse had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. This included the management and support for those patients with a diagnosis of chronic obstructive pulmonary disease (COPD) and heart disease.
- Data for patients with long-term conditions compared well with national figures. For example, the percentage of patients with diabetes, on the register, whose last measured total cholesterol was that of a healthy adult, was 90%, compared to the national average of 81%.
- Longer appointments and home visits were always 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. Care packages were monitored from a weekly to six monthly basis depending on need.
- The practice GPs delivered medicines to patients' homes from the rural branch site. This service was mainly available for elderly patients who were unable to attend the branch site, or could not make alternative arrangements to collect their medicines.

Summary of findings

- The practice dispensing technician supported patients with new and existing medicines issues.
- In 2015, the practice received a Carers Gold Award from a local charity, Wiltshire Investors in Carers. This is the highest level award, in recognition of the services the practice provided to carers.

Families, children and young people

Good

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 high for all standard childhood immunisations and non-attenders were sent reminders.
- 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 assessed the capability of young patients using Gillick competencies. The competencies are a means to determine whether a child is mature enough to make decisions for themselves.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding 5 years was 90%, compared to the national average of 82%. Non-attenders received a follow-up phone call.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Good

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.
- Patients could book late appointments on three evenings per week.

Summary of findings

- On line access was available, which enabled patients to book appointments, order medicines and view their medical records. Patients could re-order a repeat prescription electronically and collect it from a pharmacy of their choice which, if required, could be closer to their place of work.
- Nurse triaging allowed patients with urgent needs to be seen on the same day, or directed to emergency care as needed.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice was fully accessible to patients with limited mobility or who used wheelchairs.
- The practice was proactive in ensuring that vulnerable patients who do not attend their scheduled appointments are visited by the practice nurse, patient needs were assessed and, if necessary, patients were booked for a same day, emergency appointment at the practice.

People experiencing poor mental health (including people with dementia)

Good

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

Summary of findings

- 92% of patients diagnosed with dementia had, had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the clinical commissioning group average of 88%, and better than the national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose level of alcohol consumption has been recorded over the course of a year was 83%, compared to the national average of 90%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice is credited by the Alzheimer's Society as being dementia friendly, and practice reception staff have received training in dementia awareness.
- The practice placed an alert on vulnerable patient's notes to ensure that whenever possible, they were seen by the same staff for continuity of their treatment and care.

Summary of findings

What people who use the service say

The latest national GP patient survey results were published on 7 January 2016. The results showed the practice was performing in line with local and national averages. For the survey 229 survey forms were distributed and 121 were returned, representing around 4.7% of the practice's patient list.

- 88% of patients found it easy to get through to the practice by telephone compared to the clinical commissioning group (CCG) average of 80% and national average of 73%.
- 82% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 84% and national average of 76%.
- 92% of patients described the overall experience of their GP practice as good compared to the CCG average of 89% and the national average of 85%.
- 90% of patients said they would recommend their GP practice to someone who has just moved to the local area, compared to the CCG average of 84% and national average of 79%.

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our visit. We reviewed 39 comment cards which were all very positive about the standard of care received. Patients described staff as being caring and respectful, and taking the time to listen to their concerns. Patients told us they were given advice about their care and treatment which they understood and which met their needs. We spoke with four patients during the inspection who told us they were happy with the care they received and thought staff were approachable, committed and caring.

We looked at the latest submitted NHS Friends and Family Test results, where patients are asked if they would recommend the practice. Data from January to April 2016 showed that 93% of respondents would recommend the practice to family and friends.

Areas for improvement

Action the service SHOULD take to improve

The area where the provider should make improvement is:

- The provider should seek support to recruit members to its patient participation group, to better reflect the patient population it serves.

Cricklade 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.

Background to Cricklade Surgery

Cricklade Surgery (also known locally as Dr da Silva's practice) is located in Cricklade, a small town and civil parish of North Wiltshire. Cricklade lies midway between the towns of Swindon and Cirencester.

The practice consulting and nurse treatment rooms are all located on the ground floor, along with a dispensary, and reception and administration offices. A quiet space for patients can be accessed via a large waiting room. Cricklade Surgery is one of 57 GP practices in the Wiltshire Clinical Commissioning Group (CCG) area. The practice population is 98% white, with the largest minority ethnic population being Asian or Asian British (around 1.6%).

Four miles to the West of Cricklade is Ashton Keynes, a village where the branch surgery is located (Village Hall Park Place, Ashton Keynes, Swindon. SN6 6NT).

Cricklade Surgery is the main practice and around 95% of patients are seen at this location. The practice has around 2,602 registered patients, most of whom live within a five mile radius of the practice. The practice has a lower than national average patient population aged from 20 to 29 years of age. The patient population aged from 40 to 54 years of age is higher than the national average. A measure of deprivation in the local area recorded a score of 9, on a scale of 1-10. A lower score indicates a more deprived area. The practice population is 97% white, with the largest minority ethnic population (around 1.3%) being Asian or Asian British.

The practice team consists of one individual provider GP (male). The practice had employed one locum GP (male. From March 2015, for a day per week) and one locum nurse (female. From January 2016, for two days a week), to cover sickness and holiday absence at the main and branch sites. In addition a pharmacy dispenser, a nurse manager, and one health care assistant are employed. The clinicians are supported by a practice manager, a business manager, and a team of office assistants, secretaries and receptionists. The practice has a General Medical Services contract with NHS England (a locally agreed contract negotiated between NHS England and the practice).

Cricklade Surgery is a dispensing practice and offers pharmaceutical services to those patients on its practice list who live more than one mile (1.6km) from their nearest pharmacy premises.

Patients can have their prescriptions and medicines delivered to the branch site for convenience.

Cricklade Surgery is open for telephone contact from 8am to 6.30pm, Monday to Friday. Doors open from 8.30am and pre-bookable (up to one month in advance) appointments are from 8.30am to 12.30pm and from 3.30pm to 6.30pm, Monday to Friday. An emergency phone contact is provided between 12.30pm and 3.30pm from Monday to Friday. The practice offers extended opening hours until 7pm on Monday, Wednesday and Thursday. Extended hours appointments are available if pre-booked up to one month in advance.

Detailed findings

The branch site at Ashton Keynes is open from 12pm to 1.30pm on Wednesday and Friday only. As part of our inspection we did not review the services provided at the branch site.

The practice has opted out of providing Out Of Hours services to their own patients. Patients can access NHS 111 and an Out Of Hours GP service is available to patients. This information is made known to patients on the practice website, and is clearly signposted at the main entrance.

Cricklade Surgery provides regulated activities from its main site at 113 High Street, Cricklade, Swindon. SN6 6AE.

Why we carried out this inspection

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

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

How we carried out this inspection

We reviewed a range of information we hold about the practice in advance of the inspection and asked other organisations to share what they knew. We carried out an announced visit on 31 May 2016. During our visit we:

- Spoke with a range of staff. For example one GP, one nurses and one Health Care Assistant;
- Spoke with four patients who used the service;
- Observed how patients were being cared for and talked with carers and family members;
- Reviewed an anonymised sample of the personal care or treatment records of patients;
- Reviewed 39 Care Quality Commission 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 Care Quality Commission at that time.

Good

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. Discussions took place immediately following a significant event during the daily clinical team meetings, with each event discussed individually. Information was cascaded to staff both verbally and through circulated minutes. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, boxes of prescription medicines that arrived at reception were not logged or locked away for two days. All staff were reminded by the practice that prescriptions should be immediately logged and locked away for security reasons.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. All staff had received the appropriate safeguarding training as appropriate to their role and responsibilities. The individual provider and nurse manager were the practice leads for safeguarding adults and children. The individual provider 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 adults relevant to their role. The individual provider and nurse manager were trained to safeguarding level three and we saw evidence that the locum GP was trained to level three, and the other staff to level one.
- A notice in the waiting room and in all the consulting rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A nurse was the infection control lead who liaised with the local infection prevention teams to keep up-to-date with current practice. There was an infection control protocol in place and staff had received up-to-date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The practice dispenses medicines for approximately 45% of the partnership's patients and was signed up to the Dispensing Services Quality Scheme, which rewards practices for providing high quality services to patients from their dispensary.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy

teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- 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. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard operating procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).
- 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. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed five 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.
- The practice had employed one locum GP (from March 2015, for a day per week) and one locum nurse (from January 2016, for two days a week), to cover sickness and holiday absence at the main and branch sites. We found that appropriate recruitment checks were in place for both locums.

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 in the practice manager's room which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.
- The practice had a locum GP who was booked by the individual provider and used regularly.

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, fit for use 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.

Good

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 peoples' 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 92.1% of the total number of points available, with 8.4% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed:

- Performance for diabetes related indicators either exceeded or was comparable with the national average. For example, the percentage of patients with diabetes, on the register, whose last measured total cholesterol was that of a healthy adult was 90%, compared to the national average of 81%.
- The percentage of patients with high blood pressure having regular blood pressure tests exceeded the national average. For example, the percentage of patients with high blood pressure in whom the last blood pressure reading was a satisfactory level was 90%, compared to the national average of 84%.
- Performance for mental health related indicators was comparable with the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 83%, compared to the clinical commissioning group (CCG) average of 93% and national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been nine clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. The practice is a Level Two research practice, meaning that it is required to undertake at least five clinical studies per year.
- Findings were used by the practice to improve services. For example, the practice conducted an audit to determine if patients on statins (a group of medicines that can help lower the levels of cholesterol in the blood) had received a fasting blood test in the last 12 months. The audit found that patients need regular reminders to book annual blood tests, and the practice now places a reminder on repeat prescriptions.

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. They covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes. For example, by accessing on-line resources and discussion at practice nurse meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice

development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, revalidation for nurses, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training, as well as an external trainer.
- The practice nurse, practice manager, GP and (where required) dispensing lead regularly attend multi-disciplinary team meetings to review patients' care.

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 patient consent to care and treatment in line with legislation and guidance.

- Staff had undertaken 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 records audits.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, those requiring advice on their diet, smoking and alcohol cessation and those aged over 75 years. Patients were then signposted to the relevant service.
- The practice had access to a health trainer, funded by Wiltshire County Council and free to patients, who offered non-medical support with health and well-being issues for adult patients. We saw evidence that this support for patients included self-managing a long term health condition or changing health behaviours.
- A dietician was available for patients on referral, and smoking cessation advice was available from the practice nurse and health care assistant.
- The practice's uptake for the cervical screening programme was 90%, which was comparable to the clinical commissioning group (CCG) average of 85% and exceeded the national average of 82%. The practice demonstrated how they encouraged uptake of the screening programme by using a system of alerts for those patients with an identified learning disability, by using information in different languages, and by ensuring a female sample taker was available.
- The practice also encouraged patients to attend national screening programmes for bowel and breast cancer screening. Bowel cancer screening rates in the last 30 months for those patients aged between 60 and 69 years of age were at 66%, which was comparable with the clinical commissioning group (CCG) average of 63%, and exceeded the national average of 58%.

Good

Are services effective?

(for example, treatment is effective)

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

Childhood immunisation rates for the vaccines given often exceeded the CCG averages. For example, childhood immunisation rates for five of the six vaccines given to under two year olds were at 100%, and the other vaccine rate was 93%. CCG vaccination rates ranged from 83% to 97%. Childhood immunisation rates for seven of the 10 vaccines given to under five year olds were at 100%, and did not fall below 94% for three vaccines. CCG vaccination rates for under five year olds ranged from 84% to 97%.

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

Good

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 patient 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 and could offer them a private room to discuss their needs.
- We noted that the practice was in the process of installing an electronic booking-in system to speed up the process and help maintain patient privacy.

All of the 39 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.

The practice proactively sought feedback from staff and patients, which it acted on. Although the practice does not at present have a patient participation group, we spoke with four patients. They 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 (January 2016) showed patients felt they were treated with compassion, dignity and respect. The practice exceeded the clinical commissioning group (CCG) and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 98% of patients said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 99% of patients said the GP gave them enough time (CCG average 90%, national average 87%).
- 99% of patients said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%).
- 97% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 89%, national average 85%).
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 91%).
- 96% of patients said they found the receptionists at the practice helpful (CCG average 90%, national average 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 told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey (January 2016) 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:

- 99% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 89% and national average of 86%.
- 96% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 87%, national average 82%).
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 86%, national average 85%).

Staff told us translation services were available for patients who did not have English as a first language, and for patients who were either deaf or had a hearing impairment. We saw notices in the reception area informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Good

Are services caring?

- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified about 1% of the practice list as carers and a receptionist acted as a carer's lead. A registration pack for carers outlined the different support groups available to them. Once carers were identified, we saw patient records were flagged and that the practice offered more flexibility around appointment times.
- In 2015, the practice received a Carers Gold Award from a local charity, Wiltshire Investors in Carers. This is the highest level award, in recognition of the services the practice provided to carers.
- The practice hosted a twice-yearly clinic for carers to receive a health check.

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

The practice hosted a self-referring talking therapy service for patients which was funded by NHS England, and available with two weeks' notice. This service was provided for patients who had suffered bereavement, were carers, or experiencing mental health issues.

Good

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.

- Home visits were available for patients who would benefit from these. We saw evidence of this when a patient with a mental health issue failed to attend their scheduled appointment. Staff visited them at home, and arranged for the patient to attend a same day emergency appointment.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccines available on the NHS, and privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice hosts a range of patient services. For example, a talking therapy service was available at the practice, for patients experiencing anxiety and other mental health issues. Patients referred themselves, and the service was hosted on a weekly basis.
- Receptionists deal with all queries both in person and on the phone and are responsible for booking appointments. They also assist GPs in contacting patients.
- Patients with a long term condition were offered an annual review or reviewed more frequently if the need arose.
- A care co-ordinator was based at the practice. They telephoned patients on discharge from hospital to offer support, and to enquire whether a GP visit or other assistance was required.
- We saw evidence that the practice was working to the Gold Standards Framework for those patients with end of life care needs, and there were regular palliative care meetings with district and hospice nurses.
- The practice GPs could deliver medicines to patients' homes from the rural branch site. This service was mainly available for elderly patients who were unable to attend the branch site, or could not make alternative arrangements to collect their medicines.

Access to the service

Cricklade Surgery is open for telephone contact from 8am to 6.30pm, Monday to Friday. Pre-bookable (up to one month in advance) appointments are from 8.30am to 12.30pm and from 3.30pm to 6.30pm, Monday to Friday. An emergency phone contact is provided between 12.30pm and 3.30pm from Monday to Friday. The practice offers extended opening hours until 7pm on Monday, Wednesday and Thursday. Extended hours appointments are only available if pre-booked up to one month in advance.

The branch site at Ashton Keynes is open from 12pm to 1.30pm on Wednesday and Friday only.

Results from the national GP patient survey (January 2016) showed that patient satisfaction with how they could access care and treatment was comparable with local and national averages.

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and national average of 78%.
- 89% of patients said they could get through easily to the practice by phone (CCG average 80% and national average 73%).
- 73% of patients said they usually get to see or speak to the GP they prefer (CCG average 42% and national average 36%).

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

Patients with a learning disability were monitored through a practice learning disability register and are offered an annual health check with a practice nurse who had specialist experience with this group of patients. The practice system alerted staff to patients with a learning disability who would benefit from flexibility around length and times of appointments.

Listening and learning from concerns and complaints

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

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The Practice Manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, through feedback forms available at reception and in

Good

Are services responsive to people's needs?

(for example, to feedback?)

the waiting area, and comment cards on the practice website. A Friends and Family Test suggestion box and a patient suggestion box were available within the patient waiting area which invited patients to provide feedback on the service provided, including complaints.

We looked at two written and verbal complaints received by the practice in the last 12 months. These were all discussed and reviewed, and learning points noted. We saw that these were handled and dealt with in a timely way. Complaints were a standing agenda item at monthly meetings. We saw evidence of lessons learnt from patient complaints and action taken to improve the quality of care.

For example, a patient complaining of abdominal pain was unhappy that their request for a same day appointment was delayed, in their view, by a receptionist and that the receptionist had attempted to diagnose their condition. Following a review, the practice now ensures that any patient complaining of abdominal pain should be offered a same day (face to face or telephone) appointment with a GP, to decide the appropriate course of action; or that the patient should be advised to contact the emergency services if immediate assistance is needed. Reception staff undertook some additional training in regard to these matters.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. The practice mission was to provide the highest quality, innovative, patient-centred care in a safe and supportive environment.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and was regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- The practice took steps towards setting up a patient participation group (PPG).
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

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

When there were unexpected or unintended safety incidents:

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

There was a clear leadership structure in place and staff felt supported by management. The practice manager was described as engaged, professional, dynamic and extremely competent in their role.

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the individual provider 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. The practice proactively sought patient feedback and engaged patients in the delivery of the service.

- The practice did not have a patient participation group (PPG), but had started to canvass patients to see who would be interested in joining an on-line group. There was a notice in the waiting area and information regarding this in the practice information leaflet. The practice manager hoped to have two to three people interested before they held a meeting. We spoke with one patient who was aware of this and interested in joining. Although the practice had been unable to recruit any patients to the PPG, patients provided feedback to improve the waiting area, and endorsed the use of an online system to book appointments and order repeat medicines. We also looked at the latest

Are services well-led?

Good

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

submitted NHS Friends and Family Test results, where patients are asked if they would recommend the practice. Data from January to April 2016 showed that 93% of respondents would recommend the practice to family and friends.

- The practice had gathered feedback from staff through an annual staff survey, and through staff meetings (every six to eight weeks), appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- We saw effective leadership within the practice nurse team.

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 is a member of a federation formed to develop new services. The federation plans to develop pre-diabetes and health and lifestyle clinics, in response to a growing number of patients with health conditions resulting from obesity.
- The practice manager attended a leg ulcer club in a nearby locality, to explore the possibility of a similar club in the practice's locality.