

Adcroft Surgery

Quality Report

Prospect Place
Trowbridge
Wiltshire
BA14 8QA.
Tel: 01225 435757
Website: www.adcroftsurgery.co.uk

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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 Adcroft Surgery on 23 November 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 for reporting and recording significant events. Incidents were discussed at a range of meetings depending on the priority; the GPs met daily for immediate concerns, there were weekly clinical meetings and a monthly meeting to discuss any learning or action from significant events.
- Risks to patients were assessed and well managed.
- The practice had a strong focus on quality improvement including utilising opportunities for sharing learning and development and clinical audit. The practice held regular teaching and training sessions for the staff, including external speakers, cascading learning from updates and training sessions across the staff teams.
- The practice had won a national award for their apprenticeship scheme. The practice also offered work

experience for local sixth form students who were interested in entering healthcare. The GPs offered mentoring for their own and external local nurses wanting to become nurse prescribers.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The patients we spoke to said they sometimes experienced some delays getting through to the practice but many patients reported good access with urgent appointments available on the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice 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.

We saw one area of outstanding practice:

Summary of findings

The practice had won an award for their apprenticeship scheme.

The areas where the provider should make improvement are:

- Ensure the legionella monitoring process and policy is updated and monitored.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events. All incidents were discussed at a range of meetings depending on the priority; the GPs met daily for immediate concerns, there were weekly clinical meetings and a monthly meeting to discuss any learning or action from 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, although we noted the monitoring process for legionella needed review. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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 above average compared to the national average and that exception rates were comparable to local and national averages.
- The practice had been commissioned to provide specialist cardiology services within the community for patients from the north of Wiltshire. This had resulted in a considerable number of cardiac tests being available within the primary care setting and the practice only needing to refer 7% of patients on to secondary care for cardiology.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice had considerable experience as a teaching and training practice, learning and development was a continuing focus. The practice had supported medical students and GP registrars, and supported local sixth form students interested in medicine.

Summary of findings

- The practice conducted clinical audits which demonstrated quality improvements for patients and was involved in accredited research studies.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice in line with others for patient care.
- Patients said they were treated with compassion, dignity and respect and eight out of nine patients we spoke to said they were involved in decisions about their care and treatment. Comment cards we received supported positive involvement in 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 (CCG) to secure improvements to services where these were identified. For example the practice had engaged with a scheme to work with an emergency care practitioner to provide urgent home visits where appropriate to support patients who needed urgent interventions, and where appropriate arrange extra support or early admissions to hospital.
- The practice offered a Venesection service for patients (Venesection is a clinical procedure commonly performed in the haematology setting. A therapeutic venesection is the removal of a volume of blood as a treatment for certain blood disorders.) Which meant patients did not need to travel to hospital for their care and treatment.

Summary of findings

- The patients we spoke with said they sometimes experienced some delays getting through to the practice but many patients reported good access with urgent appointments available on the same day.
- The practice had used the flu clinics to undertake opportunistic screening for heart irregularity and screened 108 patients. The practice identified one patient who was then given the appropriate follow up tests and treatment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver caring, high quality medical service to meet the need of their patients.
- The practice was actively engaged in merging with two local practices, throughout the process the partners had engaged with the local community to address any issues or concerns and involved the community. This included meetings at a local centre for the patients of all three merging practices including a question and answer session. The practice had also set up an email enquiry system regarding the practice development for patients and posted monthly updates on their website to address issues that have been raised.
- The practice management team were encouraging the staff groups to share best practice ideas across the three merging practices and build good communication and working relationships in advance of the merger. This included observing other ways of working and shared nurse clinical supervision and training sessions.
- 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 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.

Summary of findings

- 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.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had allocated a named GP for each of their local nursing home patients and conducted weekly visits.
- The GPs worked with the emergency care practitioner and the care coordinator to identify patients in the final stages of their lives to ensure the correct support and care was in place.
- The GPs supported patients who might be at risk of hospital admissions and ensured they had care plans and support in place.

People with long term conditions

The practice is rated as good for the care of patients 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.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control (2014/15), was 78% which was higher than the local average of 76% and the national average of 75%.
- Performance for diabetes related indicators were in line the local and national averages, for example:
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was in the target range was 82% which was higher than the local average of 79% and the national average of 78%.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months 2014/15) was below the recommended level was 82% which was the same as the local and national averages.

Summary of findings

- The practice offered a range of long term condition clinics, onsite retinal screening, anticoagulation (blood thinning therapy) clinics, leg ulcer clinics and annual rheumatoid reviews.
- 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.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young patients who had a high number of accident and emergency attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice had worked to increase their cervical screening rate by follow up phone reminders and has also reviewed the availability of appointments to increase the number of flexible appointments and later appointments, there had been an increased uptake to 87% (national average 82%).
- 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 and health visitors.
- The practice had reviewed the immunisation access for children and adjusted the appointment system to increase the capacity and available staff. This had reduced the number of children waiting for vaccines, improved the flow through the practice and had resulted in positive feedback from parents and the staff.

Good



Working age people (including those recently retired and students)

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

Good



Summary of findings

- 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.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments or home visits for patients with a learning disability and offered annual 'Cardiff health checks'.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. The practice provided shared care for patients with drug addiction. The practice had a GP who supported patients under the violent patient scheme in collaboration with the CCG and a local hospital.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



People experiencing poor mental health (including people with dementia)

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

- Performance for mental health related indicators was higher in comparison to the local and national averages, for example:
- 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 93% which was comparable to the local average of 93% and above the national average of 88%.

Good



Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice offered on day appointments for those experiencing poor mental health, offered on site access to psychological support and advised patients how to access support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended A&E where they might have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia and used opportunities to cascade training through the practice team. Two of the staff had recognised an opportunity to support the practice to become dementia friendly and were booked on the appropriate training.
- The practice carried out advance care planning for patients with dementia and had a care coordinator to support their care needs.
- 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 95% which was higher than the local average of 88% and the national average of 84%.

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 local and national averages. The GP survey distributed 232 forms and 132 were returned. This represented 1% of the practice's patient list;

- 73% of patients found it easy to get through to this practice by phone compared to the local average of 80% and the national average of 73%.
- 88% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 89% and the national average of 85%.
- 95% of patients said the last appointment they got was convenient local average of 94% and the national average of 92%.
- 85% of patients described the overall experience of this GP practice as good compared to the local average of 90% and the national average of 85%.
- 82% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 83% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 22 comment cards which were all positive about the standard of care received. Many comments noted excellent care and treatment, and friendly staff.

We spoke with eight patients during the inspection and one patient following the inspection by telephone. All except one of the patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The one patient who was less positive reported mixed satisfaction with their care and treatment.

Data from the NHS Friends and Family test showed patients were positive about the service they received. Data from September 2016 reported that 97% of patients felt they were either extremely likely or likely to recommend the practice to their family and friends (and extremely likely 93%), data from October 2016 reported 96% felt they were either extremely likely or likely to recommend the practice to their family and friends (and extremely likely 95%).

Adcroft 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 Adcroft Surgery

Adcroft Surgery is situated in the County Town of Trowbridge in Wiltshire. The practice serves a population of 14,000 patients, in an area of mixed areas of deprivation which covers some of the most deprived wards in Wiltshire but also some affluent areas. Trowbridge has a well-established Polish population which is the largest minority group.

The general Index of Multiple Deprivation (IMD) population profile for the geographic area of the practice is in the third least deprivation decile. The prevalence of patients with a long standing health condition is 54% compared to the national average of 54%. Patients living in more deprived areas and with long-standing health conditions tend to have greater need for health services. An area itself is not deprived: it is the circumstances and lifestyles of the people living there that affect its deprivation score.

The population age range of the practice matches the national average. The town of Trowbridge has been growing considerably over recent years and the practice population has grown by approximately 600 patients per year over the last couple of years.

The practice is a teaching and training practice and supports medical students, nursing students and GP registrars. (Registrars are qualified doctors who undertake additional training to gain experience and higher qualifications in general practice and family medicine).

The practice has three GP partners (all male) and three associate GPs (one female and two male) and five long term locums. The practice has six nurse practitioners (five female, one male), three practice nurses (female) and two health care assistants (female). The clinical team are supported by a practice manager and an administration and reception team.

The practice is open between 8.30am (phone access from 8am) and 6pm (phone access until 6:30pm) Monday to Friday. Appointments are from 8:30am to 1pm and 2pm to 6pm daily. Extended hours appointments are offered between 6:30 pm and 7:30 pm Monday to Thursday and offered one variable morning early access appointments between 7:30am and 8:30am.

When the practice is closed the Out of Hours cover is provided by Medvivo which patients can access via NHS 111.

The practice has a Primary Medical Services (PMS) contract to deliver health care services to patients. A PMS contract is a locally agreed alternative to the standard General Medical Services contract used when services are agreed locally with a practice which may include additional services beyond the standard contract.

The practices regulated activities are provided from the following location:

Adcroft Surgery,
Prospect Place,
Trowbridge,

Detailed findings

Wiltshire,

BA14 8Q.

This was our first inspection of Adcroft Surgery.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal 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 23 November 2016. During our visit we:

- Spoke with a range of staff including five GPs, five of the nursing team, the practice manager and a six of the reception and administration team and spoke with patients who used the service.
- Talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- All the staff were aware of how to report any incident or concern, the staff used a reporting book as well as forms available on the practice intranet. 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). The practice manager and the GPs would immediately discuss any incident which required urgent action. All incidents were discussed at a range of meetings depending on the priority; the GPs met daily for immediate concerns, there were weekly clinical meetings and a monthly meeting to discuss any learning or action from significant events.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received a written and or verbal response, including any relevant information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and we saw updates or changes to processes to prevent any reoccurrence. For example following an incident where a medicine was prescribed twice due to a change in the medicine's name, the practice highlighted the issue to all the staff and the relevant external agencies including the local pharmacy, and introduced an extra process check to reduce any likelihood of the incident happening again. A further shared learning following an incident involved updating the scanning procedure which was cascaded to all the appropriate staff.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, all new medicine and equipment alerts were cascaded to all the GPs and nursing team and actions taken were recorded.

Overview of safety systems and processes

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

- 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 and flowcharts were easily accessible throughout the practice. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There were lead members of staff for safeguarding for adults and children who undertook the relevant training and updates. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the nurses were trained to child protection or child safeguarding level three.
- Notices in the waiting room and the clinical rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role, the practice had a policy to use the nursing team first when possible, but if no clinical staff member was available, the practice had support staff trained as chaperones. The practice had a risk assessment in place to support which staff needed 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 lead nurse was the infection control clinical lead who liaised with the local infection prevention teams and NHS England to keep up to date with best practice. There was an infection control protocol and staff had received up to date training. Annual infection control audits were undertaken and more frequent audits for hand washing and clinical room checks. We saw evidence that action was taken to address any improvements identified as a result, for example a number of chairs had been replaced to ensure wipeable covers.

Are services safe?

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescriptions in clinical rooms were kept secure using printer locks, blank prescription forms and pads were securely stored and there were systems in place to monitor their use. A number of the nurses were qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They had all received mentorship and support from the medical staff for this extended role and had ongoing six weekly meetings to ensure ongoing support and development. Patient Group Directions (PGDs) and Patient Specific Directions (PSDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presenting for treatment. PSDs are written instructions, from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures to manage them safely.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the

reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and had reviewed the fire safety procedures in June 2016. Regular fire drills were carried out and staff we spoke with knew their responsibilities in event of any incident Fire wardens were always on duty and had undergone fire warden training. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly (last checked in August 2016). The practice had undertaken a health and safety risk assessment and 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. The practice was in the process of building new premises and once the new building was ready for use, a plan was in place to refurbish the existing building to update the premises and facilities. The practice had undertaken a legionella risk assessment (Legionella is a term for a particular bacterium which can contaminate water systems in buildings), however the recommended monthly temperature checks of the water systems were incomplete, for example they were recommended to be completed monthly but the last recording we saw was from July 2016. We discussed this with the practice manager and the legionella processes were going to be updated and reviewed.

- 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 for all the different staffing groups to ensure enough staff were on duty. The staff teams arranged cover for each other's leave and absences, and although the practice used a number of locum GPs, the majority of the locum GPs had worked at the practice for a long time. The practice had a long standing stable workforce and had recently added to this to meet increasing demand and the increasing practice population.

Arrangements to deal with emergencies and major incidents

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

Are services safe?

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency, all the staff we spoke to were aware of this.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice undertook regular emergency training refreshers to cover all the staff including the reception staff, and discussed scenarios to support learning.
- 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 covered the recommended range and 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. The plan was also held off site in case of any problem accessing the building. The business continuity plan was being reviewed with the local practices and the practices had systems in place to support each other in an emergency.

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 been commissioned to provide specialist cardiology services within the community for patients from the north of Wiltshire. They offered echocardiograms (often referred to as "echo" - a scan used to look at the heart and nearby blood vessels) at local community hospitals and conducted a number of 24 hour electrocardiogram (ECG) recordings (ECGs are a simple test that can be used to check your heart's rhythm and electrical activity) which they conducted within the surgery and the patients home. The GPs also provided cardiology support for other North Wiltshire GPs. This had resulted in a considerable number of cardiac tests being available within the primary care setting and the practice only needing to refer 7% of patients on to secondary care for cardiology.
- 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 exception rates (11%) which were in line with the clinical commissioning group (CCG) (11%) and national averages (9%) (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- The percentage of patients with asthma, on the register, who had had an asthma review in the preceding 12 months that included an assessment of asthma control (2014/15), was 78% which was higher than the local average of 76% and the national average of 75%.
- Performance for diabetes related indicators were higher than the local and national averages, for example:
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was in the target range was 82% which was higher than the local average of 79% and the national average of 78%.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was below the recommended level was 82% which was the same as the local and national averages.
- 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 92% which was higher than the local average of 91% and the national average of 88%.

Performance for mental health related indicators were higher in comparison to the local and national averages, for example:

- The percentage of patients with a serious mental health problem who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (2014/15) was 93% which was comparable to the local average of 93% and above 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 97% which was higher than the local average of 93% and the national average of 90%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months (2014/15) was 95% which was higher than the local average of 88% and the national average of 84%.

Are services effective?

(for example, treatment is effective)

The practice had a strong focus on quality improvement including utilising opportunities for sharing learning and development and clinical audit. The practice held regular teaching and training sessions for the staff, including external speakers and cascading learning from updates and training sessions across the staff teams.

- There had been 12 clinical audits undertaken in the last two years, two of these were completed audits where the improvements made were implemented and monitored and a number were in the process of being reviewed.
- The practice participated in local audits, national benchmarking, accreditation, peer review and accredited research.
- Findings were used by the practice to improve services. For example, recent action taken as a result of antibiotic prescribing advice had resulted in the practice reducing their rate of prescribing certain antibiotics (as best practice recommends) from 15% to 11%.

Information about patients' outcomes was used to make improvements for example the practice had expanded the monitoring of patients taking blood thinning medicines with the INR* [INR star] method of near- patient measurement to include not only Warfarin but also the newer Novel Oral Anticoagulant [NOAC] medicines.

Effective staffing

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

- The practice was proactive in engaging with all the staff to support and encourage learning and development. We saw many examples of staff undertaking development and training courses including clinical updates for GPs and nurses. The practice had won a national award for their apprenticeship scheme. The practice also offered work experience for local sixth form students who were interested in healthcare. The GPs also offered mentoring for their own nursing staff and external local nurses who want to become prescribers.
- 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.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific

training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The practice had an extensive experience of training and teaching and had supported medical students and GPs through training for 30 years. The practice had recently increased the nurse practitioner team and supported a number of nursing staff through their nurse development. The learning and development needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months. The nursing team had shared clinical supervision sessions and learning across the local practices.
- The practice held regular training sessions and shared learning and held educational support sessions. Recent topics, for the clinical staff, included a session on headaches, safeguarding updates and infection control updates for all staff and a recent update from the local hospice staff in end of life medicines.

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 held regular multidisciplinary meetings and ensured they shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The practice reviewed all patients who were on their admission avoidance plan after any hospital admission to ensure their

Are services effective?

(for example, treatment is effective)

care needs were being met. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young patients, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and weight management. Patients were able to receive smoking cessation and healthy living advice at the practice, and/or signposted on to a relevant service.

The practice had worked to increase their cervical screening rate by follow up telephone reminders and had also reviewed the availability of appointments to increase the number of flexible appointments and later appointments to increase their uptake. The practice's uptake for the cervical screening programme was 87%,

which was above the CCG average of 85% and the national average of 82%. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were systems 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 79% compared to the CCG average uptake of 77% and the national average of 72%. The practice's uptake for the bowel cancer screening programme was 61% which was comparable to the CCG average of 63% and above the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 97% compared to the CCG range from 94% to 97% and the national range from 73% to 95%. The range for five year olds from 0% (excluding infant meningitis C, infant PCV (pneumococcal conjugate vaccine protects against serious and potentially fatal pneumococcal infections. Pneumococcal infections are caused by the bacterium *Streptococcus pneumoniae*) and PCV booster was 94%) to 99% compared to the CCG range from 0.6% to 97% and the national range from 81% to 95%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- 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.

All of the 22 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 reference group (PRG). They also told us they were satisfied with the care provided by the practice. 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 comparable for its satisfaction scores on consultations with GPs and nurses. For example:

- 87% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 93% of patients said the last nurse they saw or spoke to was good at giving them enough time compared to the CCG average of 94% and the national average of 92%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 98% of patients said they had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 98% and the national average of 97%.

- 79% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 85%.
- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. All the patients we spoke with except one (who said it was variable) 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. The patient feedback from the comment cards we received was all positive and aligned with these views. We also saw that care plans were personalised.

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

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 86%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.
- However 76% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 82%.

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. We saw notices in the reception areas informing patients this service was available.

Are services caring?

- Information leaflets were available in easy read format and a number of leaflets had been produced for the local Polish community.

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. An information board for carers was regularly updated in the waiting area, and included information for young carers. Information about support groups was also available on the practice website. The practice had included information for carers and a presentation for young carers at a recent flu clinic and worked with Alzheimer's support and other support groups for carers.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 296 patients as carers (2.1% of the practice list). The practice had won the Wiltshire gold plus award for carers in 2015. Any carers identified were offered flexible appointments and regular health checks.

Staff told us that if families had suffered bereavement, their usual GP contacted them where appropriate and we saw a number of examples where this was either followed by a family consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. For example the practice had engaged with a scheme to work with an emergency care practitioner to provide urgent home visits where appropriate to support patients who needed urgent interventions, and where appropriate arrange extra support or early admissions to hospital. (early admissions have in some cases been shown to mean patients may have their care needs addressed on the day and prevent a longer admission).

- The practice offered a Venesection service for patients (Venesection is a clinical procedure commonly performed in the hospital setting. A therapeutic venesection is the removal of a volume of blood as a treatment for certain blood disorders.) which meant patients did not need to travel to hospital for their care and treatment.
- The practice had expanded their monitoring of patients taking blood thinning medicines to include additional medicines which had shown benefits to patient outcomes.
- The practice offered extended hours one morning and four evenings a week.
- There were longer appointments available for patients with complex needs, mental health needs, those with a learning disability and for patients whose first language was not English.
- The practice offered a range of long term condition clinics, onsite retinal screening, anticoagulation (blood thinning therapy) clinics, leg ulcer clinics and annual rheumatoid reviews.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice offered same day appointments every morning and afternoon for children and those patients with medical problems that require same day consultation.

- The practice provided shared care for patients with drug addiction. The practice had a GP who supported patients under the violent patient scheme in collaboration with the CCG and a local hospital.
- The practice offer annual health check for all patients with mental health problems, access to psychological therapies on site and ensured any patients who rang with an immediate concern would be seen that day.
- The practice had a care coordinator to provide support for patients with dementia, and had carers support services including access to a Citizens advice worker at the practice, and had won the local Wiltshire council Carers Gold Award.
- The practice had reviewed the immunisation access for children and adjusted the appointment system to increase the capacity and available staff. This had reduced the number of children waiting for vaccines, improved the flow through the practice and had resulted in positive feedback from parents and the staff.
- The practice had used the flu clinics to undertake opportunistic screening for heart irregularity and screened 108 patients. The practice identified one patient who was then given the appropriate follow up tests and treatment.
- 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 between 8.30am (phone access from 8am) and 6pm (phone access until 6:30pm) Monday to Friday. Appointments were from 8:30am to 1pm and 2pm to 6pm daily. Extended hours appointments were offered between 6:30 pm and 7:30 pm Monday to Thursday and offered one variable morning early access appointments between 7:30am and 8:30am. Appointments could be booked up to six weeks in advance and there were urgent appointments available on the day.

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

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 78%.

Are services responsive to people's needs?

(for example, to feedback?)

- 73% of patients said they could get through easily to the practice by phone compared to the CCG average of 80% and the national average of 73%.
- 88% 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 89% and the national average of 85%.
- 83% of patients described their experience of making an appointment as good compared to the CCG average of 79% and the national average of 73%.

People told us on the day of the inspection that they sometimes experienced some delays getting through to the practice but many patients reported good access with urgent appointments available on the same day. On the day of our inspection a number of patients had arranged their appointment that day and we saw that there were routine appointments available the following day.

The practice had a system in place to assess:

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

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

Listening and learning from concerns and complaints

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

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

We looked at three complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, following a complaint relating to the practice's referral process, the practice engaged with the complainant and offered an explanation, as well as apologising for the delay in the referral process. The practice checked their referral process to see if any improvements could be made.

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 and mission to deliver caring, high quality medical service to meet the need of their patients.

- The practice staff knew and understood the values, recognised the patients' care as central. Staff felt they offered a good caring service.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice was actively engaged in merging with two local practices. Throughout the process the partners had engaged with the local community to address any issues or concerns and involve the community. This included meetings at a local centre for the patients of all three merging practices including a question and answer session. The practice had also set up an email enquiry system regarding the practice development for patients and posted monthly updates on their website to address issues that have been raised.
- The practice management team were encouraging the staff groups to share best practice ideas across the three merging practices and build good communication and working relationships in advance of the merger. This included observing other ways of working and shared nurse clinical supervision and training sessions.

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.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners 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 patients reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident 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

Are services well-led?

Good 

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

The practice valued feedback from patients, the public and staff. They sought patients' feedback and were trying to improve the way patients engaged in the delivery of the service.

- The practice had gathered feedback from patients through the patient reference group (PRG) through online surveys and through complaints received. The PRG were currently a virtual group, however the practice was engaging with the group to help them meet the challenges involved in the practice merger
- The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they felt able to give feedback and discuss any concerns or issues with colleagues and management. Staff we spoke with felt they were able to offer suggestions and improvements. We saw a number of examples of how the practice was looking to share ideas and best practice and share ways of working across the local practices to encourage staff to work together when going forward into the new practice next year.

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 was in the process of recruiting a pharmacist, a mental health nurse and an elderly care facilitator to join the emergency care practitioner to form an older person's multi-disciplinary primary care team.

The practice's plans and engagement with two of the local practices in the merger was an ongoing part of meeting the changing and increasing local and national demand on health care and meeting the patients' needs where possible in the primary care setting.

The practice had a strong focus on learning and development, including supporting apprentices, in house and external nurses, local sixth form students interested in health care professions and supporting medical students and GP registrars.