

Great Western Surgery

Quality Report

Farriers Close

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Wiltshire

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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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



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 Great Western Surgery on 8 August 2017. Overall the practice is rated as requires improvement.

The current provider took over the practice in January 2017.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The provider had defined systems to minimise risks to patient safety. At the time of our inspection, the new provider was implementing their systems within the practice and therefore some processes had not been fully embedded.
- Systems and processes to action safety alerts such as those from the Medicines and Healthcare products Regulatory Agency did not ensure all staff had received those alerts, and actions taken were not recorded.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment. However, we found there were gaps in staff training and did not show if staff had received those training or required updates, for example, fire training, Mental Capacity Act training and safeguarding training.
- Not all appropriate recruitment checks had been carried out for staff who had transferred to the current provider from the previous provider.
- The vaccine fridge had not been calibrated since September 2015 and therefore, the provider could not be assured if the vaccine fridge was operating effectively.
- Verbal complaints were not recorded and there were no evidence that learning from complaints had been shared with staff.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available.

Summary of findings

- Most patients we spoke with said they found it easy to make an appointment with a GP with urgent appointments available the same day. However, they also commented that they do not always see the same GP which did not contribute to continuity of care
- Since taking over the practice, the provider had made a number of improvements to the premises and purchased new equipment to ensure these were fit for purpose.
- 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 practice had a number of policies and procedures to govern activity.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider must make improvement are:

- Ensure care and treatment is provided in a safe way for patients.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

- Ensure specified information is available regarding each person employed.

The areas where the provider should make improvement are:

- Ensure the temperature of the vaccine fridge is consistently monitored and calibrated in line with the manufacturer's instructions.
- Continue to with their programme of reviews for patients with long-term conditions.
- Ensure patients who have a learning disability have been encouraged to undertake an annual review of their health.
- Ensure a cycle of re-audits are implemented to monitor patient outcomes.
- Improve the system for the recording of complaints to ensure verbal complaints are captured and recorded.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- From the sample of documented examples we reviewed, we found there was an effective system 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 were informed as soon as practicable, 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 provider had defined systems to minimise risks to patient safety. At the time of our inspection, the provider was in the process of implementing their systems within the practice and therefore, these had not been fully embedded. For example, a regular schedule of meetings to discuss complaints and significant events had not been imbedded in the practice. This did not ensure actions taken to learn from events were regularly communicated with staff at the practice.
- Staff demonstrated that they understood their responsibilities, however, not all staff had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.
- There was no evidence that appropriate checks had been carried out for staff who had transferred to the current provider. For example, checks relating to clinicians registration with the appropriate professional body, professional indemnity checks and 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 vaccine fridge had not been calibrated since September 2015 and therefore, the provider could not be assured if the vaccine fridge was operating effectively.

Are services effective?

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

Requires improvement



Summary of findings

- Published data from the Quality and Outcomes Framework for the current provider was unavailable. However, information from the practice showed that patients with long-term conditions had been prioritised to ensure they were reviewed appropriately.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment. However, not all staff had received training in health and safety, fire safety and the Mental Capacity training.
- Staff told us they received appraisal annually, however, the provider was unable to provide evidence that all staff had received an appraisal in the last 12 months. Following the inspection, we were sent a schedule of appraisal for all staff to take place over the next few months.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

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 higher than others for several aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was 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



- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, the practice had identified patients with long term conditions who had not received the appropriate reviews and had implemented a plan based on risk to ensure all those patients were reviewed appropriately.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.

Summary of findings

- Patients we spoke with 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. Since taking over the practice, the provider had made a number of improvements to the premises and purchased new equipment to ensure these were fit for purpose.
- Information about how to complain was available and evidence from two examples reviewed showed the practice responded quickly to issues raised.

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 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 policies and procedures to govern activity.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. The practice had risk assessed the areas of concerns since taking over the practice and we saw they were working through actions identified by the risk assessment.
- Staff had received inductions, however not all staff had received an appraisal in the last 12 months, and some staff had only transferred to the new provider in January 2017. The provider sent us a schedule for when all staff were due to have their next appraisal following the inspection.
- The provider was aware of the requirements of the duty of candour. In two examples we reviewed we saw evidence the practice complied with these requirements.
- The board encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.

Summary of findings

- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.

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 requires improvement for the care of older patients. The practice was rated as requires improvement for safe and effective as well as overall. The practice was rated as good for caring, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- 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 encouraged patients to attend the practice for treatment.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- There was a notice board maintained in the administration area of the practice with a list of patients who were housebound, receiving palliative care and those who had recently died so staff were aware of families who may need additional support.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.
- The practice held meetings with community staff and hospice nurses to discuss patients receiving end of life care.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of patients with long term-conditions. The practice was rated as requires improvement for safe and effective as well as overall. The practice was rated as good for caring, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Requires improvement



Summary of findings

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority. The provider had identified concerns with the management of patients with long-term conditions and through risks assessments, they had identified this area as a priority. They had arranged for additional resources to support better management of those patients which ensured patients received timely reviews.
- Published data for the practice was not a whole representation of the current provider's performance as the provider took over the service in January 2017. Data from the practice, which was unverified, showed that performance since April 2017 to date for overall diabetes related indicators was 54%.
- Data from the practice, which was unverified, showed that the practice's performance since April 2017 to date for overall asthma related indicators was 96%.
- The practice adjusted their appointment systems for patients with multiple long term conditions to ensure they could be reviewed in a single appointment.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for 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 requires improvement for the care of families, children and young patients. The practice was rated as requires improvement for safe and effective as well as overall. The practice was rated as good for caring, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- From the sample of documented examples we reviewed we found there were systems 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 accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.

Requires improvement



Summary of findings

- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working age patients (including those recently retired and students). The practice was rated as requires improvement for safe and effective as well as overall. The practice was rated as good for caring, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours was available at one of the provider's other locations five days a week.
- 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 also order repeat prescriptions through a Prescribing Ordering Service (POD) which was a service provided by the Swindon clinical commissioning group. POD is a service where trained staff can discuss aspects of medicines with the patient and order repeat prescriptions from the practice.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of patients whose circumstances may make them vulnerable. The practice was rated as requires improvement for safe and effective as well as overall. The practice was rated as good for caring, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

Requires improvement



Summary of findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability. At the time of the inspection, none of the 32 patients with a learning disability registered with the practice had, had a review of their healthcare needs.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- The practice hosted a weekly counselling clinic for patients who needed this.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of patients experiencing poor mental health (including patients living with dementia). The practice was rated as requires improvement for safe and effective as well as overall. The practice was rated as good for caring, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice carried out advance care planning for patients living with dementia.
- Practice data which was unverified at the time of the inspection showed that 44% of patients diagnosed with dementia had their care reviewed in a face to face meeting since April 2017.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- Practice data which was unverified at the time of the inspection showed that the percentage of patients with severe mental health problems who had a comprehensive, agreed care plan documented in their record, since April 2017 was 14%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.

Requires improvement



Summary of findings

- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had not implemented a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health. We were told that patients were previously phoned after they had been discharged; however, no follow up actions had been implemented recently.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 6 July 2017. The results showed the practice was performing in line with local averages but below national averages. Two hundred and forty-six survey forms were distributed and 99 (a 40% completion rate) were returned. This represented approximately 2% of the practice's patient list.

- 77% of patients described the overall experience of this GP practice as good compared with the clinical commissioning group (CCG) average of 81% and the national average of 85%.
- 73% of patients described their experience of making an appointment as good compared with the CCG average of 69% and the national average of 73%.
- 68% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with the CCG average of 73% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 18 comment cards, which were all positive about the standard of care received. Patients commented on the kind and caring nature of all staff and they also commented that they were listened to. One patient commented that the environment could be better as they did not feel it was comfortable and another patient commented that it is sometimes difficult to get an appointment.

We spoke with eight patients during the inspection. Patients commented that the nurses were good and listened to their problems. However, they also commented that they do not always see the same GP which did not contribute to continuity of care. Patients also commented that there had been some issues with their repeat prescriptions, although this was getting better.

We looked at the NHS Friends and Family Test for June 2017, where patients are asked if they would recommend the practice. The results showed 85% of respondents would recommend the practice to their family and friends.

Great Western 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 nurse specialist adviser.

Background to Great Western Surgery

Great Western Surgery is one of the practices operated by Carfax Health Enterprise Community Integrated Company. The practice is located in the town centre of Swindon within a purpose built building. The practice is fitted with automatic doors and has level access to the six consulting rooms and one treatment room. The practice has identified several areas which needs improving to the premises and were working towards completing the required work. This would also include improving the accessible toilet facilities.

The practice was taken over in January 2017 by the current provider and an Alternative Provider Medical Services (APMS) contract is in place, initially for 15 months. (An APMS contract is a locally negotiated contract open to both NHS practices and voluntary sector or private providers e.g. walk-in centres). The practice provides its services to approximately 5,400 patients at the following location:

Farriers Close,
Swindon,
Wiltshire,
SN1 2QU.

There are two salaried GPs and one long term locum GP working at the practice of whom, two are male and one is

female. The nursing team includes an advanced nurse practitioner, two senior practice nurses, a practice nurse and two healthcare assistants. The reception and administration team includes two medical secretaries, six receptionists and an administrator under the management of an office manager. The provider's corporate team includes a Medical Director, a Director of Nursing, a Director of Operations, an infection control nurse, an office and systems manager and a range of corporate administrative staff.

The practice population demographic shows there is a higher than average patient population aged between 50 and 64 compared with local and national averages. The general Index of Multiple Deprivation (IMD) population profile for the geographic area of the practice is in the fifth least deprivation decile. (An area itself is not deprived: it is the circumstances and lifestyles of the people living there that affect its deprivation score. Not everyone living in a deprived area is deprived and that not all deprived people live in deprived areas). Average male and female life expectancy for the practice is 79 and 83 years, which is in line with the national average of 79 and 83 years respectively.

The practice is open from 8am to 6.30pm Monday to Friday. Appointment times range from 8am to 5.45pm. Extended hours appointments are from 6.30pm to 8pm from Monday to Friday at one of the provider's other locations locally.

The practice has opted out of providing out of hours services to its patients. Patients can access the out of hour's services provided by Great Western Hospital via the NHS 111 service.

The practice had previously had a comprehensive and a focused follow up inspection, but this inspection was the first comprehensive inspection under the management of the current provider.

Detailed findings

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. We carried out an announced visit on 8 August 2017. During our visit we:

- Spoke with a range of staff including the Director of Operations, the Director of Nursing, the Medical Director, member of the corporate administration team, the office manager, the office and systems manager, the prescribing clerk, one administrator, two healthcare assistants, two senior practice nurses, the advanced nurse practitioner and one GP.
- We also spoke with eight patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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 living 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 from the practice and is unverified.

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the office 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).
- From the sample documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, since taking over the practice the current provider identified that patients with long term conditions had not received appropriate reviews of their conditions. The practice raised this as a significant event and we were told that they had informed the NHS England of this. The practice had arranged for additional resources to support better management of those patients to ensure patients received appropriate reviews.
- The practice also monitored trends in significant events and evaluated any action taken. These were discussed at the provider's whole organisation clinical meetings which were held twice monthly.

Overview of safety systems and processes

The provider had defined systems to minimise risks to patient safety. At the time of our inspection, the provider was implementing their systems within the practice which had not been fully embedded.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level three. However, there was no evidence that one of the GPs had completed child protection training or child safeguarding training at level three and one of the nurses' training for child safeguarding and safeguarding vulnerable adults was due to be renewed in 2016 but this had not happened.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- There was a practice nurse who was the infection prevention and control (IPC) clinical lead for the organisation and liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

Are services safe?

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not always minimise risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being issued to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored. However, there were no systems to monitor their use.
- Three of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. There were systems in place to ensure they received clinical supervision and support from the Director of Nursing for this extended role.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presenting for treatment.
- Healthcare assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions (PSDs) from a prescriber were produced appropriately. PSDs are written instructions, from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.

We reviewed four personnel files and found appropriate checks had not been undertaken prior to employment for staff who had transferred to the current provider. For example, proof of identification had expired, registration with the appropriate professional body and the appropriate checks through the DBS had not been undertaken to assure the provider that clinicians were able to perform the role they had been employed for.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and the provider had purchased new equipment to ensure it was safe to use and was in good working order. However, we found the vaccine fridge had not been calibrated since September 2015. The provider had arranged for this to be calibrated in September 2017 and during the inspection, they re-arranged this date to occur within two weeks of the inspection. The temperature of the vaccine fridge had not been consistently monitored before July 2017. However, we saw monitoring had improved in the last two months.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control. The practice could not locate the legionella risk assessment and told us that water temperature was not checked on a regular basis. Following the inspection, the practice told us that they will be arranging for an external contractor to carry out a legionella risk assessment to assure themselves of the risks and ensure mitigating actions were implemented. The practice told us that they had undertaken some remedial work to reduce the risk from legionella, such as removing a shower unit in the practice. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The practice had undertaken a full health and safety review of the practice where actions had been identified in to improve health and safety in the practice. We saw the practice was working through the actions identified.

Are services safe?

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

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

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

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

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 for the current provider was unavailable. Data from the practice showed that 56% of the total number of points available had been achieved as at 31 December 2016 by the previous provider and the current provider achieved 30% of the total number of points available between January 2017 and March 2017.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from the practice from April 2017 to August 2017 showed:

- Performance for overall diabetes related indicators was 54%.
- The number of patients with diabetes, on the register, with a record of their last blood pressure being 150/90 was 80%.
- Performance for overall asthma related indicators was 96%.
- The percentage of patients with asthma with a record of having a review in the last 12 months was 73%.
- The percentage of patients with severe mental health problems, who had a comprehensive, agreed care plan documented in their record, was 14%.

Since taking over the practice, the provider had introduced a number of measures to improve health outcomes for the practice population. They had risk assessed the areas of concerns and had prioritised reviews of patients with long-term conditions. The practice had arranged for additional resources to support better management of those patients to ensure patients received timely reviews.

There was evidence of quality improvement including clinical audit:

- There had been several clinical audits relating to medicines management and patients with long term conditions since the current provider took over the service in January 2017. The audits had identified areas for improvements and the practice had implemented actions to improve outcomes for patients. However, none of these audits were completed two cycle audits due to the timeframe since the current provider taking over the service.
- Findings were used by the practice to improve services. For example, recent action taken as a result included reviewing 50% of approximately 2,500 patients on repeat prescriptions where it had been identified that these patients had not had a medicines review in line with current evidence based guidance. The practice had engaged the support of the local clinical commissioning group pharmacy teams to assist with medicines reviews and to develop a management plan for patients on multiple medicines.

Information about patients' outcomes was used to make improvements such as increasing the number of nurses at the practice to ensure patients with long term conditions received appropriate reviews.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.

Are services effective?

(for example, treatment is effective)

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. However, the provider was unable to provide evidence that all staff had received an appraisal in the last 12 months. Some staff had only transferred to the current provider in January 2017 and following the inspection, we were sent a schedule of appraisal for all staff to take place over the next few months. Staff we spoke with told us that they felt supported and could request training at any time if they felt this would enhance their knowledge and practice.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. However, not all staff had received training in health and safety, fire safety and Mental Capacity Act training. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- From the sample of medical records we reviewed, we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice however, had not implemented a system to follow up patients who had attended accident and emergency where they may have been experiencing

poor mental health. We were told that patients were previously phoned after they had been discharged; however, there had been no identified need for follow up actions for patients who had received recent contact.

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. Information was shared between services, with patients' consent, using a shared care record. The practice held meetings with community staff and hospice nurses to discuss patients receiving end of life care. The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. 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.

Are services effective?

(for example, treatment is effective)

- Patients were signposted to a “well-being hub” provided by Swindon Borough Council where patients could self-refer for support with smoking cessation, diabetes and weight management.

Data from the practice, which was unverified, for the uptake for the cervical screening programme was 76%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were below clinical commissioning group (CCG) averages. For example, practice data which was not yet verified for the fourth quarter of the year 2016/2017 showed, for the vaccines given to under two year olds ranged from 81% to 94%; five year olds ranged from 67% to 100% compared to the CCG average of 91% to 100%. The practice was aware of the lower than average uptake and was calling patients to attend the appropriate immunisations. The practice showed us evidence of how they had reduced the number of children on the register who were due immunisation since taking over the practice to ensure all children have been called for the appropriate immunisation.

At the time of the inspection, none of the 32 patients with a learning disability registered with the practice had had a review of their health. The practice was aware that those patients needed a review but, at the time of the inspection, did not have a plan to review those patients.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

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

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 18 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 eight patients who told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments 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 below average for its satisfaction scores on consultations with GPs, however, they were in line with local and national averages on consultation with nurses. For example:

- 78% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 78% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 86%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.

- 73% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% national average of 86%.
- 95% of patients said the nurse was good at listening to them compared with the CCG average of 91% and the national average of 91%.
- 96% of patients said the nurse gave them enough time compared with the CCG average of 92% and the national average of 92%.
- 97% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 97% and the national average of 97%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 90% the national average of 91%.
- 83% of patients said they found the receptionists at the practice helpful compared with the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Children and young people were treated in an age-appropriate way and recognised as individuals.

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:

- 77% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 86%.

Are services caring?

- 76% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 79% and the national average of 82%.
- 87% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 90% and the national average of 90%.
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 84% and the national average of 85%.

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

- Staff told us that interpretation 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.
- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services. The practice also maintained a white board in the administration area where there was a list of patients and families who required additional support.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 59 patients as carers (approximately 1.1% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support. There was a dedicated carer's lead at the practice and a carers notice board in the waiting area. Patients identified as carers were also signposted to a carers meeting which was held every two months.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- Extended opening hours was available at one of the provider's other locations five days a week.
- The practice hosted a weekly counselling clinic for patients who needed this.
- The practice encouraged patients to attend the practice.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available. There was no accessible toilet for patients who used a wheelchair; however the practice had plans to carry out improvement work to the premises, which would also improve these facilities.
- Since taking over the practice, the provider had made a number of improvements to the premises such as improving the waiting area, and had purchased new equipment to ensure these were fit for purpose.

Access to the service

The practice was open from 8am to 6.30pm Monday to Friday. Appointment times range from 8am to 5.45pm. Extended hours appointments are from 6.30pm to 8pm from Monday to Friday at one of the provider's other

locations locally. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

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

- 66% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 73% and the national average of 76%.
- 64% of patients said they could get through easily to the practice by phone compared with the CCG average of 69% and the national average of 71%.
- 81% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 82% and the national average of 84%.
- 72% of patients said their last appointment was convenient compared with the CCG average of 76% and the national average of 81%.
- 73% of patients described their experience of making an appointment as good compared with the CCG average of 69% and the national average of 73%.
- 53% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 52% and the national average of 58%.

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

The practice had a system to assess:

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

A GP or advanced nurse practitioner telephoned the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. 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

Are services responsive to people's needs?

(for example, to feedback?)

The practice had a system for handling complaints and concerns.

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

We looked at two complaints received since January 2017 and found these were satisfactorily handled, dealt with in a

timely way, openness and transparency. Lessons were learned from individual concerns and complaints and action was taken to as a result to improve the quality of care. For example, when a patient complained that some items had been removed from their repeat prescription and therefore, had not been re-authorised, the practice investigated the reasons for this. The practice explained to the patient that these items had been removed as they had previously not been collected; however, they re-added those items for the patient.

Verbal complaints were not recorded and we were told that these were normally dealt with immediately.

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 clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had a governance framework. However, aspects of this did not always support the delivery of the strategy and good quality care. The framework that worked well included structures and procedures and ensured that:

- Clear staffing structures and buddy systems were in place. Staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example, safeguarding, prescribing, and infection control.
- A comprehensive understanding of the performance of the practice was maintained. The provider had risk assessed the areas of concerns and had prioritised those risks, and implemented mitigating actions.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- Practice specific policies were implemented and were available to all staff.

However, there were not always failsafe or appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example:

- Records for staff who had transferred to the current provider were incomplete and did not show that all required checks had been performed.
- Training records were incomplete and did not demonstrate that staff had received appropriate training.
- A structure of regular team meetings had not been implemented to ensure effective communication with all staff and for lessons to be learned and shared

following significant events and complaints. However, there was a whole organisation structure of clinical meetings where significant events, quality outcome framework and health topics were discussed.

- The practice could not demonstrate that risk relating to legionella was managed appropriately.

Leadership and culture

The practice's management team told us they prioritised safe, high quality and compassionate care. Staff told us the GPs and directors were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The management team encouraged a culture of openness and honesty. From the examples we reviewed we found that the practice had systems 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 records of written correspondence; however, they did not keep records of verbal interactions.

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with health visitors and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- One team meeting had been held since the current provider took over the service in January 2017.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the GPs in the practice. All staff were

Are services well-led?

Good 

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

involved in discussions about how to run and develop the practice, and the directors encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

- The provider published monthly staff newsletter where comments and feedback from the NHS Friends and Family test, positive and negative feedback from patients were shared. The provider also recognised individual staff contribution in the newsletter.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Patients through the patient participation group (PPG) and through surveys and complaints received. We did not meet with any representative of the PPG on the day of the inspection, however, the practice told us that they had planned a meeting with the PPG in the next few weeks.
- The NHS Friends and Family test, complaints and compliments received.
- Staff told us they felt involved and engaged to improve how the practice was run.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>(1) Care and treatment must be provided in a safe way for service users.</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of patients who use services. They had not ensured that:</p> <ul style="list-style-type: none">• Systems and processes to action safety alerts such as those from the Medicines and Healthcare products Regulatory Agency had been implemented.• The risk from legionella was adequately controlled.• Staff had not completed fire safety training.• A structure of regular team meetings had been implemented to ensure effective communication with all staff and for lessons to be learned and shared following significant events and complaints.• Systems and processes were in place to monitor prescription forms and pads held in the practice. <p>This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p>

This section is primarily information for the provider

Requirement notices

The registered person did not ensure staff received appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

This was in breach of regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

How the regulation was not being met:

The registered person did not have all information available in relation to staff working at the practice. For example:

- Proof of identity, including a recent photograph.
- Disclosure and barring service check.
- Evidence of registration with professional body.
- Evidence of indemnity insurance for clinical staff.

This was in breach of regulation 19 (1) (2) (3) (4) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.