

Tinkers Lane Surgery

Quality Report

Tinkers Lane
Royal Wootton Bassett
Wiltshire
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Website: www.TinkersLaneSurgery.nhs.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 follow up inspection at Tinkers Lane Surgery on 15 December 2015. We carried out this inspection to check that the practice was meeting the regulations and to consider whether sufficient improvements had been made.

Our previous inspection in March 2015 found breaches of regulations relating to the safe delivery of services. There were also concerns relating to all domains. The overall rating of the practice in March 2015 was requires improvement. Following the inspection, we received an action plan which set out what actions were to be taken to achieve compliance. At the inspection in December 2015, we found the practice had made significant improvements since our last inspection in March 2015 and that they were meeting all of the regulations which had previously been breached.

Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said it was not always easy to make an appointment with a named GP and it was hard to make an appointment with a female GP.
- 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 proactively sought feedback from staff and patients, which it acted on.

The areas where the provider should make improvement are:

Summary of findings

- Ensure staff are aware of the requirements of the Duty of Candour.
- Ensure they have an adequate number of male and female GPs to meet patient's needs.
- Ensure they carry out DBS checks for all nursing staff and review their DBS policy so it is in line with the latest guidance.
- Review their procedures for the audit and security of prescription pads.

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.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- The practice produced summaries of significant events in a newsletter format that was distributed to all practice staff to ensure learning and action points were shared with everyone.

However we also found,

- The practice had not completed Disclosure and Barring Service (DBS) checks for those nursing staff employed at the practice prior to 1st April 2013. (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.) Although the practice was following their policy on this which was based on advice they had received, the advice they were following was out of line with current national guidance.
- Prescription forms used for printed prescriptions were not adequately secured and there had been no audit of the forms for handwritten prescriptions since 2013.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes were average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- 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.

Summary of findings

- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice lower than the Clinical Commissioning Group (CCG) and national averages. For example, 75% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 85%.
- Most patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised.
- It reviewed the needs of its local population and engaged with the NHS England Area Team.
- It recognised it had a number of patients based at the local military base, was aware of the plans for an increase number of military personnel and their families to move into the area and was active in working to meet the needs of this group.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

However, feedback from patients showed that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day.

Patients said they found it hard to make an appointment with a female GP.

The practice was aware there was a problem with appointments due to a shortage of GPs and not having a regular female GP. We saw

Good



Summary of findings

evidence the practice had been working hard to address this, including commissioning a consultant's report into how they could improve their recruitment processes to attract interest in the vacancy.

Are services well-led?

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

- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- The practice gathered feedback from patients. They had comment forms available on the front desk. It was supporting the patient participation group to become more active.
- It 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 this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- There was a focus on continuous learning and improvement at all levels.
- The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

However, the provider was unaware of the requirements of the Duty of Candour which came into effect from 1 April 2015, which means the practice could not be sure they were meeting this regulatory requirement.

Good



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 people in its population.
- It was responsive to the needs of older people and offered home visits and urgent appointments for those with enhanced needs.
- They work with a dedicated Care Coordinator based at the practice to ensure good continuity of care between the practice and other agencies.
- They offer extended appointments with a GP for people over 75.
- One of the GPs does regular weekly 'ward rounds' at a local nursing home for people with dementia.

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.
- Following poor diabetic indicators for the period 2013/14 the practice reviewed how it works with diabetics. The practice nurse had now received diabetic training and worked in partnership with the lead GP who had dedicated time for this and the health care assistants. Housebound diabetic patients had been identified and referred to the community team.
- Longer appointments and home visits were available when needed.
- All these patients had a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the practice 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.

Good



- The practice offered a dedicated baby clinic with one of the GPs.

Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk.
- Childhood immunisation rates were similar to the clinical commissioning group (CCG) average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 87% to 97% for all standard childhood immunisations compared to the CCG averages of 77% to 97%.
- They provide a 'No Worries' sexual health service to all young people whether registered with them or not.
- 87% of women aged 25 to 64 had had a cervical screening test performed in the preceding 5 years (04/2014 to 03/2015) compared to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses. For example, they host midwife clinics so that patients can see the midwife at the practice rather than travel to the hospital.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice 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.
- The practice offered weekly clinics with a health trainer who supported patients with a range of health issues such as smoking, exercise and weight loss.
- The practice offered on-line services such as repeat prescriptions and appointment bookings.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients with a learning disability.
- The practice worked with Carers Support Wiltshire to provide services to carers and were awarded their Gold Award. In the last year they hosted two carer's events which were open to everyone whether or not they were registered at the practice.

Good



Summary of findings

- The GPs were able to refer patients to a local counselling service and they were offering two sessions a week at the practice.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told 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.

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 with dementia).

- The practice held a register of patients with a mental health problem. There were 60 patients on this register of whom 23 (39%) had a care plan.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support people with mental health needs and dementia. We were told some of the reception staff had been trained as dementia friends and the practice was part of a group working to make the town a Dementia Friendly community.
- They had developed links with the local Alzheimer's Society who attend their carer's clinics and flu clinics.
- 94% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months compared to the national average of 90% (04/2014 to 03/2015).
- 89% of patients on the register with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, had an agreed care plan documented in the record, in the preceding 12 months, compared to the national average of 88% (04/2014 to 03/2015).

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015. The results showed the practice was performing below local and national averages. We noted that these results were not reflecting any changes made by the practice following our last inspection report on 28 May 2015. There were 139 responses and a response rate of 55%.

- 45% found it easy to get through to this surgery by phone compared to a Clinical Commissioning Group (CCG) average of 78% and a national average of 73%.
- 67% found the receptionists at this surgery helpful (CCG average 88%, national average 87%).
- 70% were able to get an appointment to see or speak to someone the last time they tried (CCG average 88%, national average 85%).
- 69% said the last appointment they got was convenient (CCG average 93%, national average 92%).
- 37% described their experience of making an appointment as good (CCG average 76%, national average 73%).

- 46% usually waited 15 minutes or less after their appointment time to be seen (CCG average 69%, national average 65%).

We spoke with 12 patients during the inspection, three of whom were on the practice's Patients Participation Group. All 12 said that they were happy with the care they received from the GPs and nurses and thought the reception staff were helpful. We heard there had been improvements in the last six months, with the time taken for repeat prescriptions being much better and getting through by phone a little better. However, four said the next appointment with a named GP was usually two weeks away and four of the seven female patients we spoke to said getting an appointment with a female GP was a problem.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received eight comment cards. Four were very positive about the practice while the other four included comments about the difficulty in getting an appointment, particularly with a named GP or a female GP.

Tinkers Lane 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 second CQC inspector, a GP specialist advisor, a practice manager specialist advisor and a practice nurse specialist advisor.

Background to Tinkers Lane Surgery

Tinkers Lane Surgery provides primary care services to patients resident in the town of Royal Wootton Bassett. The practice is purpose built with all patient services located on the ground floor of the building which has good facilities. The practice has just under 8800 registered patients of which the highest proportion are of working age. Data shows minimal income deprivation among the practice population. The practice has more patients over 45 years old than the national average.

The practice has three male GPs partners. There is a nursing team of eight; a team leader, four practice nurses, two health care assistants and one phlebotomist (a phlebotomist takes blood tests). There is a practice manager and an assistant practice manager supported by a team of administration and reception staff of 12 people. At the time of our inspection the practice was actively recruiting for an additional female GP and were using regular female locum GPs until an appointment had been made.

Services are delivered via a General Medical Services (GMS) contract.

The practice was open from 8.30am to 6.30pm Monday, to Friday, with appointments available from 8.30am to 6pm daily. Extended hours surgeries were offered from 6.30pm to 8pm on Wednesday and Thursday. Between 8am and 8.30am and 6pm to 6.30pm each day, there was a duty doctor available to deal with emergencies.

The practice has opted out of providing out of hours services to their patients. Out of hours services are provided by SEQOL. The out of hours service is accessed by calling NHS 111. Information about these arrangements are displayed at the practice, in the practice information leaflet and on their web site.

All services are provided from Tinkers Lane Surgery, Tinkers Lane, Royal Wootton Bassett, Wiltshire, SN4 7AT.

The practice was previously inspected in March 2015 when they were rated as Requires Improvement. We found they were not meeting the required standards in relation to;

- Ensuring accurate records of staff training were maintained.
- Maintaining accurate records of all meetings regarding patient care and treatment.
- Ensuring patient access to appointments and prescription services.
- Ensuring policies, procedures and guidance were updated to enable staff to carry out their role.
- Ensuring there was an effective system for monitoring patients prescribed high risk medicines.
- Ensuring all safeguarding measures were in place to protect patients at risk. Including safeguarding meetings, training and policy and procedure.

On this inspection we found all these standards were being met.

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. This service was previously inspected on 23 March 2015 when it was rated as 'Requires improvements'.

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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 15 December 2015. During our visit we:

- Spoke with three GPs, two practice nurse, two health care assistants, the practice manager and two members of the admin team
- Spoke with 13 patients who used the service.
- Observed how people were being cared for.

- Looked at documentation related to the services provided and the management of the practice.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

We also looked at how well services are provided for specific groups of people and what good care looks 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

When we inspected the practice in March 2015 not all staff involved in significant events, complaints and incidents participated in meetings where the action and learning took place.

On this inspection there was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system
- The practice carried out a thorough analysis of the significant events. 42 significant events had been logged in the past twelve months.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. The practice produced a clear and easily digestible monthly briefing of significant events which was circulated to all staff so that lessons were shared to make sure action was taken to improve safety in the practice. For example, the summary for October 2015 reported on an event in which a patient had requested a repeat prescription too early but had not been advised it was too early. The summary went on to give guidance on how to prevent this happening again.

When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

When we inspected the practice in March 2015 the training records showed that not all staff had received relevant role specific training on safeguarding. For example two doctors had not completed safeguarding children/vulnerable adults training. One of the safeguarding leads had not completed level three safeguarding children training in line with national guidance.

During this inspection the practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and 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. One GP led on adult safeguarding and another on children safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. All GPs were trained to Safeguarding level three.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A practice nurse was the infection control clinical lead and had specific training for this role. There was an infection control protocol in place and staff had received up to date training. Six monthly infection control audits were undertaken as well as monthly visual inspections with the practice manager. We saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). There had been no audit of the forms for handwritten prescriptions since 2013. We were also told no records were kept of the prescription forms to monitor their use.
- 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. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable health care assistants to administer vaccines.
- We reviewed nine personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body.
- A notice in the waiting room advised patients that nurses would act as chaperones, if required. This information was also on their website. The practice

Are services safe?

policy was that only nurses acted as chaperones and we were told that they always made a note in the patient's notes afterwards that they had acted as chaperone. The nurses were trained for the role of chaperone.

However, the practice nurses employed prior to 1st April 2013 had not received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). They were following their DBS policy which was based on professional advice they had received (which we saw). However this advice was contrary to national guidance and advice from the British Medical Association, Royal College for General Practitioners, Medical Defence Union and the National Clinical Assessment 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. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice

also had a variety of other risk assessments in place to monitor safety of the premises such as infection control, legionella and control of substances hazardous to health.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book 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 fit for use.

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 79% of the total number of points available, with 2.6% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-15 showed;

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (04/2014 to 03/2015) was 74% compared to the national average of 78%
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (04/2014 to 03/2015) 76% compared to the national average of 84%.
- Performance for mental health related indicators was similar to the national average. For example, 94% of patients diagnosed with dementia on the register had been reviewed in a face-to-face review in the preceding 12 months, compared to the national average of 84%.
- We saw the practice had introduced new procedures for Near Patient Testing, which aim to protect patients on high risk medicine against the risks of unsafe or inappropriate care. This included alerts on patient

records and letters and where appropriate phone calls to patients reminding them they needed to have a blood test or review before they could be given a repeat prescription.

Clinical audits were carried out to improve the quality of services and findings were discussed at practice meetings.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services.

On our inspection in March 2015 we saw three complete audit cycles had been completed in 2014. (Complete cycle audit involves repeating the original audit to check that any changes made as a result have made a difference to patient outcomes.)

On this inspection we saw eleven audits had been started in 2015, but none was yet a complete cycle. For example, we saw an audit of ophthalmology referrals which resulted in discussions with local opticians and the clinical commissioning group (CCG) to improve the system.

Effective staffing

At the inspection in March 2015 the practice could not consistently evidence that all

mandatory training and staff continuing professional development training had been completed. Evidence such as certificates were not available to corroborate training undertaken. We could not be assured from training records the nurses mainly responsible for immunisations had updated in line with national guidance.

During this inspection staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. They also had an induction pack for locum GPs.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccines and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice

Are services effective?

(for example, treatment is effective)

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

- Staff received training which included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way. For example, when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a regular basis and that care plans were routinely reviewed and updated.

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, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through record audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet and smoking. Patients were then signposted to the relevant service.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 88%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

Childhood immunisation rates for the vaccinations given to under two year olds ranged from 87% to 97%, compared to CCG average range of 78% to 97%. Flu vaccination rates for the over 65s were 66%, and at risk groups 51% comparable to CCG averages of 73% and 49%.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

At the inspection in March 2015 dissatisfaction with the practice was expressed about the difficulties of making an appointment and the length of time waiting to be seen after their appointment time.

During this inspection we observed that members of staff were courteous and very helpful to patients and treated people 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 and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed so they could offer them a private room to discuss their needs.

All of the eight patient CQC comment cards we received were positive about the service experienced. Many said staff were helpful and supportive and overall the service was good or excellent. However several said it was very difficult to get an appointment with female doctor or a named (male) doctor without at least two weeks wait.

Results from the national GP patient survey showed most patients felt they were treated with compassion, dignity and respect. However, the practice was a below average for its satisfaction scores on consultations with doctors and nurses. For example:

- 72% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 73% said the GP gave them enough time (CCG average 89%, national average 87%).
- 89% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 75% said the last GP they spoke to was good at treating them with care and concern (CCG average 87%, national average 85%).

- 86% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 90%).
- 67% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%).

We note that these results will not reflect any changes made by the practice following our last inspection report on 28 May 2015. Patients we spoke to during the inspection told us there had been significant improvements in the last six months. For example, they told us the reception staff were more approachable and helpful. We also looked at more recent patient feedback data not available at the time of our inspection which also reflected improving performance by the practice.

Care planning and involvement in decisions about care and treatment

Patients told us that 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 on the comment cards we received was also positive and aligned with these views.

The practice had a register of patients with learning difficulties. There were 35 patients on this list of whom eight (23%) had a care plan.

Results from the national GP patient survey showed most patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. However, the results were lower than local and national averages. For example:

- 82% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.
- 74% said the last GP they saw was good at involving them in decisions about their care (CCG average 86%, national average 85%).

We note that these results will not reflect any changes made by the practice following our last inspection report on 28 May 2015. Patients we spoke to said there had been an improvement in the service over the last six months.

Are services caring?

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.

Patient and carer support to cope emotionally with care and treatment

We observed a strong patient-centred culture and staff treated patients with kindness and respect.

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 84 patients as carers which is 1% of the practice list. Written information was available to direct carers to the various avenues of support available to them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified.

- The practice has a number of patients who live or are based at the local Ministry of Defence (MOD) base and works to support this group. For example, they participated in two road shows organised by the Army Welfare Service and liaise with the MOD social worker to support veterans moving to the area.
- The practice offered extended hours appointments on Wednesday and Thursday for working patients who could not attend during normal opening hours.
- There were longer appointments available for people over 75.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- They had increased the number of phone lines available in response to patient feedback.

Access to the service

During the inspection in March 2015 patient feedback identified there were challenges in getting a routine appointment, waiting times, getting through to the practice by telephone and the length of time taken for the issuing of repeat prescriptions. Patients requesting to see a GP for a routine appointment told us they frequently waited for two to three weeks and up to six weeks for one particular GP of choice. This was confirmed by data from the practice electronic system. Some patients indicated it was difficult to get through to the practice by telephone to make an urgent appointment particularly when the practice first opened in the mornings.

At this inspection patients informed us that they had seen an improvement since the previous inspection.

The practice was open from 8.30am to 6.30pm Monday to Friday, with appointments available from 8.30am to 6pm daily. Extended hours surgeries were offered from 6.30pm to 8pm on Wednesday and Thursday.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. Some pre-bookable appointments were reserved for the on-line booking system and we saw that all the GPs had appointments that could be pre-booked via this system.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was below to local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 60% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 45% patients said they could get through easily to the practice by phone (CCG average 78%, national average 73%).
- 37% patients described their experience of making an appointment as good (CCG average 76%, national average 73%).
- 46% patients said they usually waited 15 minutes or less after their appointment time (CCG average 69%, national average 64%).

We note that these results will not reflect any changes made by the practice following our last inspection report on 28 May 2015. Patients we spoke to on the day of our inspection said there had been an improvement in the service over the last six months.

We spoke with five male and eight female patients. They said the appointment and telephone system had improved in the last six months. The reception staff were more helpful and getting an appointment was much easier.

The practice told us they were aware there was a problem with appointments due to a shortage of GPs and not having a regular female GP. The only regular female GP was a locum who took regular breaks away. We were told GPs had increased the number of appointments available and were each working ten sessions a week in order to meet

Are services responsive to people's needs?

(for example, to feedback?)

patients needs We saw evidence the practice had been working hard to recruit new GPs, including commissioning a consultant's report into how they could improve their recruitment processes to attract interest in the vacancy.

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, a summary leaflet was available in the reception area.

We looked at the one complaint received since April 2015 and found it satisfactorily handled in a timely way, with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

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

During the inspection in March 2015 there was no clear sense of a long term strategy or vision for the practice.

At this inspection the practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

In the inspection in March 2015 we found some policies had been updated in 2013 such as safeguarding, recruitment and consent. We found these to be comprehensive and a useful resource for staff. There was no policy review schedule to serve as a formal reminder for staff to update or review.

During this inspection the practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured 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.
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

During the inspection in March 2015 not all staff had a documented annual appraisal and personal development plan to support their learning and development needs and

interviews, records and policy reviews indicated management did not consistently led through learning. There was inconsistent recording of meeting minutes which would have acted as a resource for staff unable to attend the meetings. Staff involved in significant events, complaints and incidents did not participate in meetings where action and learning took place.

During this inspection we found the partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always take the time to listen to all members of staff.

The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents. However, we found staff were unaware of the requirements of the Duty of Candour which came into effect from 1 April 2015 and means the practice can't be sure they are meeting this regulatory requirement.

When there were unexpected or unintended safety incidents:

- The practice gives affected people support, truthful information and a verbal and written apology.
- They 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 there had been lots of changes in the last year. Staff morale was much improved and they felt the service they provided was also improved.

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. There were minuted whole practice meetings held every month.
- Staff said they felt respected, valued and supported, particularly by the partners 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 partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was a newly active PPG which had met twice in the last two months and were planning on having regular meetings. Previously, it was a virtual group communicating by email only.
- The practice business plan included a SWOT analysis completed by the PPG and another completed by the full staff team. (A SWOT analysis looks at strengths, weaknesses, opportunities and threats.)

- The practice had also gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

A new manager had been appointed shortly before our inspection in March 2015. On this inspection, we saw that significant improvements made since then. This was reflected in the policies and procedures we saw and in the positive attitude of staff. The practice said the process of improving the management and service delivery began when the current practice manager started in post and felt there was still areas where they could improve further. There was a focus on continuous learning and improvement at all levels within the practice.