

# The Orchard Partnership, The Old Orchard Surgery

## Quality Report

The Old Orchard Surgery

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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?		Requires improvement	

# 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 The Orchard Partnership on 28 September 2016. Overall the practice is rated as good

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

- There was an open and transparent approach to safety and risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs.

- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The provider was aware of and complied with the requirements of the duty of candour.

We noted one area of outstanding performance:

- Results from the national GP patient survey showed the practice was performing significantly better than local and national averages in most areas. For example, 98% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 80% and national average of 73%.

The areas where the provider must make improvement are:

- Ensure all incidents and significant events such as unexpected deaths are reviewed, and any improvements made as a result actions and lessons learnt are shared with other staff.
- Ensure its governance system are implemented consistently across all sites.

# Summary of findings

The areas where the provider should make improvement are:

- Review the safeguarding policy to ensure it includes reference to the legal framework for safeguarding.
- Ensure the practice comprehensive business continuity plan includes contact numbers for staff.
- Ensure all staff receive an appraisal every 12 months.
- Ensure they have adequate systems in place to ensure all emergency medicines are in date and suitable to use.

**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
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Risks to patients were assessed and well managed.
- The safeguarding policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. However, the policy made no reference to the legal framework for safeguarding.
- An unexpected death had been discussed by clinical staff but not recorded as a significant incident and there was no evidence any learning had been shared with the other clinicians working from other sites.
- The practice could not evidence that all learning from significant events had been shared with all appropriate staff.
- The practice had a comprehensive business continuity plan but it did not include contact numbers for staff.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice had a policy on confidentiality for teenagers which included consent and how an individual's competency to make informed consent was assessed.

# Summary of findings

- Not all staff had received an appraisal within the last 12 months, however we saw the ones that were overdue had been scheduled within four weeks of our inspection.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for almost all aspects of care. For example, 99% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 87%.
- Feedback from patients about their care and treatment was consistently positive.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Views of external stakeholders were very positive and aligned with our findings.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. For example, the practice worked with the CCG and other local practices to establish an Elderly Care Facilitator service in the local area. One of the aims of this service was to reduce emergency admissions and we saw data that showed the practice had a low rate of non-elective admissions compared to the CCG average.
- The practice was able to provide pharmaceutical services to those patients on the practice list who lived more than one mile (1.6km) from their nearest pharmacy premises.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice offered online services, text messaging and email communication.
- All branches had a 24 hour blood pressure monitor and the practice had a 24 hour ECG monitor.

Good



# Summary of findings

- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. However, the practice systems for sharing learning from complaints with staff and other stakeholders was not used consistently.

## Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice had a 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.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- There was a leadership structure and staff felt supported by management.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

However,

- The practice governance systems were not always effective. The practice had three branches that were up to 12 miles away from the main surgery and operated semi-autonomously, and processes and procedures were not always implemented consistently.
- Decisions about what issues were escalated to staff at other sites were often made by staff based at each site, which made it hard for the practice to ensure similar standards were maintained across all sites.
- The practice had a system for flagging documents to appropriate staff but the system was not used consistently.
- There were no whole practice meetings for all staff from all four sites.
- The practice could not evidence that all learning from complaints, significant events and alerts had been shared with all appropriate staff.

## Requires improvement



# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had a low rate of non-elective admissions compared to the clinical commissioning group average.
- They provided weekly ward rounds to a number of local care and nursing homes.
- The practice delivered an elderly care facilitator service in partnership with other local practices.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 97% of patients on the register with diabetes had an influenza immunisation in the period 8/2014 to 3/2015 compared to the clinical commissioning group average of 96% and national average of 94%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.

Good



# Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 83% of women aged 25 to 64 had a cervical screening test performed in the preceding five years (04/2014 to 03/2015) compared to the clinical commissioning group average of 85% and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice had a policy on confidentiality for teenagers which included consent and how an individual's competency to make informed consent was assessed.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

## **Working age people (including those recently retired and students)**

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

- The practice offered extended hours surgeries from all sites which covered early mornings, evenings and Saturdays.
- 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, text messaging and email communication as well as a full range of health promotion and screening that reflected the needs for this age group.

**Good**



## **People whose circumstances may make them vulnerable**

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

**Good**





# Summary of findings

- 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 people experiencing poor mental health (including people with dementia).

- 92% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months (04/2014 to 03/2015) , compared to the clinical commissioning group (CCG) average of 88% and national average of 84%.
- 93% of patients with a psychosis had their alcohol consumption recorded in the preceding 12 months (04/2014 to 03/2015), compared to the CCG average of 93% and national average of 90%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice was able to refer patients to the local NHS psychological therapy service who saw patients at the surgery.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2016 showed the practice was performing better than local and national averages. Two hundred and eighteen survey forms were distributed and 133 were returned. This was a response rate of 61% and represented 1.2% of the practice's patient list.

- 98% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 80% and national average of 73%.
- 99% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 84% and national average of 76%.
- 98% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and national average of 85%.

- 98% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 84% and national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 26 comment cards which were all highly positive about the standard of care received. Patients said they received excellent care from the GPs and nurses and the receptionists were helpful and caring.

We spoke with 14 patients during the inspection. All patients said they were extremely satisfied with the care they received and thought staff were approachable, committed and caring. They told us they were aware that they could arrange to attend one of the other surgeries in the Orchard Partnership but tended to stick to the one they knew best.

# The Orchard Partnership, The Old Orchard 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, a CQC pharmacist inspector, a practice nurse specialist adviser and an Expert by Experience.

## Background to The Orchard Partnership, The Old Orchard Surgery

The Orchard Partnership, The Old Orchard Surgery operates across four surgeries on the southern edge of Salisbury Plain in Wiltshire. It is one of the practices within the Wiltshire Clinical Commissioning group and has approximately 10,460 patients.

The area the practice serves has relatively low numbers of people from different cultural backgrounds and is in the low range for deprivation nationally, (although it is important to remember that not everyone living in a deprived area is deprived and that not all deprived people live in deprived areas). The practice has a higher than average number of patients over 40 years old.

The practice provides a number of services and clinics for its patients including childhood immunisations, family planning, minor surgery and a range of health lifestyle

management and advice including asthma management, diabetes, heart disease and high blood pressure management; travel immunisations, advice on weight, diet and smoking cessation.

There are eight GP partners and two salaried GPs, four male and four female, making a full time equivalent of seven. They are supported by eight practice nurses, five health care assistants and an administrative and dispensing team of 29 staff led by the practice managerial lead.

The three branch surgeries are up to 12 miles from the main surgery and operate relatively independently in relation to staff and opening hours which are detailed on the practice website. The main surgery in Wilton is open between 8am and 6.30pm every weekday. GP appointments are available 8.30am to 11.30am and 4pm to 6pm every weekday. Extended hours appointments are offered from 6.30pm to 7.30pm on Monday to Thursday and alternate Tuesdays, and on Wednesday morning from 7am to 8am.

Appointments can be booked over the telephone, on-line or in person at the surgery.

When the practice is closed, patients are advised, via the practice's website that all calls will be directed to the out of hours service. Out of hours services are provided by Medvivo.

The practice has a General Medical services contract to deliver health care services. This contract acts as the basis for arrangements between NHS England and providers of general medical services in England.

The practice provides services from the following sites:

# Detailed findings

- The Old Orchard Surgery, South Street, Wilton, Salisbury, SP2 0JU
- Cherry Orchard Surgery, Codford, St Mary, Warminster, Wiltshire, BA12 0PN
- Spring Orchard Surgery, High Street, Fovant, Salisbury, Wiltshire, SP3 5JL
- Till Orchard Surgery, High Street, Shrewton, Wiltshire, SP3 4BZ

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 28 September 2016.

During our visit we:

- Spoke with a range of staff including three GPs, three practice nurses, the managerial lead and six members of the reception and dispensing team.
- Spoke with 14 patients who used the service and the manager of a local nursing home.

- We visited the main surgery in Wilton and the branch surgery in Codford.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- At an educational meeting attended by clinical staff from the main surgery, the minutes record a discussion of an unexpected death. However, it was not recorded as a significant event and there was no evidence any learning was shared with the other clinicians working from other sites.
- A significant event had been discussed at a dispensary meeting but there was no evidence it had been shared with staff unable to attend the meeting.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events reviewed.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that some lessons were shared and some action was taken to improve safety in the practice. However, the practice structure for meetings where significant events were discussed was inconsistent and the practice had difficulty evidencing that learning had been shared with all appropriate staff.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements

reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. However, the policy made no reference to the legal framework for safeguarding. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and 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, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group medicines optimisation team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to

## Are services safe?

administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- There was a dispensary at each of the four branches of the practice. There had been some problems with staffing and the running of the dispensaries in the recent past. This had led to some incidents and issues which the practice had reported and followed up. The practice was open about these and had been working to improve the situation. Processes and plans were in place to bring together the same systems across the four branches and ensure learning and good practice could be shared. There was a named GP responsible for the dispensaries and members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse). There had been a recent incident involving controlled drugs, which had been investigated and reported appropriately. This was awaiting a response from the accountable officer at the time of the inspection. Staff had put new systems in place to ensure controlled drugs would be audited and managed safely following this incident. There were suitable arrangements in place for the storage, recording and destruction of controlled drugs.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and were told they carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were stored securely, however we found one vial was out of date. When we discussed this with the practice they immediately replaced the medicine and amended their emergency medicines audit and checking form to include the expiry date of the medicines to prevent the mistake happening again and they sent us a copy of the new form the next day.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure

## Are services safe?

or building damage. The plan included emergency contact numbers for external suppliers and other health and care agencies but it did not include contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for patients

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available. The exception rating across all clinical domains was 11% compared to the clinical commissioning group (CCG) average of 11% and national average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 07/2014 to 06/2015 showed:

- Performance for diabetes related indicators were similar the national average. For example, 97% of patients with diabetes had an influenza immunisation in the period April 2014 to March 2015 compared with the CCG average of 96% and national average of 94%.
- Performance for mental health related indicators were better than the national average. For example, 95% of patients with a psychosis had a comprehensive care plan agreed and documented in their records in the period April 2014 to March 2015 compared to the CCG average of 93% and national average of 88%.

The practice was an outlier for the percentage of antibiotics prescribed that were Cephalosporins or Quinolones. (An outlier is a result which is considered significantly different from the average. Cephalosporins and Quinolones are broad spectrum antibiotics and prescribing rates of these medicines are monitored due to concern they may encourage antibiotic resistance.) Eleven percent of antibiotics prescribed were Cephalosporins and Quinolones compared to the CCG average of 7% and national average of 5%. This was discussed with the practice during our inspection who were aware of this issue and had taken steps to reduce this figure. We saw the practice had completed a full cycle audit on this issue and data provided to us by the practice show that they had reduced their prescribing of Cephalosporins and Quinolones by 22% and the latest figures showed they were now below the CCG average.

There was evidence of quality improvement including clinical audit.

- There had been 17 clinical audits completed in the last two years, 14 of these were complete cycle audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, following an audit of antibiotic prescribing the GPs attended a training session and a second audit demonstrated a 9% reduction in their prescribing of Cephalosporins and Quinolones, which have since decreased further.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, fire safety, health and safety and confidentiality. The induction checklist did not include infection prevention and control, and when we pointed this out the practice immediately corrected this and sent us a copy of the updated checklist the next day.
- 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, clinical supervision and facilitation and support for revalidating GPs. Not all staff had received an appraisal within the last 12 months, however we saw the ones that were overdue had been scheduled within four weeks of our inspection.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation we were told this had been caused by the demerger with the other practice and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

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

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

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet and alcohol cessation were signposted to the relevant service.
- Smoking cessation advice was available from the practice.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 76% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Seventy five percent of women aged 50 to 70 had been screened for breast cancer in the last 36 months compared to the CCG average of 77%

## Are services effective?

(for example, treatment is effective)

and national average of 72%. Sixty three percent of patients aged 60 to 69 had been screened for bowel cancer in the last 30 months compared to the CCG average of 63% and national average of 58%.

With the exceptions of the meningitis C and pneumococcal vaccines for which no data was available, childhood immunisation rates for the vaccines given to under two

year olds ranged from 92% to 95% compared to the CCG average range of 94% to 97% and five year olds from 87% to 97%, compared to the CCG average range, 90% to 97% and national average range of 87% to 95%.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

All of the 26 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 two members of the patient participation group (PPG). They also told us they were highly satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with two managers of local nursing and care homes who told us the practice provided an excellent and caring service.

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

- 99% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 87%.
- 98% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.

- 99% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 85%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 97% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

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

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

- 97% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG national average of 86%.
- 97% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.

### Patient and carer support to cope emotionally with care and treatment

## Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 327 patients as carers (3% of the practice list). The practice had a carers lead at each surgery, offered health checks to carers and

had held carers events at each surgery in the last year. Written information was available to direct carers to the various avenues of support available to them. The practice had been awarded a gold plus award for caring for carers by a local charity working in partnership with the local authority.

Staff told us that if families had suffered bereavement, their usual GP contacted them and visited if appropriate.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. For example, the practice worked with the CCG and other local practices to establish an Elderly Care Facilitator service in the local area. One of their roles was to send a birthday card and questionnaire to patients aged 75 and over on their birthday to help identify patients at increased risk. One of the aims of this service was to reduce emergency admissions and we saw data that showed the practice had a low rate of non-elective admissions compared to the CCG average.

The practice was also working with the CCG and local hospital to develop a service to carry out routine echocardiograms as a step towards moving patient care into the community. The practice told us they were currently rolling out a pilot for this service.

- 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.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice offered online services, text messaging and email communication.
- All branches had a 24 hour blood pressure monitor and the practice had a 24 hour ECG monitor.
- The practice was able to provide pharmaceutical services to those patients on the practice list who lived more than one mile (1.6km) from their nearest pharmacy premises. The practice had arranged a delivery service from one of the branches for some patients to have their dispensed medicines delivered to a local collection point, and suitable records were maintained.

- Some medicines were made up into blister packs to help people with taking their medicines, and safe systems were in place for dispensing and checking these.

### Access to the service

The main surgery in Wilton was open between 8am and 6.30pm every weekday. GP appointments are available 8.30am to 11.30am and 4pm to 6pm every weekday. Extended hours appointments are offered from 6.30pm to 7.30pm on Monday to Thursday and alternate Tuesdays, and on Wednesday morning from 7am to 8am.

The three branch surgeries which were up to 12 miles from the main surgery operated relatively independently in relation opening hours and the GPs based there. For example, the branch in the village of Fovant had an open surgery every morning from 9am to 10am and 5.30pm to 6.30pm on Monday, Tuesday and Friday evenings. They offered extended hours appointments on the second and fourth Saturday of each month from 9am to 12 midday. Detailed information on each branches opening hours and appointments was available on the practice website.

The practice offered appointments that were bookable on-line and 20% of the patients on the register had signed up for this service. Patients could sign up to the summary care record service and the practice had recently started offering patients on-line access to their detailed care records.

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

- 94% of patients were satisfied with the practice's opening hours compared to the national average of 79%.
- 98% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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 in place to assess:

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

# Are services responsive to people's needs?

(for example, to feedback?)

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

## Listening and learning from concerns and complaints

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

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

We looked at four complaints received in the last 12 months and found the practice was unable to evidence they had all been satisfactorily handled. We were told that in one case the records had been mislaid due to the merger and de-merger with another local practice. It was believed the files were still with the other practice waiting to be sorted out. In a second case, there was no evidence that

the letter of reply following an investigation included information about how the patient could escalate the complaint if they were not happy with the response. The practice told us it was their usual practice to enclose their complaints leaflet (which gave information about how to escalate a complaint) with the letter, but it was not referred to in the letter. We saw that the other two complaints we looked at, had been dealt with in a timely way, with openness and transparency, and that the letter responding to the complaint referred to the enclosed complaints leaflet.

We looked at how learning from complaints was shared with practice staff and found the system to be inconsistent and unclear. For example, there was a complaint recorded in the minutes of the weekly practice meeting in October 2015 which was not recorded in the complaints and meeting summary we saw. In another complaint relating to a locum GP, the complaint was discussed at the twice yearly governance meeting attended by all GPs, and it was agreed patient's known food intolerances should be put in their records, but there was no evidence this learning was shared with other staff.

# Are services well-led?

Requires improvement 

(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. In the last 12 months the practice had merged with a neighbouring practice and then, more recently, due to a number of issues they encountered, there was a mutual agreement to demerge. We heard how this had been a challenging process both for staff and the process of managing these changes. The process of demerging had not yet been fully completed. For example, some records were still with the other practice.

- 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

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 was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice produced a weekly newsletter which was emailed to staff weekly.
- Not all records were held centrally. For example staff files were held at one of the branch surgeries as this was where the managerial lead for these was based.

However, the practice governance systems, specifically the communication systems, did not always operate effectively

or consistently. They had three branches that were up to 12 miles away from the main surgery and operated semi-autonomously. GPs usually worked in just one surgery unless they were covering for holidays and sickness and although some other staff worked at more than one site this was not typical. We saw evidence that the practice communication, processes and procedures were not always implemented consistently across all sites. For example:

- Many of the routine meetings were site specific, given different names and their minutes were structured differently. Minutes were made available to all staff via the practice intranet and where appropriate minutes could be tagged with a reading requirement to ensure they were read by all appropriate staff. However, there was no clear policy on when a reading requirement should be made and it was not used consistently. For example, a significant event discussed at a dispensary meeting had not been made a reading requirement to ensure it was read and the lessons learnt by people unable to attend the meeting.
- Dispensing staff from all four surgeries met quarterly and there was a monthly team meeting at each surgery for staff at that site. However, there were no whole practice meetings for all staff from all four sites.
- Decisions about what issues were escalated were often made by staff based at each site, which made it hard for the practice to ensure similar standards were maintained across all sites.
- At an educational meeting attended by clinical staff from the main surgery, the minutes record a discussion of an unexpected death. However, it was not recorded as a significant event and there was no evidence any learning was shared with the other clinicians working from other sites.
- The practice did not ensure that learning from complaints, significant events and alerts were adequately shared with all appropriate staff. For example, we saw the learning point agreed at a governance meeting following discussion of a complaint was to record patient's food intolerances in the patient's records, but there was no evidence that this learning had been shared with other staff.

### Leadership and culture



# Are services well-led?

Requires improvement 

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

On the day of inspection the partners in the practice told us they prioritised safe, high quality and compassionate care and we saw evidence to confirm this. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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

The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

However,

- The structure of meetings was not consistent across all sites and there were no whole practice team meetings.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. Three PPG representatives had their email addresses on the practice website to allow patients to contact them directly. The minutes of meeting were available on the practice website.
- Two of the branch surgeries also had a "friends of.." groups that were registered charities who met regularly and whose primary aim was to support the practice by fundraising for additional equipment.
- The practice had gathered feedback from staff 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

There was a focus on continuous learning and improvement at all levels within the practice. For example, following publication of the GP patient survey results in July 2016, the practice drafted an action plan to consider how they could improve their service to patients despite having high average scores.



This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <ul style="list-style-type: none"><li>• The practice governance systems, specifically the communication systems, did not always operate effectively or consistently.</li><li>• The practice did not ensure that learning from complaints, significant events and alerts were adequately shared with all appropriate staff.</li></ul> <p>This was in breach of regulation Regulation 17(2), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>