

# Westrop Medical Practice

## Quality Report

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

### Ratings

<b>Overall rating for this service</b>	<b>Good</b>	
Are services safe?	<b>Requires improvement</b>	
Are services effective?	<b>Good</b>	
Are services caring?	<b>Good</b>	
Are services responsive to people's needs?	<b>Good</b>	
Are services well-led?	<b>Good</b>	

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10
Outstanding practice	10

### Detailed findings from this inspection

Our inspection team	11
Background to Westrop Medical Practice	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	25

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Westrop Medical Practice on 10 March 2016. Overall the practice is rated as good. Specifically we found the practice good for provision of effective, caring, responsive and well led services.. However, the practice is rated as requires improvement for provision of safe services as improvement in systems to manage medicines was required.

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.
- The majority of 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 they found it easy to make an appointment with a named GP and that 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.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

# Summary of findings

- The practice employed a physiotherapist which had resulted in the waiting time for physiotherapy assessment being reduced from five months to two weeks.
- A range of care professionals visited the practice which helped patients avoid time consuming trips to services located in Swindon. For example, psychologists, midwives and podiatrists provided clinics at the practice.
- The practice worked with a 'community navigator' in supporting patients who had been discharged from hospital and elderly patients with complex health and social needs.
  - The practice had close contact with carers and hosted a carers meeting meeting on a regular basis.
  - The practice took part in innovative projects to deliver services close to the patients home. For example, teledermatology helped reduce the need for attendance at hospital clinics and the appointment of a prescribing pharmacist was underway to offer a wider range of appointments for patients.

We an example of outstanding practice:

- The waiting time for physiotherapy assessment had been reduced from five months to two weeks by appointing a practice based physiotherapist.

The area where the provider must make improvement is:

- Ensuring compliance with legislation relating to nurses administering vaccines and medicines in accordance with written instructions.

The area where the provider should make improvement is:

- Ensuring a GP or nurse takes responsibility for the exemption of patients with long term conditions from national indicators for monitoring these conditions.
- To review the number of patients identified as carers and seek to increase the numbers identified.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

- Administering vaccines by nursing staff had not been carried out appropriately. The instructions required to enable nurses to administer vaccines had not been authorised by the GPs and the nurses had not formally confirmed they had read the directions or that they were competent to administer the vaccines.
- The emergency equipment at both the main and branch surgery were kept in working order. However, the checks of the equipment held at the branch surgery were not recorded.

However, we saw examples of good practice:

- 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 were safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Generally risks to patients were assessed and well managed.

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- 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 multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



# Summary of findings

## 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 several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, they worked with a community navigator appointed to cover the locality. The community navigator supported patients who had been discharged from hospital to access local services and avoid readmission.
- There were innovative approaches to providing integrated person-centred care. For example, the practice appointed their own physiotherapist to help patients get seen more quickly and avoid a trip to the main town to see the physiotherapist.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group (PPG). The PPG fed back that patients wanted more access to online appointments and the practice introduced more appointments that could be booked online.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and the primary health care team.

Good



## Are services well-led?

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

Good



# Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to 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.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- There was a strong focus on continuous learning and improvement at all levels.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- The practice gathered feedback from patients using new technology, and it had a very active patient participation group which influenced practice development. For example, the practice had increased the number of appointments that could be booked online in response to patient feedback.

# 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.

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice took part in a local befrienders scheme whereby volunteers could be sourced to befriend elderly patients who had little contact with friends, family and the local community.
- The practice worked with a community navigator who supported elderly patients for a 12 week programme after they had been discharged from hospital or had been identified with complex health and social needs. Patients were assisted to access a range of services to help them maintain their daily lives and avoid admission to hospital.

Good



### People with long term conditions

The practice is rated as good for the care of patients 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.
- The practice had achieved 96% of the indicators for care of patients with diabetes compared to the CCG average of 90% and national average of 89%.
- 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.
- The appointment of a prescribing pharmacist was underway to offer a wider range of appointments for patients requiring medicine reviews.

Good



### Families, children and young people

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

Good



# Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young patients who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 76% of patients diagnosed with Asthma had their care reviewed in the last 12 months compared to the CCG average of 74% and national average of 75%.
- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 82% of women eligible had been screened for cervical cancer in the last three years which matched the CCG and national average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

## 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.
- Smoking cessation was encouraged and the practice had a 43% quit rate among those who attended the on-site smoking cessation service.
- Extended hours clinics were held on three evenings each week including one evening at the branch surgery.
- The waiting time for physiotherapy assessment had been reduced from five months to two weeks by appointing a practice based physiotherapist.

Good



## People whose circumstances may make them vulnerable

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

Good



# Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice registered and delivered services for patients who lived in a local hostel.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had close contact with carers and hosted a carers meeting on a regular basis.

## 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 people living with dementia).

- 77% of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, which was below the CCG and national average of 85%.
- 95% of patient diagnosed with a long term mental health condition had received a physical health check compared to the local average of 89%.
- 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 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 used were published in January 2016. The results showed the practice was performing in line with, or better than, local and national averages. Two hundred and fifty-eight survey forms were distributed and 118 were returned. This represented a 46% return rate and equated to just over one per cent of the practice's patient list.

- 85% found it easy to get through to this surgery by phone compared to a CCG average of 74% and a national average of 73%.
- 91% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and national average of 85%.
- 93% described the overall experience of their GP surgery as fairly good or very good compared to the CCG average of 82% and national average of 85%.
- 90% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to the CCG average of 74% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 33 comment cards which were all positive about the standard of care received. Many patients focussed on the compassionate nature of both the GPs and nurses. They described reception staff as helpful and professional. The four negative comments included on the cards related to problems the patients had encountered in obtaining routine appointments with their preferred GP.

We spoke with 12 patients during the inspection. All 12 patients said they were happy with the care they received and thought staff were approachable, committed and caring.

## Areas for improvement

### Action the service MUST take to improve

- Ensuring compliance with legislation relating to nurses administering vaccines and medicines in accordance with written instructions.

### Action the service SHOULD take to improve

- Recording the checks of the emergency equipment held at the branch surgery.

- Ensuring a GP or nurse takes responsibility for the exemption of patients with long term conditions from national indicators for monitoring these conditions.
- To review the number of patients identified as carers and seek to increase the numbers identified.

## Outstanding practice

- The waiting time for physiotherapy assessment had been reduced from two months to two weeks by appointing a practice based physiotherapist.

# Westrop Medical Practice

## 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 advisor, a second CQC inspector, a practice nurse specialist advisor and a CQC pharmacy advisor.

## Background to Westrop Medical Practice

Westrop Medical Practice consists of a main practice, in the market town of Highworth, and a small branch surgery located in the village of Blunsdon. The main practice in Highworth is located in a single storey purpose built medical centre. The branch surgery occupies what was previously a residential property and is open for part of the week.

There are approximately 10,000 patients registered with the practice. Around 24% of the registered patients are aged over 65. Data shows the population as having minimal incidence of income deprivation although the practice is aware of pockets of income deprivation amongst the registered population. There are very few patients registered whose first language is not English.

There are five partners at the practice. Three are female and two male the partners are equivalent to 3.9 whole time GPs. At the time of inspection the partners employed four salaried or locum GPs who were all female and made up a further 2.5 whole time GPs. This is because one of the partners is absent from the practice and their clinical duties are covered by locums GPs. One of the GP partners is approved to train qualified doctors who wish to become

GPs and a GP in training is in post. Five nurses work at the practice. Three of the nurses are also qualified to prescribe a listed range of medicines. There are also three health care assistants (HCAs).

There is a management team of three supported by 14 administrative and reception staff. The dispensary at the branch surgery is staffed by three dispensers.

The practice provides a full range of primary care services. It also employs a physiotherapist and patients benefit from visiting services such as psychology and podiatry. One of the GPs has additional expertise in minor surgery and a range of minor surgical procedures are offered.

The main practice is open between 8am and 6.30pm every weekday. The branch surgery is open at the following times; Monday 3pm to 6.15pm, Tuesday 8.45am to 12.15pm, Wednesday 3pm to 6.30pm, Thursday 8.45am to 12.15pm and Friday 8.45am to 12.15pm. Evening clinics are held every week. On Wednesday at the branch surgery between 6.30pm and 7.30pm and on a Tuesday and Thursday at the main practice between 6.30pm and 7.45pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them. Appointments at the main branch are offered between 8.30am and 11.10am each morning and from 2pm to 6pm every afternoon. The last pre-booked appointment with a GP is at 5.20pm and patients requiring an urgent appointment or a telephone appointment are seen, or called, after that time until the practice closes.

The practice has opted out of providing out of hours services to their patients. Out of hours services are provided by SEQUOL. This out of hours service is accessed by calling 111. A message on the practice telephone system advises patients to call this number when the practice.

Services are provided from:

# Detailed findings

Westrop Medical Centre

Newburgh Place

Highworth

Swindon

Wiltshire

SN6 7DN

and

Blunsdon Surgery,

36 Berton Close

Blunsdon

Swindon

Wiltshire

SN26 7BE

We visited both sites during our inspection.

This was the first inspection of the Westrop Medical Practice.

## Why we carried out this inspection

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

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

## How we carried out this inspection

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 10 March 2016.

During our visit we:

- Spoke with a range of staff including three GPs, three practice nurses, two members of the dispensary staff and five members of the administration team. We also met with the practice manager and the operations manager.
- Spoke with 12 patients who used the service.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 33 comment cards where patients shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- 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 practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, the physiotherapist had told a patient they could take anti-inflammatory medicine without checking with the GP. The GP found the patient had a reduced kidney function after taking the medicine which they purchased without a prescription. The practice ensured the patient was given revised advice not to take the medicine and the physiotherapist was given details of possible medicine interactions to avoid a similar situation arising in the future.

When there were safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### 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 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. 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 relevant to their role. GPs were trained to safeguarding level three in safeguarding children, nurses were trained to level two and administration staff

to level one. All staff had received appropriate training in safeguarding vulnerable adults. We spoke with nine members of staff about their understanding of safeguarding. They all knew how to identify the different types of abuse and how to report any concerns

- A notice in the waiting room advised patients that chaperones were available if required. All nursing staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A 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 drugs and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Three of the nurses were qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the GPs for this extended role.
- Copies of Patient Group Directions (PGDs) were held by the practice and we found these were all current. (A PGD is a written instruction for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). However, they had not been signed by any of the GPs to adopt them for use within the practice. Nor had they been signed by the two practice nurses who required them to administer vaccines and medicines. The practice had not been complying with legislation

## Are services safe?

because the PGDs had not been authorised appropriately. The two nurses had been administering vaccines outside of the Nursing and Midwifery Council's Standards for Medicines Management.

- The practice had a system for production of Patient Specific Directions to enable Health Care Assistants (HCAs) to administer vaccines after specific training when a doctor or nurse was on the premises. We found the practice recorded the authorisation for each patient in the patient's medical record.
- The practice was a dispensing practice with the dispensary located at the branch surgery. Appropriate written procedures were in place for the production of prescriptions and dispensing of medicines that were regularly reviewed and accurately reflected current practice. Dispensing staff had all completed appropriate training and had their competency was annually reviewed. We checked a range of the medicines held in the dispensary and all were in date and fit for use. We found that the procedures for monitoring patients taking high risk medicines were operated effectively. The practice was not signed up to the Dispensing Services Quality Scheme (DSQS). This meant they did not benefit from the advice and support from DSQS to help ensure processes were suitable and the quality of the service was maintained. We also noted that audits of dispensing processes had not been undertaken.
- The practice did not hold controlled medicines (medicines that require a higher level of monitoring and security, often required for pain management). We discussed this with the practice because the dispensary was the only provider of prescriptions in the village of Blunsdon. Patients needing these medicines may have found them difficult to obtain. The practice told us they would reconsider their policy on not holding controlled medicines.
- We reviewed eight 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.

- 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.

### 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 administration office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. We noted that the practice had undertaken a risk assessment for the branch practice and that staff were never left alone working there.

### 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 basic life support training and there were emergency medicines available in the treatment room at the main practice site. Emergency medicines were kept in the dispensary at the branch site.
- All staff knew of the location of the emergency medicines and those we checked were in date and fit for use.

## Are services safe?

- The practice had a defibrillator available at both the main and branch sites with adult and children's masks. A first aid kit and accident book were available. The defibrillators and oxygen cylinders were checked on a monthly basis.

The practice had a comprehensive business continuity plans in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. We noted that the plan for the branch site was specific to the branch to make it appropriate.

# 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 people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available, with 11% exception reporting which was higher than the local exception rate of 10% and the national rate 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). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was 96% which was above the CCG and national average of 90%.
- The percentage of patients with hypertension achieving the target blood pressure was 82% compared to the CCG average of 85% and national average of 84%.
- Performance for mental health related indicators was 100% which was better than the CCG and national average of 93%. However, the practice had excluded over 50% of patients with long term mental health problems from the measure of having a care plan in place.

Because the rate of exception from monitoring was higher than average we looked closely at the processes used by the practice in making exceptions. We found

that patients were sent three letters requesting they attended for their reviews. If after the third letter the patient did not attend they were told they would be excepted from the monitoring. This was confirmed from a sample of patient records. However, we noted that the GPs and nurses did not always authorise the exception of the patient after the three letters had been sent.

Consequently we looked at the performance of the practice in 2015/16 against the diabetes, high blood pressure and poor circulation indicators and found that the exception rate had reduced to below 10%.

Clinical audits demonstrated quality improvement.

- There had been seven clinical audits undertaken in the last year. Five of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included ensuring that patients on repeat medicines to reduce the risk of infection were taking a more effective medicine for this purpose. The audit identified 11 patients on these medicines. Action taken resulted in the number being reduced by nine and the remaining patients expressed a wish to stay on the medicines they had become accustomed to taking.

Information about patients' outcomes was used to make improvements such as; the practice had appointed a physiotherapist because they found patients requiring this service were either waiting a long time to be seen or did not attend because they had to travel to the main town. The waiting time for physiotherapy assessment had been reduced from five months to two weeks.

### 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. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term

# Are services effective?

(for example, treatment is effective)

conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations 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 during one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support, equality and diversity 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 patients to other services.

Staff worked together and with other health and social care services 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

The practice worked with a community navigator who supported patients for a 12 week programme when they

needed extra support or advice to improve or maintain their quality of life. Most of these patients were elderly or had been discharged from hospital. The community navigator helped them in obtaining mobility aids, accessing voluntary groups or obtaining assistance with transport and everyday living activities. We spoke with the community navigator and they told us that they received the highest number of referrals in the area from the practice and that all the patients referred were appropriate to receive their assistance. They also told us that they received high quality information from the GPs at the practice to support the referral.

## Consent to care and treatment

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

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

## Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Smoking cessation counselling was available at the practice. The practice had identified 1530 of its patients aged over the age of 15 as smokers. There was a record of advice to stop smoking being given to 91% of these patients compared to the CCG average of 85%. In addition to written or opportunistic advice 92 had attended smoking cessation counselling in the last year of whom 39 had quit smoking equating to over 42% success rate.

# Are services effective?

(for example, treatment is effective)

The practice's uptake for the cervical screening programme was 82% which was the same as both the CCG and national average. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information accessible to patients with a learning disability and they ensured a female sample taker was available.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. This was demonstrated by the national data which showed:

- The practice rate of breast screening for women eligible for the test in the last 36 months was 81% compared to the CCG average of 77% and national rate of 72%

- The rate of bowel screening for those aged 60 to 69 years in the last 30 months was 63% compared to the CCG average of 57% and national average of 58%

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 86% to 98% compared to the CCG rates of 81% to 97%. For five year olds the vaccination rates ranged from 94% to 98% compared to the CCG range of 91% to 98%.

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 33 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 a member of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey 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:

- 94% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 95% said the GP gave them enough time compared to the CCG average of 85% and national average of 87%.
- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and national average of 95%.
- 96% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.

- 95% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 91%.
- 91% said they found the receptionists at the practice helpful compared to the CCG average of 84% and national average of 87%.

We found examples of where the GPs at the practice provided high levels of compassionate care. For example, when a couple moved away from the area their GP kept them registered and continued their care by visiting them in their new home. The GP was aware that both patients had multiple health problems and required regular support.

We were also told by patients that one of the GPs had taken the time to call a patient on a Sunday afternoon when the practice was closed. The patient had been seen earlier in the week and the GP wanted to check that the patient's condition was improving and that they were comfortable.

### 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 on the comment cards we received was also positive and aligned with these views.

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

- 96% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 95% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 82%.
- 92% said the last nurse they saw was good at involving them in decisions about their compared to the CCG average of 85% and national average of 85%.

We reviewed three care plans and spoke with four GPs about how they involved patients in decisions about their

## Are services caring?

care. We found the care plans were agreed with the patient and respected patients wishes. For example, patients receiving end of life care made personal decisions about whether they wished to be resuscitated if their heart failed. We also found high levels of joint working with other care professionals. For example, when a patient was finding it difficult to deal with a their treatment which involved use of a stoma bag the GP worked closely with the specialist nurses and the patient to ensure the patient received the advice and support they required.

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**

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 1.5% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them. The practice hosted a carers' group meeting on a monthly basis. Our inspection coincided with the meeting and we were able to speak with carers registered at the practice. They told us they received good support.

The practice worked with a local voluntary befrienders scheme. This enabled elderly patients who had little contact with friends, family and the local community to be allocated a befriender who visited them or helped them with their shopping and access to the local community.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice 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 was involved in the appointment of a prescribing pharmacist to work alongside the GPs and nurses as part of a CCG project.

- The practice offered extended hours clinics at both the main practice and the branch surgery.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- All consulting and treatment rooms were on the ground floor at both the main practice and the branch surgery.
- Patients were able to access a range of services at the main practice. Including psychology and podiatry. The practice employed their own physiotherapist. This assisted patients who found it difficult to attend clinics in Swindon.
- The practice took part in a 'teledermatology' project. This meant that GPs were able to send photographs or descriptions of skin conditions electronically to the local dermatology specialists. The specialist could then advise the GP on the appropriate treatment for the patient. This helped avoid the need for the patient to attend the dermatology clinics at the main hospital in Swindon.
- The practice was in the process of appointing a prescribing pharmacist to work alongside the GPs and nurses. This was part of a Swindon CCG project and was aimed at increasing the number of appointments available for patients requiring a medicine review or with minor illnesses.

### Access to the service

The main practice was open between 8am and 6.30pm every weekday. The branch surgery was open at the following times; Monday 3pm to 6.15pm, Tuesday 8.45am to 12.15pm, Wednesday 3pm to 6.30pm, Thursday 8.45am to 12.15pm and Friday 8.45am to 12.15pm. Evening clinics were held every week. On Wednesday at the branch surgery between 6.30pm and 7.30pm and on a Tuesday and Thursday at the main practice between 6.30pm and 7.45pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them. Appointments at the main branch are offered between 8.30am and 11.10am each morning and from 2pm to 6pm every afternoon. The last pre-booked appointment with a GP is at 5.20pm and patients requiring an urgent appointment or a telephone appointment are seen, or called, after that time until the practice closes.

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

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 75%.
- 85% patients said they could get through easily to the surgery by phone compared to the CCG average of 74% and national average of 73%.
- 69% patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 58% and national average of 59%.

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

### 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. It was displayed at

## Are services responsive to people's needs? (for example, to feedback?)

reception, in the practice leaflet and on the practice website. Staff we spoke with told us how they would support a patient wishing to make a complaint and there was a complaint form available from reception.

The practice had received and responded to 10 complaints in the last year. We found that all complaints had been dealt with in a timely manner and patients had received an open and detailed response to their concerns. The practice offered an apology in all cases. We looked at four of the

complaints in detail. These showed us that lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, when there was a dispensing error the patient concerned received a full response and apology. The practice reviewed the dispensing process to ensure two members of staff checked every item before it was dispensed. This was fed back to staff and the system implemented to reduce the risk of a reoccurrence.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement which was displayed and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and this was regularly monitored.
- Future challenges were recognised and the practice had commenced discussions with the CCG and NHSE to consider building a new medical centre in an area where the population would expand with the building of over 1500 new homes.

### 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 which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

However,

- The GPs, practice nurses and management had failed to identify that the written instructions for nurses to administer vaccines had not been formally adopted or signed by the nurses.

### Leadership and culture

The partners in the practice prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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

When there were safety incidents:

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

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

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. (A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care). The PPG was active and had started to meet regularly after a period when most contact had been via electronic communications. We met with the chair of the PPG and they told us that involvement with the

# Are services well-led?

Good 

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

practice had increased in the last year since the practice reorganised their management structure. The PPG conducted three satisfaction surveys a year. The practice had made changes based on patient feedback. For example, they had introduced a 'privacy line' behind which patients were asked to stand at reception to avoid overhearing other patients conversations with reception staff. The patient information screen had been updated and messages were displayed that patients felt were useful to them. The PPG also asked the practice to update the community on practice developments by placing a regular article in the village magazine that was circulated to approximately 7,000 local residents. The practice did so.

- The practice had gathered feedback from staff through staff meetings, day to day discussions and appraisals. We reviewed minutes of staff meetings and saw that there was a dedicated meeting for the staff who worked at the branch surgery in addition to the meetings held at the main practice. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, staff at the branch surgery told us they had raised their concerns about security measure that might affect their safety if a fire broke out. We saw that the practice

responded by ordering security bars that could be unlocked from inside to enable escape in the event of a fire. 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. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, in working with the community navigator for the area and in taking part in online dermatology consultations with the local specialists in dermatology.

The practice had commenced discussions with both the CCG and NHS England regarding the provision of primary medical services to people moving into the area where extensive new housing developments were planned near to the Blunsdon branch surgery. These included the building of a new health centre near to a proposed development of over 1800 new houses. The practice recognised the challenges of being located near to Swindon where the population was expected to grow by over 43,000 in the next 15 years.

The practice was working with the CCG to appoint a prescribing pharmacist as part of a local project to offer a wider range of appointments for patients.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They had failed to identify the risk associated with the administration of vaccines by nurses without appropriate safeguards in place in accordance with legislation relating to Patient Group Directions (PGDs).</p> <p>This was in breach of regulation 12(1) (2) (a) (b) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>