

Ridgeway View Family Practice

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Ridgeway View Family Practice on 17 February 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Patients said 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.

However, there were areas of practice where the provider should make improvements:

- Ensure the cold chain policy is adhered to.
- Ensure documentation for cleaning checks is accurately maintained.
- Ensure infection control audit actions are completed in a timely way.

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.

- 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.
- Risks to patients were assessed and well managed.

However,

- The infection control audit had not had actions completed and we found evidence of a cold chain breach.

Good



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



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.

Good



Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- 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 CCG had allocated a community navigator to the practice. The community navigator worked closely with patients of the practice to ensure they had help and support through the health, community and voluntary sectors to improve their wellbeing and quality of life.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day.

Good



Are services well-led?

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

- 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

Good



Summary of findings

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

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- 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 looked after patients from two nursing homes and four residential homes. There was a named GP for each home and a named buddy GP, to ensure continuity of care when the designated GP was on leave. The GPs held weekly surgeries at the homes to support the health and wellbeing of the patients.
- The practice had participated in the Over 75 Project which enabled additional time for GPs to review notes and care plans and offer extra training for the nursing and care homes.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older patients were mixed. For example, data for chronic obstructive pulmonary disease (COPD - a lung condition) showed the practice had achieved 94% which was similar to the CCG average of 96% and national average of 96%. However, 84% of patients with COPD had a review including an assessment of breathlessness in the preceding 12 months, compared to the national average of 90%.
- 89% of patients with high blood pressure had achieved a target reading in the preceding 12 months compared to the national average of 84%.

Good



People with long term conditions

The practice is rated as good for the care of patients with long-term conditions.

- Nursing staff and GPs had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 84% of patients with diabetes had achieved a specific blood test reading target compared to the CCG average of 78% and national average of 78%.
- Longer appointments and home visits were available when needed, including chronic disease management reviews for housebound patients.

Good



Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young patients who had a high number of A&E attendances. Immunisation rates were slightly above the CCG average for all standard childhood immunisations.
- The patient participation group were engaging with secondary school students to make them aware of the healthcare services offered by the practice.
- 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.
- Appointments were available outside of school hours and the premises were suitable for children and babies, including a quiet room for breast feeding mothers.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- 80% of women aged between 25 to 64 who had a recorded cervical screening test in the last 5 years, compared to the national average of 82%.

However,

- 70% of patients with asthma had an asthma review in the preceding 12 months compared to the national average of 75%.

Good



Working age people (including those recently retired and students)

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

- 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 and telehealth services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



Summary of findings

- The practice registered university students as temporary patients when they were home for holidays.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless patients, travellers and those with a learning disability.
- The practice offered longer appointments, or home visits, for patients with a learning disability.
- There were two GP leads for learning disabilities and one of the nurses had completed additional training for this population group.
- 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.
- The practice made a room available for representatives of a domestic violence charity group to offer patients support and advice in a safe environment.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



People experiencing poor mental health (including people with dementia)

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

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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.

Good



Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia.

However,

- 83% of patients with a diagnosed mental health condition had an agreed care plan which was below the national average of 88%.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing above local and national averages. 237 survey forms were distributed and 117 were returned. This represented 1% of the practice's patient list.

- 96% found it easy to get through to this surgery by phone compared to a CCG average of 74% and a national average of 73%.
- 90% 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%.
- 89% 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%.
- 89% 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 21 comment cards which were almost all positive about the standard of care received. The majority of cards expressed how caring the staff were with many stating the practice did everything it could to ensure patients were seen and dealt with in a timely manner. The only overall negative comment related to a patient's perception of their GP consultation.

We spoke with 11 patients during the inspection. All 11 patients said they were happy with the care they received and thought staff were approachable, committed and caring.

The friends and family test results showed 89% of patients would recommend this surgery to someone new to the area.

Areas for improvement

Action the service SHOULD take to improve

- Ensure the cold chain policy is adhered to.
- Ensure documentation for cleaning checks is accurately maintained.
- Ensure infection control audit actions are completed in a timely way.

Ridgeway View Family 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 adviser, a second CQC inspector, a practice nurse specialist adviser, a practice manager specialist adviser and an Expert by Experience.

Background to Ridgeway View Family Practice

Ridgeway View Family Practice provides GP services to over 11,700 patients in the Wroughton and Chiseldon areas of Swindon. The practice boundary has an estimated low level of socio-economic deprivation, meaning few patients are affected by deprivation locally. The practice offers GP and nursing consultations and dispensary services from two sites approximately three miles from one another. Patients are given the option to be seen at either practice and staff work across both sites. The practice also looks after two nursing homes and four residential homes.

The practice has six GP partners (four female, two male) who rotate the lead and deputy role of Chief Executive on a bi-annual basis. There is one salaried GP (female) and one long term locum GP (male). There is a Nurse manager and three practice nurses (all female), two healthcare assistants (both female), a dispensing manager and five dispensers, a practice manager, an organisation manager, a reception manager and twelve receptionists, an administration manager and five administration staff and a personal assistant.

The practice offers support and mentorship to medical students on placement and GPs in training as it is teaching and training practice. There are two GP registrars and a GP trainee who are undertaking their training at the practice currently. In addition the practice will soon be offering placements to student nurses who are interested in practice nursing as a career.

Wroughton Health Centre (the main practice) is a single storey purpose built accommodation. There is ample parking available outside and designated disabled parking spaces. There is a wide entranceway and automatic doors with an open reception area and large waiting room. Next to the reception is the window of the dispensary. There are 11 GP consultation rooms and two nurse treatment rooms. All the GP consultation rooms and nurse treatment rooms are accessible from the waiting area. There are three patient toilet facilities including a disabled toilet with emergency pull cord. Baby change facilities and breast feeding area are also available. There is a pharmacy within the same building that is not associated with Ridgeway View Family Practice.

Wroughton Health Centre is open between 8am and 6.30pm Monday to Friday. Appointments are from 8am to 12.30pm every morning and 2pm to 5.50pm daily.

Station House Surgery (the branch practice) is also a single storey purpose built accommodation. There is a large car park outside with easy access to the building. There are steps and a ramp up to the main entranceway. The branch practice shares the building with another GP service, but has overall jurisdiction over the building as it is owned by Ridgeway View Family Practice. There is one consultation room and one treatment room. The dispensary area is adjacent to the reception area.

Detailed findings

Station House Surgery is open between 8.30am and 6.30pm Monday to Thursday and between 8.30am and 6pm on Fridays. Appointments are from 8.10am to 12.10pm every morning and 2.30pm to 5.50pm daily.

Extended surgery hours are offered on Tuesday and Thursday mornings from 7am and the second Saturday of each month.

The practice has opted out of providing out of hours care for patients when the practice is closed. This service is offered by SEQOL who are accessed by calling the NHS 111 service. In addition, patients could book appointments to see a GP or nurse at the succession centre in Swindon town centre.

Services are provided from two sites:

Wroughton Health Centre

Barrett Way

Wroughton

Swindon

SN4 9LW

and

Station House Surgery

Station Road

Chiseldon

Swindon

Wiltshire

SN4 0PB

We visited both sites as part of our inspection. The practice has not been inspected by CQC before this visit.

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

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations such as NHS England and the Clinical Commissioning Group to share what they knew. We carried out an announced visit on 17 February 2016. During our visit we:

- Spoke with a range of staff including GPs, Nurses, Health care assistant, Practice manager, Dispensers, Receptionists and Administration staff.
- We spoke with patients who used the service.
- 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 patients
- Patients with long-term conditions
- Families, children and young patients
- Working age patients (including those recently retired and students)

Detailed findings

- Patients whose circumstances may make them vulnerable
- Patients experiencing poor mental health (including patients 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, a child was admitted to hospital as an emergency after being seen by a GP and not referred for further intervention. The review of the incident noted the GP had not followed the national institute of clinical excellence (NICE) guidelines. The practice discussed the event at a clinical meeting and agreed learning points going forward. This included additional support for the GP in following NICE appropriately and ensuring oral medicines for a specific lung condition were suitably stocked in the practice dispensary for immediate use if required. The family received a letter of apology and a detailed analysis of the significant event with action points and learning.

When there were safety incidents, patients received reasonable support, truthful information, a verbal or 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 and nurses had received training or were booked for an update in adult Safeguarding and Safeguarding children to level three.

- A notice in the waiting room advised patients that chaperones were available if required. All non-clinical staff had been trained to act as chaperones but not all 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 patients barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice had undertaken a risk assessment of the personnel without a DBS check. The practice chaperone policy stated anyone acting as a chaperone without a DBS check should not be left alone with a patient at any time. The practice had recognised this included when patients were taken aside into a quiet room for additional support or in response to a complaint. In response, they had decided to offer DBS checks to more non-clinical staff.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed both sites to be clean and tidy. However, we found the cleaning logs and cleaning audit sheets at Station House Surgery were incomplete.
- One of the practice nurses 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 many improvements identified as a result, although not all had been completed from the previous audit.
- We found one of the fridges at Station House Surgery had exceeded the maximum temperature of 8 degrees Celsius over a weekend. The incident was documented on the Monday and the contents of the fridge decanted to another. The nurse manager was unaware of this until the inspector pointed it out. The practice raised this as a serious incident the same day.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice

Are services safe?

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, although we found two GP rooms not occupied and unlocked. We found the printers in both these rooms contained blank prescriptions. We highlighted this to the practice and within two days they had ordered locks to be fitted to all the clinical rooms. Three of the nurses had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role.

- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. (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). The practice also had a system for production of Patient Specific Directions (PSDs) to enable Health Care Assistants to administer vaccines after specific training when a doctor or nurse were on the premises. (A PSD is a written instruction, from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis).
- Both practice sites had a dispensary. (A dispensary is an area within a GP surgery where medicines are prepared and provided to patients). The dispensaries provided medicines to approximately 2,400 patients (20%). We observed the dispensaries to be managing and storing all medicines securely and in line with legislation. There were high risk drugs kept at both sites, which were regularly checked and stored securely. Appropriate measures were taken to identify anyone attending to collect a high risk medication from a repeat prescription.
- One of the dispensers was responsible for checking the GPs bags and had a reliable method for ensuring bags were locked in the dispensary when GPs were on leave. All prescriptions were signed before a medicine was dispensed to a patient. The unsigned prescriptions were left in a dedicated box in the back of reception. There was a box for each GP or nurse. The practice operated a buddy system for the GPs and nurse prescribers so that

when a prescription for a medicine required a signature from a GP or nurse on leave, a notice on the box informed staff of their absence and who their buddy was for the work to be reassigned to. Once a month the dispensers would look through the shelf of dispensed medicines and return uncollected ones back into the stock rotation. We found an uncollected medicine from early January 2016 and were told the practice did not have a policy for following up on uncollected dispensed medicines.

- We reviewed seven 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 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 reception 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.

Arrangements to deal with emergencies and major incidents

Are services safe?

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 rooms at both sites.
 - There were defibrillators and oxygen available at both sites. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of both practices and all staff knew of their locations. All the medicines we checked were in date and fit for use.
 - The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage at both sites. The plans included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line 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 96% of the total number of points available, with 13% exception reporting, which was above the CCG average of 10% 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). This practice was not an outlier for any QOF clinical targets. However, data suggested they were outside of the prescribing targets for certain antibiotic medicines. Data from 2014/15 showed;

- Performance for diabetes related indicators (93%) was similar to the CCG (90%) and national average (89%).
- The percentage of patients with hypertension having regular blood pressure tests (89%) was similar to the CCG (85%) and national average (84%)
- Performance for mental health related indicators (89%) was similar to the CCG (93%) and national average (93%).

Clinical audits demonstrated quality improvement.

- There had been 13 clinical audits completed in the last two years, 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. The practice holds the research ready certificate and two GPs, two managers and one practice nurse hold the good clinical practice certificate with an additional member of staff currently undergoing the training. The practice have participated in a number of studies including Barack D (a study into chronic kidney disease and blood pressure medicine) and PSM COPD (a study of patient self-management in primary care with a diagnosis of chronic obstructive pulmonary disease).
- Findings were used by the practice to improve services. For example, recent action taken as a result included offering timely blood tests for patients on anticoagulant therapy (blood thinners) who had been prescribed antibiotics. An audit of antibiotic prescribing for patients on anticoagulant therapy highlighted how few patients were having appropriate blood tests following a course of antibiotics. The National Institute of Clinical Excellence (NICE) guidelines clearly established a period of four to seven days after the antibiotics commenced for a repeat blood test to be taken. The practice had identified 32 patients of which only 11 had had the blood test within the specified timeframe. Three adverse incidents had occurred where patients suffered ill health from elevated levels of blood thinners that had gone unchecked and one was found to have a raised blood count three days after commencing antibiotics. The practice offered training to GPs to emphasise the importance of recording in the notes that a repeat blood test was necessary and to liaise with the anticoagulant clinic where patients were unable to arrange this themselves. A letter was devised to inform patients of the need for a repeat blood test. A repeat audit showed a slight improvement in patients having the repeat blood test and a marked increase in this being recorded in the patient's notes.

Information about patients' outcomes was used to make improvements such as; an audit of antibiotic prescribing was triggered as it had been identified that the practice had an elevated amount of high risk antibiotic prescribing in comparison to national figures. The audit found that the

Are services effective?

(for example, treatment is effective)

majority of prescribed antibiotics were in line with guidance. Only two of the 32 cases identified could have been treated with a lower risk antibiotic. The GPs had reflected on the findings and concluded their prescribing was safe and within guidelines. The practice recognised that with their higher prevalence of elderly patients with multiple health conditions, it was often necessary to deviate from first line antibiotics as treatment choice. A re-audit found only one case out of 31 had been inappropriately prescribed.

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 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 sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring 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.

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.

Are services effective?

(for example, treatment is effective)

- 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.
- Additional support services were available at the practice. This included a dietician, counselling, podiatry, community navigator and physiotherapist available on the premises.
- In addition, patients could access healthcare services for midwifery, speech and language therapy, health visitors and community matron.

The practice's uptake for the cervical screening programme was 80% which was better than the CCG average of 73% and slightly below the national average of 82%. 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 for those 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.

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 85% to 100% compared to the CCG average of 81% to 97%. Immunisation rates for five year olds ranged from 93% to 98%, with the CCG average being 91% to 98%.

The practice had adapted to their elderly and housebound population and offered a home visit for the flu and shingles vaccines to be given.

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. Many of these were opportunistic screening when patients attended for other concerns. The practice had monitored this and found they were achieving a higher uptake of routine check-ups as a result, compared to recalling patients when a review was due. 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.

Nineteen of the 21 patient Care Quality Commission comment cards we received were positive about the service experienced. Most patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Five cards also cited the practice appeared understaffed with another two cards stating that appointments could be difficult. Only one overall negative comment was received related to a poor experience of the GP care.

We spoke with four members 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. Almost all the 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 in line with local and national averages for most of the satisfaction scores on consultations with GPs and nurses. For example:

- 89% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 87% 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%.

- 79% 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 nurse was good at listening to them compared to the CCG average of 92% and national average of 91%.
- 95% said the nurse gave them enough time compared to the CCG average of 91% and national average of 92%.
- 92% said they had confidence and trust in the last nurse they saw compared to the CCG average of 90% and national average of 91%.
- 92% 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%.
- 93% said they found the receptionists at the practice helpful compared to the CCG average of 84% and national average of 87%.

The practice had reflected on the results of the patient survey and were aware of the high result for their reception team. They were also aware they had scored lower for GP care and concern and felt this reflected their inability to recruit an additional GP to the practice. They had been actively advertising since November 2015 but unable to fill the vacancy. In addition, there had been high staff sickness which had impacted on all aspects of the patient experience. Five of the comment cards also reflected on the view the service appeared overstretched.

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:

- 87% 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%.

Are services caring?

- 85% 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%.
- 90% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 90%.
- 89% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 85%.

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 181 patients as

carers. This represented 2% of the practice list. The practice had recognised their carers register was below national targets. They were aware that not all patients recognised themselves as carers and did not refer themselves for additional support. The practice had a dedicated care co-ordinator who worked closely with the local carers group to promote the carers service and support available. There was a "carer's cuppa" every month where carers could come to the main practice and interact with other patients and representatives of support groups. Written information was also available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy letter. This contact was either followed by a patient consultation at a flexible time and location to meet the family's needs or by giving them advice on how to find a support service. There was no information in the waiting room about bereavement services or sources of support.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

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

- The practice offered extended hours surgeries for working patients who could not attend during normal opening hours.
- 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, including practice nurse home visits for care reviews.
- 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/were referred to other clinics for vaccines available privately.
- There were disabled facilities and translation services available. There was no hearing loop in the surgery. The reception team took patients with hearing difficulties to a quiet room if required.

Access to the service

The practice was open between the following times;

- 8am and 6.30pm Monday to Friday at Wroughton Health Centre
- 8.30am and 6.30pm Monday to Thursday and 8.30am to 6pm Fridays at Station House Surgery.

Appointments were available from;

- 8am to 12.30pm every morning and 2pm to 5.50pm daily at Wroughton Health Centre
- 8.10am to 12.10am every morning and 2.30pm to 5.50pm daily at Station House Surgery.

Extended surgery hours were offered on Tuesday mornings from 7am and on the second Saturday of each month from 8.30am to 12.30pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

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

- 96% patients said they could get through easily to the surgery by phone compared to the CCG average of 74% and national average of 73%.
- 72% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 75%.
- 68% 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%.

Most 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 both in the waiting room and on the patient information leaflets.

We looked at eight complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. The practice audited the complaints annually to check for themes and trends to support improvements to patient outcomes. For example, an urgent appointment was requested for a young child which took longer to arrange than the parent would have liked. The patient was sent to hospital by the GP immediately after the consultation. The practice sent a letter of apology with a detailed explanation to the patient's parent and initiated a discussion with the reception team about appointment errors.

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 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 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

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always 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 unexpected or unintended 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 were so proactive in their effort to engage patients, they had received feedback about the high number of patient surveys their patients were required to fill in.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. The practice had a "you asked, we did" board in the waiting room to show how patient feedback could influence change at the practice. For example, The PPG noted there was no alcohol gel for patients to clean their hands at the automated check in. The practice were asked to provide the gel and it was implemented within a few days. The PPG had also been a strong influence in getting the waiting room chairs changed, which was a continuing programme of replacement.
- The practice had gathered feedback from staff through staff meetings, informal discussions and appraisal. Staff

Are services well-led?

Good 

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

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 strong focus on continuous learning and improvement at all levels within the practice. The practice encouraged and supported any member of staff who wanted to undertake training in another role. For example, some of the reception team have trained to become medical secretaries, dispensers, team leaders and

phlebotomists. The practice team was forward thinking and had expressed an interest in undertaking further research projects to support local and national initiatives. They were keen to engage with the Clinical Commissioning Group and NHS England and other stakeholders if they identified any concerns with patient outcomes. For example, they had been identified as an outlier for antibiotic prescribing and discussed the findings with Central and West Commissioning support and NHS South. Two audit cycles concluded that their prescribing was in line with local and national guidance and they were prescribing safely and appropriately.