Fisherton House

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

Overall rating for this service	Outstanding ☆
Are services safe?	Good ●
Are services effective?	Outstanding ☆
Are services caring?	Good ●
Are services responsive to people's needs?	Good ●
Are services well-led?	Outstanding ☆

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Fisherton House on 15 November 2016. Overall the practice is rated as Outstanding

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 been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The needs of vulnerable patients had been identified and measures had been put in place to bridge gaps. For example, the practice ran cafes for those who were socially isolated to help boost patients wellbeing.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Eighty five percent of the patients surveyed said they found it easy to make an appointment with a named GP and added 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. For example, there was a fully equipped operating theatre on site. The practice was clean, tidy and hygienic. We found that suitable arrangements were in place that ensured the cleanliness of the practice was maintained to a high standard.

Summary of findings

- The practice participated in promotional events, for example career conventions, at a local school and encouraged sixth formers into the practice for work experience.
- Fisherton House was commissioned to provide extended surgical and dermatology services. GPs with Special Interest delivered these, so patients were able to access rapid diagnosis and treatment for conditions such as low risk skin cancer.
  - A "leg club" was held at the practice for the management of ulcer and other leg conditions. These clinics were held weekly to ease access to district nursing appointments and increase recovery rates for patients.
  - Education evenings, with health trainers to discuss, diet and exercise were held at the practice to help reduce the impact of obesity in long-term health conditions
- The practice was run efficiently and was well organised. 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.
- The leadership, governance and culture of the practice put quality and safety as its top priority in delivering person centred care and treatment. We saw many examples of this throughout the inspection and noted strong leadership was a common thread seen in the areas of outstanding practice.

We saw areas of outstanding practice:

- The practice employed a consultant nurse practitioner specialised in the care of the frail older patients. Their role was to lead an older persons team within the wider primary care setting to deliver a rapid response assessment and intervention service for the older frail and vulnerable patients. Staff were able to carry out routine health checks, observe the patient in their own environment and pick up any early signs that they were not coping. Care plans were then put in place.The practice were able to give us examples of where admission to hospital had been avoided as symptoms had been recognised and treated before hospitalisation was required.
- A practice vision was to deliver care that addressed the physical, social and psychological needs of patients and their families including running patient support cafes. They employed a health and wellbeing advisor who was responsible for liaising with voluntary agencies to support each café. Each café had a different theme; for example, dementia, aimed at supporting different patient needs. In addition to the cafes they organized the health and wellbeing signposting board ensuring patients knew what services were in the community, together with which services and cafes were coming in each week. The practice promoted this internally and externally, with each clinician having access to the timetable so they could direct patients to the support cafes, and when agencies were coming into the surgery. Patients benefitted from these café's through wider social contact, information about their conditions and support for their carers
- The practice had gone out into the local schools and invited sixth formers into the practice for work experience to encourage a career in the health profession. In recent years the practice provided 33 apprenticeship places which allowed young people to gain experience of working within a GP practice and learn new skills. 13 had remained at the practice others had been supported to work within the health profession helping sustain the local health economy.

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?

Good

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 things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The 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.

Are services effective?

Outstanding

The practice is rated as outstanding for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- The practice used innovative and proactive methods to improve patient outcomes such as through their innovative café scheme.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

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.

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?

Good

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 to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities including the Fountain Café. They ran cafes with voluntary agencies to support each café. Patients benefitted from these café's through wider social contact, information about their conditions and support for their carers
- The practice was well equipped to treat patients and meet their needs. For example, there was a fully equipped operating theatre on site.
- Fisherton House was commissioned to provide extended surgical and dermatology services. GPs with Special Interest delivered these, so patients were able to access rapid diagnosis and treatment for conditions such as low risk skin cancer.
- 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.

Are services well-led?

Outstanding

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

- The practice had a clear vision and strategy to deliver high quality care and promote good patient centred care for patients. Each staff member had access to the practice vision for the next five years. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Summary of findings

- 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 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.
- Fisherton House provided placements for GP registrars, qualified doctors training to be GPs and medical students. Feedback from trainees and students demonstrated this was a popular placement and they wanted to return to work there permanently

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

Outstanding ☆

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice employed a consultant nurse practitioner for health promotion, developing care plans, weekly visits to all care homes and personal home visits and rapid response.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Longer appointment times were available
- The practice had the Fountain cafe which was open each day. Patients could obtain peer support, or wait for transport. Patients benefitted from these café's through wider social contact, information about their conditions and support for their carers.
- The practice had held health fairs at the practice to encourage healthy eating and keep well and warm and directed patients to other agencies, for example warm and safe Wiltshire and Age UK.
- The practice employed a pharmacist to assist with patient queries and ensuring patients were taking correct medicines. This allowed for patients to receive a prompt response and leave GP appointments free.
- A leg club was held at the practice for the management of ulcer and other leg conditions. These clinics were held weekly to ease access to appointments and reduce social isolation

People with long term conditions

Outstanding ☆

The practice is rated as outstanding for the care of people with long-term conditions.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 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.

Summary of findings

- The practice had a programme of peer support cafes to provide social interaction and signposting to other agencies. Patients benefitted from these café's through wider social contact, information about their conditions and support for their carers.
- The practice worked with the Department of Work and Pensions (DWP) to support patients back to work by offering them work experience within the practice leading to apprenticeships and full employment,
- The practice specialist diabetes nurses were able to provide an insulin initiation service
- Education evenings, with practice staff health trainers to discuss, diet and exercise were held at the practice to help reduce the impact of obesity in long term conditions.

Families, children and young people

Outstanding ☆

The practice is rated as outstanding for the care of families, children and young people.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding five years was 88%, which was above the national average of 82%.
- Family planning and implant contraception and emergency contraception is available at the practice.
- Vasectomies were available for men registered at the practice.
- Minor surgery such as joint injections, minor skin legions and carpal tunnel service is available in the practice and the Wiltshire wide population.
- 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, health visitors and school nurses.
- The practice checked the medical records of patients aged 16 and under when their appointments were cancelled, to identify any potential concerns in regard of their safety or wellbeing.
- The practice participated in promotional events, for example carers conventions at a local school and encouraged sixth formers into the practice for work experience.

Summary of findings

Working age people (including those recently retired and students)

Outstanding

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice had a proactive system that enabled them to highlight patients with previously undetected long term conditions by having a recall system. Patients were invited to the practice in the month of their birthday from age 40 to 70 in increments of five years. The practice had identified 27 patients with a long term condition with a further six patients diagnosed between six to twelve months following the health checks.
- The practice offered extended evening appointments with a GP.
- Patients were able to order repeat prescriptions on-line, by email, or by mobile phone on by app.
- A pharmacist was available to answer medicine queries; this reduced the number of GP appointments to respond to medicine enquiries.
- The practice offered text reminders for appointments.
- Telephone appointments were offered where appropriate, as an alternative to face-to-face consultations.
- Health advice was available on twitter and Facebook.
- The practice encouraged young people to work within the health profession by offering apprenticeships leading to full employment.

People whose circumstances may make them vulnerable

Outstanding

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

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

Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had identified 92 patients who had a history of, or were experiencing domestic abuse. Staff had received training on how to recognise and offer support through signposting to other caring agencies.

People experiencing poor mental health (including people with dementia)

Outstanding ☆

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

- The practice has a dementia clinical lead, a dementia champion and was a dementia friendly practice.
- The practice had identified 171 patients with dementia, 134 of whom lived in the community. 84% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was the same as the national average of 84% and meant patients had care plans in place where appropriate and a clearer treatment plan to help manage their diagnosis.
- The practice had 295 patients identified with a poor enduring mental health condition. 95% of patients diagnosed with mental health issues had received a face to face review within the last 12 months. This was significantly better than the national 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 has a monthly dementia café to offer support, provide advice and social interaction for dementia sufferers and their carers.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Psychology and counselling services were available at the practice.
- Longer appointment at quieter times of the day were available for those patients who would benefit from them.

Summary of findings

- 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.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing better than local and national averages, 235 survey forms were distributed and 116 were returned. This represented 0.5% of the practice's patient list. The results of the survey showed:

- 81% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 85% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 89% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 82% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 26 comment cards which were all positive about the standard of care received. Patient's comments included, staff have a caring attitude, treat patients with respect and were very supportive and informative.

We spoke with 18 patients during the inspection. All 18 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Outstanding practice

- The practice employed a consultant nurse practitioner specialised in the care of the frail older patients. Their role was to lead an older persons team within the wider primary care setting to deliver a rapid response assessment and intervention service for the older frail and vulnerable patients. Staff were able to carry out routine health checks, observe the patient in their own environment and pick up any early signs that they were not coping. Care plans were then put in place. The practice were able to give us examples of where admission to hospital had been avoided as symptoms had been recognised and treated before hospitalisation was required.
- A practice vision was to deliver care that addressed the physical, social and psychological needs of patients and their families including running patient support cafes. They employed a health and wellbeing advisor who was responsible for liaising with voluntary agencies to support each café. Each café had a different theme; for example, dementia, aimed at supporting different patient needs. In addition to the cafes they organized the health and wellbeing signposting board ensuring patients knew what services were in the community, together with which services and cafes were coming in each week. The practice promoted this internally and externally, with each clinician having access to the timetable so they could direct patients to the support cafes, and when agencies were coming into the surgery. Patients benefitted from these café's through wider social contact, information about their conditions and support for their carers
- The practice had gone out into the local schools and invited sixth formers into the practice for work experience to encourage a career in the health profession. In recent years the practice provided 33 apprenticeship places which allowed young people to gain experience of working within a GP practice and learn new skills. 13 had remained at the practice others had been supported to work within the health profession helping sustain the local health economy.

Fisherton House

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser, and a practice manager specialist advisor.

Background to Fisherton House

Fisherton House (the main site for Salisbury Medical Centre) was inspected on Tuesday 15 November 2016. This was a comprehensive inspection.

Fisherton House is a purpose built practice built in 2013, comprising of GP consulting rooms, nurse treatment rooms, two minor operation theatres, meeting and training rooms, a pharmacy, a dentist and a café. The practice also has eight private rooms available for letting purposes to other health practitioners, for example, midwives, dietician and the ambulance service. The practice is situated in the city of Salisbury in Wiltshire. The practice provides a general medical service to 21,700 patients. In addition the practice has three branch practices, Bishopdown Surgery, Bemerton Heath Surgery, and Wilton Health Centre. Staff worked across all sites as required.

The Fisherton House practice population is in the seventh decile for deprivation, which is on a scale of one to ten. Other practices within the Salisbury Medical Centre were at the lower end of the decile. The lower the decile the more deprived an area is compared to the national average.The practice population ethnic profile is predominantly White British. The average male life expectancy for the practice area is 80 years which is slightly higher than the national average of 79 years; female life expectancy is 85 years which is higher than the national average of 83 years.

There are 14 GP partners, six male and eight female, four female salaried GPs and one retainer providing approximately 14 whole time equivalent GP hours each week. The GPs are supported by three GP registrars (a qualified doctor who is training to become a GP). The team also includes a nurse consultant, a pharmacist, three nurse practitioners, three nurse prescribers, six nurses and four health care assistants. The practice is managed by a practice manager and business development manager. They are supported by a project manager and five departmental heads and 35 additional administration and reception staff.

The practice is a training practice for doctors training to become GPs and medical students.

Additionally patients were able to access the Department of Work and Pensions and counsellors such as from voluntary sector organisations.

The practice reception is open between 8am and 8pm Monday to Friday. Telephone lines are open between 8am and 6.30pm. Booked appointments are offered between 8am and 8pm Monday to Friday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Outside of these times patients are directed to telephone the NHS 111 number for assistance.

Fisherton House provides regulated activities from the main site at;

Fountain Way,

Wilton Road,

Detailed findings

Salisbury,

Wiltshire,

SP2 7FD.

There are also three branch practices, at;

Bemerton Heath Surgery,

Pembroke Rd,

Bemerton Heath,

Salisbury,

Wiltshire,

SP2 9DJ,

Bishopdown Surgery,

28 St Clements Way,

Bishopdown,

Salisbury,

Wiltshire,

SP1 3FF

and Wilton Health Centre,

Market Place,

Wilton,

Salisbury,

SP2 0HT.

We did not visit these branches during this inspection as there were no concerns identified for these locations. We noted patients could visit any of the branches and as staff worked across the branches patient treatment continuity was maintained.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 15 November 2016 During our visit we:

- Spoke with a range of staff including seven GPs, a consultant nurse,three members of the nursing team, project leads, and the management team. We also spoke with 18 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 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)

Detailed findings

- 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.

Good

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 also had an identified staff lead for all complaints and significant events.The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, new processes and policies were put in place to ensure all urgent referrals were responded to following an occurrence where one patient referral was nearly missed.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings and always provided reports where necessary for other agencies. The practice carried out an audit of Wiltshire Safeguarding Service cases to ensure that all cases had been referred to the practice. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurse practitioners were trained to child protection or child safeguarding level three, practice management staff, nurses and health care assistants level two, and all other staff level one.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. All clinical staff took responsibility for infection control within the practice and 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 handwashing audits and infection control audits were undertaken, the last in April 2016 and we saw evidence that action was taken to address any improvements identified as a result. For example, the last audit had identified the need for rooms to be decluttered and we saw this had been done.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). The practice employed a pharmacist to keep an overview of medicines prescribed and give advice to patients. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group medicines optimisation team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

Good

Are services safe?

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- The practice used locum GPs to cover staff away days. We found appropriate recruitment checks and induction procedures were in place for these staff.

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 staff area which identified local health and safety representatives. The practice had up to date fire risk assessments dated November 2016 and carried out regular fire drills. All electrical equipment was checked in February 2016 to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency together with fitted panic alarms underneath the desks.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

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

Outstanding ☆

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 96.1% of the total number of points available with 12% exception reporting overall. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients were unable to attend a review meeting or certain medicines could not be prescribed because of side effects). Data from 2015/2016 showed:

- Performance for diabetes related indicators were all comparable or slightly higher than national scores. For example, the patients who had a blood test result within normal limits was 86% compared with local and national averages of 78%.
- Performance for mental health related indicators were all comparable or slightly higher than national scores. For example, the patients who had been diagnosed with dementia and had a care review was 84% compared with a national average of 84%. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the last 12 months was 94% compared with the national average of 88%.

The practice had recognised that the exception reporting for patients with chronic obstructive airways disease (COPD) who had a review in the preceding 12 months at 19% was higher than the CCG average of 14% and national average of 13%. The practice had merged with a practice that was located within an area of deprivation. As part of their strategic plan, they identified that systems would need to be reviewed and amended so that a consistent approach to all areas of work, staff training needed to be undertaken and specialist teams needed to be developed. The practice now have two respiratory nurses with specialist training in asthma, COPD and spirometry; asthma and a training nursing associate with asthma being one of her specialist areas of training. Another cause was recognised as patients refusing or not engaging with annual recalls. Engagement with patients under 18 has been increased with new clinics set up within school holidays targeted for this group and to improve uptake a GP contacts the patient after the initial invite by text, letter or phonecall. This has resulted in a reduction of 33% exception reporting to date.

The practice also recognised that the exception reporting for patients who had a blood test result within normal limits at 23% was higher than the CCG average of 19% and the national average of 12.5%. The practice had recognised the merger with two practices, one in an area of deprivation and one with a high percentage of elderly patients created a large number of patients who had diabetes. A review of the management of these patients showed a significant variation in how care was being delivered. Systems were but in place to standardise delivery of care across this population group and get the patients to engage with this care. Evening educational meetings were held in an easily accessible practice and feedback from these meetings were positive with all 24 patients stating they found the session excellent or good. We have seen that the practice has reduced it's exception reporting by 16%.

There was evidence of quality improvement including clinical audit.

- The practice had an annual programme of audits. This covered over 40 topics; for example, minor surgery, cervical smears, medicines and infection control. Completed audits where discussed at the weekly clinical meetings and used to ensure improvements made were implemented, monitored and service quality improved. For example, following a training update in resuscitation

it was suggested that all patients who were prescribed an epipen (a means of administering medicines in an emergency) and a particular medicine for a heart condition should be seen by a heart specialist. The practice identified two patients who were being prescribed both of these medicines and contacted them to discuss the changes required with their medicines. The audit was repeated in September 2016and it was found that only one patient continued to be prescribed both medicines. This was their choice following being given advice about the risks of their choice.

- The practice participated in local audits, research, national benchmarking, accreditation, peer review

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, 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 vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- In recent years the practice had provided 33 apprenticeship places which allowed young people to gain experience of working within a GP practice and learn new skills. 13 had remained at the practice others had been supported to work within the health profession helping sustain the local health economy.
- The practice participated in promotional events, for example, career conventions, at a local school and encouraged sixth formers into the practice for work experience.

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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. Young people who were assessed as Gillick competent were read coded in the patient record system and given on line access for their treatment to protect their privacy.

Outstanding ☆

Are services effective?

(for example, treatment is effective)

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking or alcohol cessation, returning to work, and those aged over 75 years were assisted within the practice to seek support.
- The practice employed a consultant nurse practitioner. Their role was to lead an Older Persons Team within the Wider Primary Care Service. Their role was to deliver a rapid response assessment and intervention service for the older frail and vulnerable patients. They made weekly visits to all the care homes in the practice area and also visited patients in their own homes to monitor care. This gave the practice the flexibility to see patients who either found it difficult to get into the practice or did not meet the criteria for visits from the district nursing team. Staff were able to carry out routine health checks, observe the patient in their own environment and pick up any risks or early signs that they were not coping. Care plans were then put in place. The practice were able to give us examples of where admission to hospital had been avoided as symptoms had been recognised and treated before hospitalisation was required.
- The practice had a permanent café that held regular condition specific "café groups" for patients. For example patients with osteoporosis, poor memory, and carers. These cafes were organised by the health and wellbeing advisor, employed by the practice, who liaised with voluntary agencies to attend these. The purpose of these cafes was to provide support and advice as well as providing social interaction for patients and their carers.
- The practice held education evenings with dieticians for patients with diabetes to encourage healthy eating and lifestyle advice to help reduce obesity in patients as well as helping reduce the effects of sedentary lifestyles on health conditions such as heart conditions.
- The practice held sessions with health trainers to build patients self-confidence and motivation. The trainers were able to offer free advice on healthy weight, smoking cessation, drinking less alcohol, and becoming more active. At the time of writing this report 45 patients had benefitted from this service through being more proactive about their diet and activity.
- The practice's uptake for the cervical screening programme, for women aged between 25 and 64 years was 88%, which was above both the clinical commissioning group (CCG) average of 86% and national average of 82%. The practice demonstrated how they encouraged uptake of the screening programme by using a system of alerts for those patients with an identified learning disability, by using information in different languages, and by ensuring whenever possible that a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred following abnormal results.
- The practice also encouraged patients to attend national screening programmes for bowel and breast cancer screening. The practice uptake for females being screened for breast cancer was 76% which was comparable to the national average of 72%. Bowel cancer screening rates in the last 30 months for those patients aged between 60 and 69 years of age were 60%, which was the same as the clinical commissioning group (CCG) average of 60% and higher than the national average of 56%.
- Childhood immunisation rates were comparable with CCG averages. For example, vaccines given to under two year olds at the practice ranged from 89% to 97% compared with 73% to 95% for the CCG. Vaccines given to under five year olds at the practice ranged from 88% to 95% compared with the CCG range from 81% to 95%.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74.

Outstanding ☆

Are services effective?

(for example, treatment is effective)

The practice had a proactive system that enabled them to highlight previously undetected long term conditions by having a recall system that invited patients into the practice in the month of their birthday from age 40 to 70 in increments of five years. The practice had identified 27 patients with a long term condition with a further six patients diagnosed between six to twelve months following the health checks.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 26 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 87%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%
- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 91% and the national average of 87%

Care planning and involvement in decisions about care and treatment

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

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

- 92.5% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 86%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 82% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Staff at the practice were able to speak, German, French, Italian, Chinese and Mandarin.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Good

Are services caring?

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 490 patients as carers (2.25% of the practice list). The carer's lead was in the process of identifying more patients. All carers were offered a health check and signposted to the various avenues of support available to them. The practice closely monitored the needs of the carers to identify specific needs such as those requiring emotional support, social support and could be offered pampering and free complimentary therapies or a prescribed £50 towards a break or activities identified by the carer. This service was funded by the local council and clinical commissioning group. To date 53 patients had benefitted from this scheme.

The practice held a monthly carers café (situated within the practice) to provide emotional and practical support as well as social contact. Two carers open days had also been held at the practice in the past year with outside organisations such as the Alzheimer's society, community housing, Wiltshire Fire Brigade, Mencap and clinical support workers to offer advice and support.

Staff told us that if families had suffered bereavement, their usual GP contacted them and sent a letter offering their condolences and support. 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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered appointments Monday to Friday evening until 8pm for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability, vulnerable patients and patients whose first language was not English. These could be offered at quieter times of the day to suit the needs of the patient.
- The practice employed a consultant nurse practitioner to provide weekly home visits and a rapid response service for patients being discharged from hospital.
- The practice had an integrated café that was open each day.This provision benefitted patients through wider social contact, creating informal opportunities to provide information, and giving support to carers.
- The practice employed a pharmacist to assist with patient queries, providing a prompt response if concerns were raised about medicines.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those available privately. The practice was registered as a Yellow Fever centre.
- Patients could receive minor surgery operations at the practice helping reduce the need to attend local hospitals. For example, the practice was equipped with designated theatres to allow for vasectomies and carpal tunnel surgery.
- Patients could receive contraceptive services such as coil fitting, Implant fitting and emergency contraception.
- Equipment such as automated Blood Pressure, and 24hr electrocardiogram (ECG) machines were available to save patients time in accessing these elsewhere.
- The practice employed a health and wellbeing advisor who informed vulnerable patients how to access local support groups and voluntary organisations
- The practice worked with the Department of Work and Pensions(DWP) to support patients back to work by offering them work experience and allowing them to regain their confidence and meet people .
- Psychology and counselling services were available within the practice from.
- There was a hearing loop and signage in braille and translation services were also available. The practice information leaflet was available in larger print. Audio and child friendly leaflets were also available.
- The practice had a lift to assist access to the first floor.
- There were disabled facilities, a hearing loop and translation services available. The fire alarm, in addition to audible alerts, flashed to alert patients who were hard of hearing.
- We noted that the practice had installed an electronic booking-in system, to speed up the process and help maintain patient privacy. The booking-in screen displayed a range of national flags to guide patients to instructions in their preferred language.

Access to the service

The practice was open between 8am and 8pm Monday to Friday. Appointments were available within these times. Telephone consultations were also available each day with the GPs. In addition to pre-bookable appointments that could be booked up to six weeks in advance; urgent appointments were also available for people that needed them.

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

- 82% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 81% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People 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

Good

Are services responsive to people's needs?

(for example, to feedback?)

The practice had an effective system in place for handling complaints and concerns. The 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 There was a poster and leaflets displayed in the waiting room explaining how to complain should patients wish to do so.

We looked at three complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, showing openness and transparency.

The practice reviewed complaints annually to detect themes or trends. We looked at the report for the last review and no themes had been identified. However, lessons learned from individual complaints had been acted on and improvements made to the quality of care as a result. For example, a complaint was received alleging that leg ulcers were not improving because treatment was inconsistent and appointments were hard to obtain. The practice made changes to how the service was delivered. A 'leg club' was set up as a drop in clinic and the care and treatment given was observed and shared amongst four staff members for consistency. This had resulted in peer support and learning for patients and staff and improvements in standards.

Are services well-led?

Outstanding ☆

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

Our findings

Vision and strategy

The practice was committed to developing strong partnerships with other health care professionals so that several services could be accessed in one location. The vision had been to build premises which could be shared with dentists, pharmacies, and other organisations and individuals from a variety of health backgrounds. By doing this, they provided an integrated and coordinated health service, easily accessed and convenient for local people.

The practice were able to carry out minor operations and employed GPs with special interests. They undertook carpal tunnel surgery on about 250 patients a year and also perform 150 vasectomies a year for their own patients and those from other local practices. Helping provide closer to home surgery for patients needing or choosing these types of surgery

The practice had an efficient strategy and supporting business plans which reflected the vision and values and were regularly monitored. Each staff member had a copy of this vision and was committed to achieving the aims of the practice.

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. These were kept under review and available to any member of staff on any computer within the practice.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were efficient arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners and salaried GPs were approachable and always took the time to listen to all members of staff.

The practice were committed to supporting their patients in the community by employing a team to carry out home visits and provide a rapid response service for the older frail and vulnerable patients.

They employed a health and wellbeing advisor whose role was to support patients with long term conditions and their families. They did this by liaising with other agencies and organising supportive and informative cafes. Patients benefitted from these cafes through wider social contact.

The practice encouraged people into the profession by offering apprenticeships within the practice.

The practice worked with the Department of Work and Pensions to assist people back to work by providing voluntary placements within the practice. This allowed them to regain their confidence and meet people.

The practiced worked with Health Education Wessex, Medical Schools and the local sixth form providers to promote general practice as a career and improve the way in which general practice is viewed and valued

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

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

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

Are services well-led?

Outstanding ☆

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

- Staff told us the practice held regular monthly team meetings but added communication was also informal and effective on a daily basis.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team away days were held every 12 months.
- Staff said they enjoyed working at the practice, 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 for example, the nurses were in the process of changing their rotas and work patterns to increase their availability for patients.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met four times a year, carried out patient surveys and submitted proposals for improvements to the practice management team. The PPG had devised a two year education action plan. The purpose of the plan was for members of the PPG to learn more in depth knowledge of the practice so that they could act as critical friends. Areas covered included prescriptions, complaints, appointments and understanding funding.For example, following learning with the prescription service the PPG questioned if a system could be introduced for patients queries so a GP appointment did not have to be made.The practice employed a pharmacist that now answers all patients medicine queries saving GP appointments.
- The practice had gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

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:

The practice was a training practice for doctors training to become GPs and medical students.

The practice had a fountain café in the waiting room where patients were invited to drop in for a sociable chat and meet others in a similar situation, receive advice and support, and share experiences. The health and wellbeing advisor had a programme of setting up a further 30 different cafes over the next two years. Each café was planned to have a different theme and would be aimed at supporting different patient groups, examples being, a hearing cafe, for anyone living with any type of hearing loss and their family and friends. Two volunteers from Hear to Help Salisbury (Action on Hearing Loss) would also attended to offer information and answers any questions at each Café. A sight Café for patients with any type of visual impairment and their family and friends was also planned. An advisor from Action of Blind people would be in attendance to answer questions and offer support.