

The Pulteney Practice

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

We carried out an announced comprehensive inspection at The Pulteney Practice on 19 January 2016. We did not inspect the branch surgery at Bathampton. Overall the practice is rated as good. We found the practice requires improvement for safe services.

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. However, we found some gaps in the management of fire safety.
- Risks to patients were assessed and well managed, with the exception of those relating to medicines management.
- 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.
- The practice had a number of policies and procedures to govern activity. We saw some policies and procedures were not consistently implemented.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

Summary of findings

We saw some areas of outstanding practice:

The practice has a higher than average population of older patients and provided effective services to support them, coordinated with other organisations. These included the Hale and Hearty scheme, the Blue Triangle scheme, which is a service tailored for those with a diagnosis of dementia. The provider undertook pro-active work to identify 'off-radar' patients, avoid unplanned hospital admissions and support discharge from hospital. There was active identification of needs and support to specific populations including transient groups and victims of domestic violence. GPs are supported by Personal Assistants and ensure effective, daily communication within the practice team and with patients. We saw very positive feedback from patients regarding these services; and the practice was actively seeking to expand such services.

The areas where the provider must make improvement are:

- Ensure all appropriate emergency medicines are available, ensuring that these are stored for easy access; and that regular checks confirm what is available and that these medicines are safe to use.

- Ensure all medicines in the home visit bags and controlled drugs are in date and are accounted for. Any out of date medicines must be disposed of appropriately, in line with guidance from the Royal Pharmaceutical Society.
- The practice must ensure that requirements for the management of prescription security are met at all times.
- The practice must review fire evacuation procedures, frequency of fire alarm testing and records of fire drills; and update documentation appropriately.

The areas where the provider should make improvement are:

- The practice should ensure that requirements for the safe cleaning of hazardous substances and samples are met.
- An assessment of compliance with the Equality Act 2010 should be undertaken with respect to disabled access to the premises and any deficiencies should be addressed where possible.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.

For example, we found gaps in the management of medicines, relating to some emergency medicines, some medicines in a home visit bag and some controlled drugs. We also found some gaps in the safe management and storage of prescription paper; and the testing and recording of some fire safety procedures. The practice should update their knowledge and strengthen governance arrangements on the safe storage and use of controlled medicines to minimise the risk of harm.

- 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 unintended or unexpected 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.

Are services effective?

The practice is rated as good for providing effective services.

Good



- The practice used innovative and proactive methods to improve patient outcomes and working with other local providers to share best practice, especially for older and vulnerable patients.
- 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.

Summary of findings

- There was evidence of appraisals and personal development plans for all staff.

Are services caring?

The practice is rated as good for providing caring services.

- We observed a strong patient-centred culture including examples of pro-active support to ensure efficient care and treatment and to keep patients informed of progress.
- Views of external stakeholders were positive and aligned with our findings.
- Data from the national GP patient survey (January 2016) showed patients rated the practice higher than others for several aspects of care. Feedback from patients about their care and treatment was consistently and strongly positive.
- Feedback from representatives of the patient participation group (PPG) confirmed information received from patients and survey data. Members of the PPG told us that staff at the practice were caring, considerate and that patients were treated with consideration and their opinions were valued.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- The practice was very responsive to the needs of older people and worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, patients were supported through several schemes and we saw evidence of pro-active and holistic multi-disciplinary team working. We saw positive feedback from users of the services.
- There were innovative approaches to providing integrated person-centred care. For example, GPs are supported by personal assistants and there was proactive monitoring of patients who have care plans and 'off –radar' patients who are contacted to ensure their health & welfare. There is also a Social Prescribing Champion who provides signposting to non-clinical care organisations and services.

Outstanding



Summary of findings

- Practice staff reviewed the needs of its local population and were actively engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services for transient and vulnerable patient groups that had been 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. For example, we saw a patient with complex needs come to reception wanting an appointment for that day. The receptionist knew the patient by name, was patient and supportive, making them an appointment for that day.
- We saw active management of the appointment system, which was amended to match demand throughout the day. Appointments were bookable on line and were also available on Tuesday evenings and Saturday mornings.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Disabled access and facilities were limited at Great Pulteney Street, however, full access and facilities were available for all patients at the branch site. Staff had very good knowledge of patients and booked patients in need of such facilities at the Bathampton surgery wherever possible.
- Information about how to complain was available and easy to understand and evidence showed the practice responded to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice received consistently positive feedback from patients. It responded to suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients, including the patient participation group. For example, a new phone system had been installed to improve access, the appointment system was actively managed and staff name badges had been introduced.

Are services well-led?

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

- The practice was developing a vision, values and strategy to deliver high quality care and promote good outcomes for patients. We saw that plans were in place for developments in line with the National Health Service England (NHSE) vision for primary medical services.

Good



Summary of findings

- 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 good quality care. This included arrangements to monitor and improve quality and identify risk. We found some gaps in monitoring and managing some areas of risk, including the management of medicines, fire safety and Equality Act compliance.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- 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 daily communication, team working, working with other health and social care professionals; and 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 outstanding for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. We saw that the practice supported older people to remain independent in their own homes, with very few older patients in care or residential homes.
- The practice was responsive to the needs of older people, with proactive monitoring, communication and holistic support; including home visits and urgent appointments for those with enhanced needs.
- The practice had a higher than average population of older patients and provided effective services to support them, coordinated with other organisations. These included the Hale & Hearty scheme and a Social Prescribing Champion. Consistently positive feedback was seen from patients supported by these initiatives.
- GPs, supported by personal assistants, were pro-active in identifying and supporting 'off-radar' patients; avoiding unplanned hospital admissions; and supporting discharge.
- Pro-active, coordinated and holistic care was evident from multi-disciplinary team meetings.

Outstanding



People with long term conditions

The practice is rated as good 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.
- The treatment of patients with diabetes was comparable to that provided by other practices.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Summary of findings

Families, children and young people

The practice is rated as good 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 were at risk of domestic violence or had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 82% of patients diagnosed with asthma, on the register, had had an asthma review in the last 12 months, compared to a Clinical Commissioning Group (CCG) average of 78% and a national average of 75%.
- 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.
- 85% of eligible female patients had had a cervical screening test performed in the last 5 years compared to a Clinical Commissioning Group (CCG) average of 83% and a national average of 77%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Good



Working age people (including those recently retired and students)

The practice is rated as good 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.
- Extended hours were available for patients that were unable to attend the practice during working hours.

Good



People whose circumstances may make them vulnerable

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

Good



Summary of findings

- The practice was actively supporting groups of patients whose circumstances may make them vulnerable. These included very transient patients and those at risk of domestic violence.
- The practice held a register of patients living in vulnerable circumstances temporary residents, transient patients, homeless people, and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- 89% of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive agreed care plan documented in the record in the preceding 12 months, compared to the Clinical Commissioning Group (CCG) average of 87% and a national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia. The Blue Triangle scheme was used for dementia screening and these patients were supported by a medicines champion. Consistently positive feedback was seen from patients supported by these initiatives.

Good



Summary of findings

What people who use the service say

What people who use the practice say

The national GP patient survey results were published on 07 January 2016. The results showed the practice was performing in line with or above local and national averages and performance had improved since the last survey results were published in July 2015. Of the 259 survey forms distributed 122 were returned. This represented 1% of the practice patient list.

- 89% of patients found it easy to get through to this surgery by phone compared to the Clinical Commissioning Group (CCG) average of 91% and a national average of 73%.
- 89% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 90%, national average 85%).
- 97% of patients described the overall experience of their GP surgery as fairly good or very good (CCG average 92%, national average 85%).
- 93% of patients said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 88%, national average 78%).

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 43 comment cards which were all positive about the standard of care received. Patients had written that they felt well

supported by the practice and to tell us about the positive impacts that the practice had had on their health and wellbeing. Patients had written in their feedback that staff went over and above their expectations and clinics (the diabetic and asthma clinic) had a significant impact on improving their health due to the advice, guidance and support given by the practice staff.

We spoke with eight patients during the inspection. All eight patients and the three patient participation group (PPG) members said they were happy with the care they received and thought staff were approachable, committed and caring. They told us that they were listened too, had been given well considered and professional advice.

Five hundred and fifty one patients had completed the Friends and Family Test since its introduction in January 2015 and the feedback indicated performance above national averages. On average, 94% would recommend the practice and 3% would not recommend the practice. (National averages showed 89% of patients would recommend their practice and 6% would not recommend their practice).

We saw that five patients had rated the practice on the NHS Choices website over the last year and all had given a rating of 5.0 stars out of 5.0 along with very positive comments. The practice had reviewed all the ratings and comments.

Areas for improvement

Action the service MUST take to improve

- Ensure all appropriate emergency medicines are available, ensuring that these are stored for easy access; and that regular checks confirm what is available and that these medicines are safe to use.
- Ensure all medicines in the home visit bags and controlled drugs are in date and are accounted for. Any out of date medicines must be disposed of appropriately, in line with guidance from the Royal Pharmaceutical Society.

- Ensure sure that requirements for the management of prescription security are met at all times.
- The practice must review fire evacuation procedures, frequency of fire alarm testing and records of fire drills; and update documentation appropriately.

Action the service SHOULD take to improve

- The practice should ensure that requirements for the safe cleaning of hazardous substances and samples are met.

Summary of findings

- An assessment of compliance with the Equality Act 2010 should be undertaken with respect to disabled access to the premises and any deficiencies should be addressed where possible.

Outstanding practice

We saw some areas of outstanding practice:

The practice has a higher than average population of older patients and provided effective services to support them, coordinated with other organisations. These included the Hale and Hearty scheme, the Blue Triangle scheme, which is a service tailored for those with a diagnosis of dementia. The provider undertook pro-active work to identify 'off-radar' patients, avoid unplanned hospital admissions and support discharge

from hospital. There was active identification of needs and support to specific populations including transient groups and victims of domestic violence. GPs are supported by Personal Assistants and ensure effective, daily communication within the practice team and with patients. We saw very positive feedback from patients regarding these services; and the practice was actively seeking to expand such services.

The Pulteney 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 nurse specialist adviser and a second CQC inspector.

Background to The Pulteney Practice

The Pulteney Practice is a GP practice serving mainly the Bath and Bathampton area, that has good local public transport links. One practice is in Great Pulteney Street near the centre of Bath and a branch surgery is a short distance away in the village of Bathampton. The inspection focused on the main Great Pulteney Street location and the branch site was not visited. The addresses are:

The Pulteney Street Surgery

35 Great Pulteney Street

Bath BA2 4BY

Bathampton Surgery

29 Holcombe Lane

Bathampton

Bath BA2 6UL

The practice supports approximately 11,500 patients who are able to attend either surgery. There is a lower than average younger patient population (under 20 years old) and a higher than average older patient population (65 years of age and over; and especially 85 years of age and

over). There are very few patients in nursing or residential homes; and the practice sees a relatively high numbers of tourists and other temporary residents including canal boat dwellers.

The practice offers a range of services including childhood and pneumococcal immunisations, health screening, travel clinics, asthma and diabetes advice and extended hours access. The main practice occupies several floors of a Grade I listed building, which it shares with a separate pharmacy business. Access is via stone steps from the pavement to a ground floor waiting area and reception. There is one ground floor consulting room available for disabled access. The practice has no access to a disabled toilet or a lift. There is no car parking available at the main site, however, the branch surgery has a separate car park and occupies a single story building with full disabled access and toilet facilities. The branch site is shared with another pharmacy and a dental practice.

The practice has eleven GPs, comprising 5 partner GPs, 5 salaried GPs and 1 locum GP providing 7.12 WTE (whole time equivalent) doctors. Five GPs are male and six are female. There is a team of eight nursing staff, comprising a nurse practitioner, 5 practice nurses, a research nurse and phlebotomist, providing 5.26 WTE staff. One of the nursing team is male and all others are female. The clinical staff are supported by a practice manager and an administrative team.

The practice is in the BANES area (Bath and North East Somerset) Local Authority and Clinical Commissioning Group (CCG). The practice had a Personal Medical Services (PMS) contract with NHS England (a locally agreed contract negotiated between NHS England and the practice).

The Pulteney Street practice is open Monday to Friday from 8.15am to 6pm with extended hours on Tuesday from 6pm to 8pm and every Saturday morning 9am to 12noon (for pre bookable appointments). The Bathampton practice is open

Detailed findings

Monday to Friday from 8.15am to 5.30pm closing earlier on Fridays at 2pm. The practice has opted out of providing Out of Hours services to their own patients. When the surgeries are closed patients are directed, via NHS 111 to clinical services from the Out of Hours provider or to 999 for life threatening emergencies, via answerphone message.

The practice undertakes clinical research studies as part of the local BARONET group of practices.

The practice had previously been inspected by Care Quality Commission in November 2013 and was judged as having met the standards at that time. At that inspection some areas were identified for the practice to follow up. These included infection control and access for the disabled.

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 to share what they knew. We carried out an announced visit on 19 January 2016.

During our visit we:

- Spoke with a range of staff including GPs, nursing, management and administration staff
- Spoke with patients, carers and family members.

- Spoke with patients and representatives of the patient participation group (PPG)
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed CQC comment cards where patients and members of the public shared their views and experiences of the service.
- Visited the main practice location.
- Followed up on areas that were identified in our previous inspection as areas that required attention.

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

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

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

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the Care Quality Commission 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 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, we saw minutes of a meeting attended by a range of staff, where significant events and clinical complaints had been discussed. Learning and action points were identified and those attending from each team shared these with relevant staff.

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

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse, however, some gaps were found.

- 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 were two GPs who acted as lead members of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received recent training relevant to their role or we saw that refresher training was planned, using an online system with details

recorded in a spreadsheet. The lead GPs were competent in the protection of children and adults; and we saw evidence of proactive work to identify and support victims of domestic violence.

- A notice in the waiting room and consulting rooms 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 check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training or we saw that training was planned, using the on line system.
- We reviewed three personnel files across a range of roles and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Medicines management

We looked at the arrangements for managing medicines including emergency medicines, controlled drugs and vaccines in the practice, designed to keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). There were policies in place for the storage of medicines, including controlled drugs and for checking emergency drugs in the practice.

However, these had not been fully implemented in order to keep patients safe. For example, we found not all appropriate emergency medicines were present with the

Are services safe?

emergency equipment for the practice. There were no emergency medicines for the management of diabetic conditions or for some heart conditions. We found out of date medicines in a home visit bag.

We found out of date schedule two controlled drugs. (Controlled drugs require extra checks and special storage arrangements because of their potential for misuse). We saw that appropriate monitoring of controlled drugs had not taken place. Any destruction of a controlled medicine should follow NHS England's (NHSE) destruction guidelines and should include an authorised witness to observe the destruction. We found these medicines had not been disposed of in line with this guidance.

We saw some patients' medicines for the treatment of asthma were stored at the surgery. These were safely disposed of during the inspection.

We found unattended and unlocked consulting rooms with blank prescriptions in printers. This meant blank prescriptions were not kept secure at all times and could be accessed by unauthorised people. We spoke to the practice about our concern.

Following the inspection the practice provided evidence that the management of medicines and the security of blank prescriptions had been improved.

The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.

One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They had received mentorship and support from the medical staff for this extended role. Patient Group Directions (PGDs) had been adopted by the practice, where required, to allow nurses to administer medicines in line with legislation. The practice had a system for the use of Patient Specific Directions to where needed.

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.
- Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. However, we found that mercury sphygmomanometers were in use (to measure patients' blood pressure) but no spill kit was available to deal with breakages.
- The practice had up to date fire risk assessments and had carried out regular fire drills. However, we found that there were some gaps in the testing and recording of fire safety procedures. For example, the frequency of testing of the fire alarm was not consistent; the means for evacuation of less mobile patients from upper floors was not clear; and the recording of fire drills was not complete. This meant that the practice did not have safe processes in place to manage fire safety.
- 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 (COSHH); 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 pro-active monitoring of the appointment system and this was adjusted during each day to match capacity and demand. We saw that there were appointments available that day for GPs and nurses; appointments were available to be booked on line; others were available to be released during the rest of the week; and that there were unused appointments in the preceding week.

Arrangements to deal with emergencies and major incidents

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

Are services safe?

- 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.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.

- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. However, not all appropriate emergency medicines were present.
- A first aid kit and accident book were available.

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line 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 peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 93% of the total number of points available, with 7% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was similar to the Clinical Commissioning Group (CCG) and national average. Practice data ranged from 70% to 94% compared to national averages ranging from 80% to 94%.
- The percentage of patients with high blood pressure having regular blood pressure tests was 73% which was worse than the national average of 84%.
- Performance for mental health related indicators was similar to the CCG and national averages. Practice data ranged from 80% to 94% compared to national averages ranging from 84% to 94%.

Clinical audits demonstrated quality improvement.

- There had been nine 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.
- Findings were used by the practice to improve services. For example, we saw that recent action had been taken following an audit of two week waiting time for referrals for cancer. Information about patient outcomes was used to make improvements which included one GP changing their way of working.

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

Are services effective?

(for example, treatment is effective)

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.

- The practice held daily discussions each morning that provided up to date sharing of information and any concerns. Patient care was further enhanced through personal assistants who supported the GPs and could follow up concerns, referrals or other actions. They acted as the interface between the GP and the patient. For example, contacting the patient after discharge from hospital to ensure all necessary arrangements were in place.
- This included care and risk assessments, care plans, medical records and investigation and test results. For example, patients with a care plan would be contacted every three months by the personal assistants to check on their wellbeing. 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. A social prescribing champion at the practice provided signposting of patients to non-clinical services. For example, patients who were identified as being at risk of admission to hospital would be noted on a notice board, clinicians who were working on Saturday would be notified and the patients would be contacted on the Friday to check on their wellbeing.
- 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 weekly basis. We observed a multi-disciplinary meeting on the day of our visit. We saw that care plans were routinely reviewed and updated and patients were regularly contacted.
- We saw positive examples of joint working with other health professionals. For example, regular meetings were held of the primary health care team including health visitors and midwives.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act (2005). When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's 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 audits of patient records.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were able to access support to reduce the impact of social, emotional or practical issues on their health and wellbeing through a social prescribing champion. Patients were then signposted to the relevant service.
- A dietician was available on the premises and smoking cessation advice was available from a trained receptionist.

The practice's uptake for the cervical screening programme was 85%, which was comparable to the Clinical Commissioning Group (CCG) average of 83% and 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 by using information in different languages 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 Clinical Commissioning Group and national averages. For example, childhood immunisation

Are services effective? (for example, treatment is effective)

rates for the vaccinations given to under two year olds ranged from 96% to 99% compared to the Clinical Commissioning Group (CCG) averages ranging from 83% to 98%; and for five year olds from 85% to 93% compared to the CCG averages ranging from 91% to 97%.

Flu vaccination rates for patients over 65 years of age was 67% and for at risk groups 41%. These were comparable to but a little below national averages of 73% and 48% respectively.

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 years. Appropriate follow-ups for the outcomes of health assessments and checks were made when abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 43 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt well supported, the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. They told us that they were listened to, had been given well considered and professional advice. Patients went out of their way to name individual members of staff and to tell us about the positive impacts that the practice had on their health and wellbeing.

We spoke with three members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey (January 2016) showed patients felt they were treated with compassion, dignity and respect. The practice was in line with or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 98% of patients said the GP was good at listening to them compared to the average of 92% and national average of 89%.
- 94% of patients said the GP gave them enough time (CCG average 90%, national average 87%).

- 99% of patients said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%)
- 94% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 90%, national average 85%).
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 93%, national average 91%).
- 92% of patients said they found the receptionists at the practice helpful (CCG average 93%, national average 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 on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey (January 2016) showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with or above local and national averages. For example:

- 94% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 89% and national average of 86%.
- 90% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 87%, national average 82%).
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 87%, national average 85%)

Staff told us that translation services were available for patients who did not have English as their 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

Are services caring?

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 patients on the practice list as carers and flagged this on clinical records. Staff liaised with and supported carers and written information was available to direct carers to the various avenues of support available to them.

The practice pro-actively contacts patients at risk of unplanned admission to hospital and patients commented that they were happy and pleased to be part of the scheme receiving telephone calls when they had not attended

appointments. Patients told us they were pleased that someone was keeping in touch; they felt it gave the chance for them to voice any concerns or worries they had. For example, where patients had medication queries the practice would ensure that a clinician called the patient back to address any issues.

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



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- 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. For example, in response to health research carried out in the local area, the practice provided care to a large proportion of the local 'boat community' (a transient patient population) who had been shown to experience difficulties in accessing continuity of GP care. The practice had sought additional funding from the CCG to develop and expand these services.
- The practice pro-actively supported a particularly vulnerable and highly transitional group of patients who were at risk of domestic violence and in need of temporary healthcare. The practice ensured that staff were aware of these patients using a flag on the electronic records. Staff were then pro-active in ensuring full and immediate registration of the patients and immediately obtained medical records. There was automatic referral to and close liaison with the Health Visitor service for under 5 year olds. The practice had sought additional funding from the Clinical Commissioning Group to develop and expand these services.
- The practice had a higher than average population of older patients and almost all were supported to live in their own homes. Home visits were available for patients who would benefit from these and all patients in hospital or community hospital are tracked and then contacted in advance to plan and support their discharge.
- The practice was very responsive to the needs of older people and worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. We saw joined up, open and transparent discussions at a multi-disciplinary team meeting resulting in holistic and coordinated care planning. The practice participates in

the Age UK 'Hale & Hearty' partnership with other local practices. The service helps people, who are 85 years and over, to access the support they need to stay healthy and independent.

- Personal assistants (PAs) worked closely with the GPs and were trained to ensure that patients' care and treatment was closely monitored. For example, PAs undertook daily risk assessments to ensure medication reviews and other checks were done when due; and contact all patients with a care plan once every three months. When referring a vulnerable patient via Choose & Book, they would contact the Referral Support Service themselves and ensure that the patient is contacted directly by the service, rather than rely on the patient to make contact.
- There are innovative approaches to providing integrated person-centred care. For example, the practice actively identifies what it describes as 'off radar' elderly patients at the informal daily practice meeting and monthly Multi-Disciplinary Team (MDT) meetings. These patients are contacted to check on their health and welfare and where appropriate are referred to a designated health visitor for the elderly.
- The practice has a social prescribing champion who helps to provide holistic care by identifying suitable non-clinical interventions for patients and signposting them to other services. Patient feedback indicated that they received essential help and support; that they knew there was someone there if they had a problem; that they didn't feel so isolated; that concerns were listened to; and that they felt cared for.
- The practice provides specific support for patients with dementia, via a Dementia Champion and utilising the Blue Triangle care scheme, developed by the Carers Trust and Royal College of Nursing. For example, where a patient with dementia needs an appointment these are provided later in the day and the patient is telephoned earlier in the day to remind them. These patients were also supported by a medicines champion.
- 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. We saw active review and management of the appointment system, with appointments added or deleted to match demand throughout the day.



Are services responsive to people's needs?

(for example, to feedback?)

- Patients were able to receive travel vaccines available on the NHS and patients requiring vaccines only available privately were referred to an independent travel vaccine company which attended the practice on Tuesday evenings and Saturday mornings.

Access to the service

The Great Pulteney Street practice is open Monday to Friday from 8.15am to 6pm.

Extended hours were offered on Tuesdays from 6pm to 8pm and every Saturday morning (for pre-bookable appointments) from 9am to 12noon. The Bathampton practice is open Monday to Friday from 8.15am to 5.30pm, closing earlier on Fridays at 2pm and with no weekend sessions.

When the practices are closed patients are directed via NHS 111 to clinical services from the Out of Hours provider or to 999 for life threatening emergencies.

The practice had good facilities and was well equipped to treat patients and meet their needs. There were some disabled facilities available at Great Pulteney Street including one ground floor consulting room and temporary ramps to cover the steps for wheelchair users. The practice had explored possible modifications to the main site to allow the practice to provide suitable access for people living with a disability. This included installation of a stair lift, however it has faced restrictions due to the Grade I Listing of the building. The branch site at Bathampton is disabled accessible, and the reception staff demonstrated very good knowledge of patient needs to enable appointments to be booked appropriately. An assessment of compliance with the Equality Act 2010 should be undertaken with respect to disabled access to the premises and any deficiencies should be addressed.

Results from the national GP patient survey (January 2016) showed that patient's satisfaction with how they could access care and treatment was comparable to or above local and national averages.

- 88% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 80% and national average of 75%.
- 89% of patients said they could get through easily to the surgery by phone (CCG average 91%, national average 73%).

- 75% of patients said they always or almost always see or speak to the GP they prefer (CCG average 67%, national average 59%).

The practice has recently invested in a telephone system to improve access and the percentage of patients who said they could get through easily by phone has increased in the last six months from 84% to 89%. People told us on the day of the inspection that they were able to get appointments when they needed them.

- 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. We saw that on the day appointments were available during the day of the inspection and there were unused appointments that had been available during the previous week.
- Appointments were bookable on line and the practice offered clinics for working patients who could not attend during normal opening hours. These were pre-bookable appointments, available with a Nurse or GP on a Tuesday evening until 8.00pm and on Saturday mornings from 9am – 12noon.
- There were longer appointments available for patients with a learning disability.
- We saw that same day appointments were available for children and those with serious medical conditions.

Listening and learning from concerns and complaints

Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. The practice had an effective system in place for handling complaints and concerns. Learning from complaints was shared with staff and other stakeholders.

The practice complaint policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice. We saw that information was available to help patients understand the complaints system. For example, a complaints and comments leaflet was available, information on how to complain was available to patients in the waiting areas, and on the practice website.

We looked at five complaints received in the last 12 months and noted that this was a lower than average number of complaints compared to other practices with a similar



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

number of patients. We found these were satisfactorily handled, dealt with in a timely way, demonstrated openness and transparency to patients with apologies provided where appropriate. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, concerns and

complaints were discussed promptly and informally at daily morning meetings, followed by investigations which were documented. Learning points and any remedial action was identified, shared with practice staff and implemented.

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

Aims and Objectives were set out in the Statement of Purpose for the practice, however, this was not visible to patients. The practice was in the process of writing their vision and values statements to provide a clearer direction to deliver high quality care and promote good outcomes for patients. Working with other local practices, the practice was developing a strategy and sustainable business plans which was in line with the NHSE vision for primary medical services.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the practice 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 available to all staff and were implemented, however, we did find some gaps in implementation.
- 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.
- Arrangements were in place for identifying, recording and managing risks, issues and implementing mitigating actions. However, some gaps or the need for review and updating were identified in systems during the inspection, such as the management of medicines, fire safety and Equality Act compliance.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care, however, we did find gaps in the implementation of some policies. 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 people 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, daily meetings and planned to improve the recording and sharing of notes of these discussions.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The practice received consistently positive feedback from patients. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, following patient feedback, the practice had improved the telephone access for patients by the introduction of new telephone lines; and had improved 'on line' access for patients for the re-ordering of repeat

Are services well-led?

Good 

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

prescriptions and the booking of appointments. Members of the PPG we spoke with told us that the practice was approachable and listened to issues raised and acted where appropriate. For example, the appointment system was actively monitored to match capacity to demand throughout the day; and staff name badges had been introduced.

- The practice had gathered feedback from staff through daily coffee time meetings and generally through staff appraisals, other discussions and meetings. 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.

There was a strong 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 participated in the Hale & Hearty Scheme, Blue Triangle scheme for those patients with dementia, had a social prescribing champion and personal assistants for GPs. The practice was actively seeking additional funding to extend and improve services to transient and vulnerable patient groups; and was working with other local practices to develop sustainable arrangements for the future. The practice had very effective daily communication and used this along with local health research and patient feedback to learn how to improve services.

Continuous improvement

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>Regulation 12(2)(f) & (g)</p> <p>There were insufficient quantities of medicines available in case of emergency; and staff were not following policies and procedures about managing medicines and security of blank prescriptions, in line with current legislation and guidance.</p> <p>Medicines were not stored appropriately and safely. Staff were not following policies, procedures, guidance and current legislation for storage, administration and disposal of medicines.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment</p> <p>How the regulation was not being met:</p> <p>Regulation 15(1)(d) (e)</p> <p>Not everything reasonably practicable had been done to provide suitable premises and equipment in relation to fire safety.</p>