Elm Hayes Surgery

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?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Elm Hayes Surgery on 2 November 2016. Overall the practice is rated as good.

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

- The practice recognised the value of learning from significant events and had a system to review them regularly and as part of everyday practice. The practice carried out a thorough analysis of the significant events to look for root cause, ways to prevent any reoccurrence and identify any improvements needed. The significant events were a standing agenda item in meetings and learning was shared across the whole practice.
- 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. The practice had supported many staff and provided training including National Vocational Qualifications (NVQ) in customer service and team leadership, NVQ in dispensing, practice managers diploma, NVQ in health care and diabetes and respiratory programmes.
- The practice had a clear vision to provide patients with the traditional values of personal, high quality, patient focussed, responsive health care delivered from modern premises.
- 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. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had undertaken a number of analyses of the patient's satisfaction and experience; they had looked at the difficulty with regards to patient telephone access, and implemented additional phones lines and advertised the benefit of online appointment booking to improve access.
- 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.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs. At Elm Hayes Surgery patients could access a number of services provided by other care providers including; counselling, audiology, podiatry, community paediatricians and a drugs and alcohol team.
- 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.

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 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 to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- We saw evidence that the practice was consistently one of the leading practices in the locality for being a high user of electronic prescribing.
- 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 as comparable to 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

- The practice had arranged a monthly carer's drop in clinic at the practice hosted by the local carer's network which was scheduled to start on the 28th November 2016.
- 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 (CCG) to secure improvements to services where these were identified. For example, the practice participated in a Bath and North East Somerset Enhanced Medical Service (BEMS) focussed weekend working initiative whereby the practice offered clinics on Sundays every week.
- 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 excellent facilities and was well equipped to treat patients and meet their needs.
- The practice participated in a local social prescribing initiative whereby patients with non-medical issues, such as debt or social isolation could be referred by the practice to a single hub for assessment as to which alternative service might be of most benefit.
- The practice provided a regular GP visiting service and urgent care to two local care homes. A named GP or deputy visited weekly to provide a "ward round review" and assess all new residents on admission.
- The practice was training two nurses in diabetes management and had monthly meetings with the diabetes integrated service to facilitate training and provide virtual clinic reviews.
- 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?

Good

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

Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to 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.
- 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 for managing 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. There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older patients in its population and had a range of enhanced services, for example in influenza, pneumococcal and shingles immunisations.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice visited local care homes on a weekly basis.
- The practice held monthly meetings with community based staff to discuss the care of patients in this population group including those receiving palliative care.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and ran the following clinics: diabetes, asthma and chronic obstructive pulmonary disease (COPD - a range of chronic lung conditions). Patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was higher than local and national averages. The percentage of patients with diabetes, on the register, in whom the last blood test was within target range in the preceding 12 months (2014 to 2015) was 86% compared to a local average of 81% and a national average of 78%.
- The practice had implemented regular meetings to commence in November 2016 with the diabetes integrated service to facilitate training and education and provide “virtual” clinic reviews of patients with diabetes
- 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

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young patients who had a high number of Accident and Emergency (A&E) attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Childhood immunisation clinics were run by two nurses with administration support to minimise the distress to children and additional childhood immunisation clinics were held at intervals throughout the year on Saturday mornings or weekday afternoons to provide flexible appointments.
- The practice's uptake for women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding five years in 2014/15 was 85% which was higher than both the clinical commissioning group average of 83% and the national average of 82%.
- Community paediatrician clinics were held on site.
- Appointments were available outside of school hours and the premises were suitable for children and babies. There were baby changing and feeding rooms available.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice offered a family planning and sexual health service with a sexual health nurse and a GP with specialised interest in women's health and family planning who assessed patient need, initiated treatments and offered ongoing monitoring of all family planning and sexual health needs.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Summary of findings

- Extended hours appointments were available from 6.30pm to 7.30pm on Monday evenings for patients to attend outside of routine working hours. A Saturday morning clinic was available once a month.
- The practice offered telephone consultations for all patients which was useful for working patients.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including homeless and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and 91% of these patients on their register had received an annual health check and a written care plan in 2015/16.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- 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 held monthly multi-disciplinary meetings with the health visiting team to discuss at risk children.
- The practice participated in a local social prescribing initiative whereby patients with non-medical issues, such as debt or social isolation could be referred by a the practice to a single hub for assessment as to which alternative service might be of most benefit.

People experiencing poor mental health (including people with dementia)

Good

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

- 89% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months (2014 to 2015), which is above both the clinical commissioning group average (CCG) of 86% and the national average of 84%.

Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended emergency A&E 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 in below local averages and above national averages. Two hundred and twenty-nine survey forms were distributed and 118 were returned, a completion rate of 52% (which represents 1.4% of the patient population).

- 80% of patients found it easy to get through to this practice by phone compared to a clinical commissioning group (CCG) average of 91% and a national average of 73%.
- 90% of patients described the overall experience of this GP practice as good compared to a CCG average of 94% and a national average of 85%.
- 86% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to a CCG average of 90% and a national average of 79%.
- 75% of patients were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 85% and a national average of 76%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 13 comment cards, all of which were positive about the standard of care received. Patients commented on the professional, helpful and caring service they received from the GPs and staff at the practice.

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

Elm Hayes Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser and a pharmacist specialist.

Background to Elm Hayes Surgery

Elm Hayes Surgery is a long established family practice which is situated within a modern purpose built premises in the large village of Paulton which is located to the north of the Mendip hills in Bath and North East Somerset. The practice is wheelchair accessible with automatic doors and lifts to the practice.

The practice is approved for training doctors who wish to become GPs. It provides services to approximately 8,400 patients under a Personal Medical Services contract. The contract includes enhanced services such as minor surgery and childhood vaccines. This contract acts as the basis for arrangements between the local NHS Commissioning Board and providers of general medical services in England.

The Practice has four GP partners (two male and two female) and two GP associates (both female) which is equivalent to five whole time GPs. The clinical team consist of five practice nurses and two health care assistants (all female). The practice management team comprises of a practice manager and an assistant practice manager who are supported by a reception team manager and a team of 11 secretaries, administrators and receptionists.

Information from Public Health England 2015 shows the practice population age distribution is comparable to both local and national averages. The area the practice serves has relatively low numbers of patients from different cultural backgrounds

The general Index of Multiple Deprivation (IMD) population profile for the geographic area of the practice is in the second least deprivation decile. (An area itself is not deprived: it is the circumstances and lifestyles of the people living there that affect its deprivation score. Not everyone living in a deprived area is deprived and that not all deprived people live in deprived areas). The prevalence of patients with a long standing health condition is 57% compared to the local clinical commissioning group (CCG) average of 52% and the national average of 54%. People living in more deprived areas and with long-standing health conditions tend to have greater need for health services.

Average male and female life expectancy for the practice is 78 and 82 years respectively, which is comparable to the national averages of 79 and 83 years.

The practice is open between 8am and 6.30pm, Monday to Friday. Appointments are available between 8.30am and 5.40pm. Extended surgery hours are offered every Monday evening between 6.30pm and 7.30pm. A Saturday clinic is also available once a month. Appointments could be booked up to six weeks in advance and urgent on the day appointments were also available.

When the practice is closed patients are advised, via the practice website and an answerphone message, to ring the NHS on 111 for advice and guidance. Out of hours services are provided by Bath and North East Somerset Doctors urgent care (BDUC).

The practice provides its services from the following address:

Clandown Road

Detailed findings

Bristol

BS39 7SF

This inspection is part of the CQC comprehensive inspection programme and is the first inspection of Elm Hayes Surgery.

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 2 November2016. During our visit we:

- Spoke with a range of staff including three GPs, the practice manager, the assistant manager, three practice nurses, three dispensary team members and three members of the reception and secretarial teams.
- We spoke with three patients who used the service and two members of the patient participation group.
- Observed how patients were being cared for and talked with carers and family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 13 comment cards where patients shared their views and experiences of the service.

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- 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. All staff were invited to attend quarterly significant event review meetings. We saw minutes that demonstrated all significant events were discussed, actions taken and learnings were reflected upon to prevent the same thing happening again.

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, following a medicine safety recall alert the practice manager ran a search to check for stock in the practice, discussed with the dispensary team and ensured that none of the relevant medicine was in the practice. The process, actions and outcomes were all logged on a safety alert register.

Overview of safety systems and processes

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

- There were arrangements to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff and flowcharts were displayed on staff noticeboards throughout the practice. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were all trained to child protection or child safeguarding level three and nurses and health care assistants to a minimum level two. All other staff were trained to a minimum child safeguarding level one.
- A notice in the waiting room and in treatment 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 (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 and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines' audits, with the support of the local clinical commissioning group (CCG) 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 to monitor their use. Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with

legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presenting for treatment. Health care assistants were trained to administer vaccines and medicines against a patient specific direction (PSD) from a prescriber. A PSD is a written instruction, from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient.

- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system to monitor the quality of the dispensing process. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures to manage them safely. There were also arrangements for the destruction of controlled drugs.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

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

Arrangements to deal with emergencies and major incidents

The practice had good arrangements 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. The practice also had panic buttons located in various places throughout the premises which were linked directly to the police in the event of an emergency.
- All staff received annual basic life support training and there were emergency medicines available in the utility 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.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

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 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 100% of the total number of points available. The practices overall exception rate was 14.2% which is higher than the national average of 9.2%. (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 an outlier in exception rates for a number of clinical conditions including, dementia, diabetes, asthma and cancer. We looked into the exception rates during our inspection, from the records and information we saw we did not find any concerns relating to the clinical care for these patients.

Data from 2014/15 showed:

- Performance for diabetes related indicators were above both the local and national averages, for example:
- The percentage of patients with diabetes whose last blood pressure reading (in the last 12 months 2014/15) was 86% which was above both the CCG average of 81% and the national average of 78%.
- The percentage of patients with diabetes who had a foot examination and risk classification (in the last 12 months 2014/15) was 96% which was above both the CCG average of 92% and the national average of 88%.
- The percentage of patients with hypertension (high blood pressure) having regular blood pressure tests was 86% which was above both the CCG and national averages of 84%.
- Performance for mental health related indicators were above both the local and national averages:
- The percentage of patients with a serious mental health condition who had a record of their alcohol consumption (in the last 12 months 2014/15) was 100% which was above both the CCG average of 91% and the national average of 90%.
- The percentage of patients with dementia whose care plan has been reviewed in the last 12mths (2014/15) was 89% which was above both the CCG average of 86% and the national average of 84%.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits completed in the last two years, three of these were completed audits where the improvements were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- We saw evidence that the practice was consistently one of the leading practices in the locality for being a high user of electronic prescribing.
- Findings were used by the practice to improve services. For example, recent action taken as a result included identifying patients on a certain medicine for a heart condition and ensuring they were all on the correct treatment plan and had the most up to date care advice.

Information about patients' outcomes was used to make improvements such as: the practice identified an administration staff member to support the safeguarding lead GP. Their role involved attending health visitor liaison meetings and completing administration and recalls for childhood immunisations to ensure that frequent non-attenders were highlighted, discussed at multi-disciplinary meetings and contacted.

Good

Are services effective?

(for example, treatment is effective)

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. The practice was supporting and funding two of the nurses to complete diabetes management training. The practice had also supported many staff and provided training including National Vocational Qualifications in customer service and team leadership, dispensing, health care, practice managers diploma, and diabetes and respiratory programmes.
- 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, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. The practice also participated in protected learning time at regular intervals throughout the year.

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 patients, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who might 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 and alcohol. Patients were signposted to the relevant service.
- Dietary advice and smoking cessation advice was available from the nursing team.

The practice's uptake for the cervical screening programme was 86%, which was comparable to both the CCG average of 83% and the national average of 82%. The practice telephoned patients who did not attend for their cervical

Good

Are services effective?

(for example, treatment is effective)

screening test to remind them of its importance. The practice demonstrated how they encouraged uptake of the screening programme and they ensured a female sample taker was available. There were systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice's uptake for females aged between 50-70 years, screened for breast cancer in last 36 months was 83%, which was above both the CCG average of 73% and the national average of 72%. The practices uptake for patients aged between 60-69 years, screened for bowel cancer in last 30 months was 63% which was above both the CCG average of 61% and the national average of 58%.

Childhood immunisation rates for the vaccines given were comparable to CCG averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 97% to 99% compared to CCG averages of 94% to 97%. Childhood immunisation rates for the vaccines given to five year olds ranged from 94% to 98% compared to CCG averages of 91% to 98%.

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

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 treatment and 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. There was a poster in the reception area advising patients that a private room was available.

All of the 13 patient Care Quality Commission comment cards we received were positive about the care provided. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Comment cards highlighted that patients were satisfied with the care provided by the practice and highlighted that patients' dignity and privacy was respected.

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

- 86% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 93% and national average of 89%.
- 85% of patients said the GP gave them enough time compared to the CCG average of 91% and national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 98% and national average of 95%.
- 85% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 85%.
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 94% and national average of 90%.
- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 94% and 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. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients felt involved in planning and making decisions about their care and treatment. All the patients we spoke to during our inspection told us they felt involved in their care however results from the GP survey were below or in line with local and national averages. For example:

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 86%.
- 77% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 88% and national average of 82%.
- 77% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 89% and 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. Information leaflets were available in easy read format.
- The practice had a hearing loop in reception to assist patients with hearing aids.

Patient and carer support to cope emotionally with care and treatment

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

Good

Are services caring?

the practice website. The practice had arranged a monthly carer's drop in clinic at the practice hosted by the local carer's network which was scheduled to start on the 28th November 2016.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 261 patients as carers (1.5% of the practice list). Written information was available to direct carers to the various avenues of support available to them including social prescribing. The practice displayed carer's information such as leaflets and electronic notices on the health education screen in the waiting room. The practice had a carers lead and all carers were offered annual health checks.

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/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. For example, the practice participated in a Bath and North East Somerset Enhanced Medical Service (BEMS) focussed weekend working initiative whereby the practice offered clinics on Sundays every week.

- The practice offered extended hours from 6.30pm to 7.30pm on Monday evenings alongside one Saturday clinics per month for working patients who could not attend during normal opening hours. Each GP also had bookable telephone appointments available to improve access for patients unable to attend the practice.
- The practice were training two nurses in diabetes management and had implemented monthly meetings with the diabetes integrated service to facilitate training and provide virtual clinic reviews.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- Monthly meetings took place that included discussions of hospital admissions, hospital discharges and palliative care patients.
- The practice participated in a local social prescribing initiative whereby patients with non-medical issues, such as debt or social isolation could be referred by a GP to a single hub for assessment as to which alternative service might be of most benefit.
- The practice provided a regular GP visiting service and urgent care to two local care homes. A named GP or deputy visited weekly to provide a "ward round review" and assess all new residents on admission.
- Elm Hayes Surgery had been purpose built in 2009, there were excellent facilities for patients including a lift, disabled facilities, a private interview room, baby change and breast feeding rooms, a hearing loop and translation services available.
- Patients had on site access to various services provided by other care providers including; counselling, audiology, podiatry, community paediatricians and a drugs and alcohol team at the practice.
- The practice was able to provide pharmaceutical services to approximately 30% of patients on the practice list who lived more than one mile (1.6km) from their nearest pharmacy premises. The practice had arranged a home delivery service for some patients who were unable to get to the surgery to collect their dispensed medicines.
- Some medicines were made up into blister packs to help people with taking their medicines, and there were systems for dispensing and checking these.

Access to the service

The practice was open between 8am and 6.30pm, Monday to Friday. Appointments were available between 8.30am and 5.40pm. Extended hours were offered every Monday evening between 6.30pm and 7.30pm. A Saturday clinic was also available once a month. Appointments could be booked up to six weeks in advance and urgent on the day appointments were also available.

Out of hours cover was provided by Bath and North East Somerset Doctors urgent care and could be accessed via NHS 111.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above local and national averages with the exception of being lower than the local average for patients being unable to get through to the practice easily by telephone. The practice had analysed this data and then added additional phones lines and advertised the benefit of online appointment booking. Following the improvements the practice undertook an additional patient survey, gathering feedback from 250 patients, to

Good

Are services responsive to people's needs?

(for example, to feedback?)

see if the improvements had impacted on patient satisfaction. The results showed that 90% of patients were fairy or very satisfied with getting through to the practice by telephone. We saw evidence on the day of our visit that 65% of patients had signed up for online appointment booking.

- 86% of patients were satisfied with the practice's opening hours compared to the CCG average of 85% and national average of 78%.
- 80% of patients said they could get through easily to the practice by phone compared to the CCG average of 91% and national average of 73%.

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

The practice had a system to assess:

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

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

Listening and learning from concerns and complaints

The practice had an effective system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw information was available to help patients understand the complaints system.
- There were complaint leaflets and notices on the information screens in the waiting area; details were also available on the practice's website.

We looked at eight complaints received in the last 12 months and found that all complaints were dealt with in a timely manner, with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a complaint was received from a patient who was unhappy at not being made aware of a delay to their referral appointment due to the practice not submitting an additional form requested after the referral had been received. The patient was given an apology and this was investigated by the practice who had amended their procedures and implemented a letter template to advise patients when further forms had been requested which may lead to a delay in their appointment. This was discussed at a staff meeting to ensure all staff were aware of the new procedure.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to provide patients with the traditional values of personal, high quality, patient focussed, responsive health care delivered from modern premises.

- The practice had a mission statement which was available to staff on the practice intranet and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

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 were approachable and always took the time to listen to all members of staff.

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

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team away days were held annually.
- Staff said they felt respected, valued and supported, particularly by the partners and practice manager 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 PPG were newly formed approximately eight months ago and were working as a virtual group. They had submitted proposals for improvements to the practice management team such as notifying the practice of the difficulty with telephone access. The practice used this

Are services well-led?

Good

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

information alongside survey data to improve telephone access by implementing additional phones lines and advertising the benefit of online appointment booking.

- The practice had gathered feedback from staff 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 took part in a local social prescribing initiative. This is where patients with non-medical issues, such as financial debt or social isolation, could be referred by a GP to a single hub for assessment to find which alternative service might be of benefit.
- The practice was a teaching and training practice and provided placements for year four and five medical students.
- The practice was supporting and funding two of the nurses to complete diabetes training. The practice had also supported many staff and provided training including National Vocational Qualifications (NVQ) in customer service and team leadership, NVQ in dispensing, practice managers diploma, NVQ in health care, diabetes management and respiratory programmes.