

Rush Hill 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?

Requires improvement



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

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11
Outstanding practice	11

Detailed findings from this inspection

Our inspection team	12
Background to Rush Hill Surgery	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	25

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Rush Hill Surgery on 17 December 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed and responded to 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 kindness, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw one area of outstanding practice:

- The GPs attended safeguarding meetings and the lead GP attended meetings with external agencies and always provided reports where necessary for

Summary of findings

other agencies. The lead GP also ran an annual training events for staff to update on safeguarding issues, the Mental Capacity Act and other related topics such as female genital mutilation.

The area where the provider must make improvements are:

Ensure the system for handling, storing and recording details of blank prescriptions be reviewed and monitored.

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



- 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, people receive reasonable support, truthful information, a verbal and written apology and are 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 people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- The practice must review the system for handling, storing and recording details of blank prescriptions.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- The practice identified areas for audit and changes from NICE guidelines and reviewed their processes in line with evidence based practice.
- We also saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients.
- Data showed that the practice was performing highly when compared to neighbouring practices in the Clinical Commissioning Group. For example data from the Health and Social Care Information Centre showed 100% of targets achieved in chronic kidney disease, asthma, Chronic Obstructive Pulmonary Disease(COPD) and dementia. With overall 100% clinical quality outcomes data, 2.4% above the national average.
- The practice used innovative and proactive methods to improve patient outcomes and worked with other local

Summary of findings

providers to share best practice. For example the practice had developed a template for asthma management with prescribing guidance which had been published and shared across local practices.

- The practice had completed extensive audits including three repeated audits, for example; an audit of patients on novel oral anticoagulant medication demonstrated that all 29 (100%) patients were prescribed the correct dose of medication. This compared to 89% in the previous audit.
- The practice had employed an extra GP to provide short term winter cover to support the increased demand known to occur over the winter months.

Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with kindness, 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 also saw that staff treated patients with compassion and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It 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, the practice had implemented an automated phone system so patients could book appointments anytime of the day or night. This was recently implemented following a review of patient feedback.
- 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.

Good



Summary of findings

- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was a standing agenda item in the weekly meetings and shared with staff and other stakeholders.

Are services well-led?

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

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population. 25% of patients over 75 had a personalised care plan.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had developed electronic templates to ensure best practice. For example care plans contained a link to upload the files directly to the Out of Hours provider website.

Good



People with long term conditions

The practice is rated as outstanding for the care of people with long-term conditions. For example, all the indicators for diabetes were higher than the national average;

- The percentage of patients with diabetes, on the register, who have had influenza immunisation (2014 to 2015) was 98.26% (which was higher than national average 94.45%)
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (2014 to 2015) was 86.86% (higher than national average of 80.53%).
- The percentage of patients with high blood pressure having regular blood pressure tests was 88.62% compared to the national average of 83.65%.
- The practice worked with a local pharmacist, hospital consultant and diabetic nurse specialist to implement a more clinically and cost effective blood glucose testing kit which had proven benefits for patients with diabetes. Although this was a CCG wide scheme the practice achieved approximately 60% uptake compared to the CCG average of approximately 30% by implementing a personalised recall system and ensuring the process was integrated across the nursing, pharmacy and reception team.
- The practice was working proactively to share examples of good practice including an electronic template for asthma management prescribing which had been published and shared across local practices.

Outstanding



Summary of findings

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

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.

The practice supported the C card system to young people. This was where young people could ask for condoms and chlamydia testing kits with no appointments or questions.

- The practice's uptake for the cervical screening programme was 80.71%, which was comparable to the national average of 81.83%
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.

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.
- The practice had acted on feedback relating to accessing appointments and had introduced a phone automated appointment service so patients could now book appointments anytime of the day or night.

Good



Summary of findings

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- It offered longer appointments for people with a learning disability or complex health needs.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told 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 lead GP for safeguarding had undergone additional safeguarding training with local government and multiagency teams, and cascaded the learning and training to the practice. For example, they recently cascaded two recent updates relating to female genital mutilation and radicalisation.

Good



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).

- Performance for mental health related indicators was better than the national average. For example;
- The percentage of patients with a serious mental health problem who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (2014 to 2015) was 94.87% compared to a national average of 88.47%
- The dementia diagnosis rate was 94.23 % which was better than the national average of 84.01%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It carried out advance care planning for patients with dementia, and signposted patients and carers to support groups and voluntary agencies.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Good



Summary of findings

- It 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 people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 8 July 2015. The results showed the practice was performing comparably with local and national averages. 265 survey forms were distributed and 109 were returned.

- 85% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 81% and national average of 75%.
- 86% patients said they could get through easily to the surgery by phone compared to the CCG average of 91% and the national average of 73%.
- 76% usually get to see or speak to their preferred GP compared to the CCG average of 68% and the national average of 60%.
- 91% said they found the receptionists at the practice helpful compared to the CCG average of 92% and the national average of 87%.
- 84% said the last appointment they got was convenient compared to the CCG average of 91% and the national average of 85%.
- 76% patients described their experience of making an appointment as good compared to the CCG average of 85% and the national average of 73%.

- 75% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 70% and the national average of 65%.
- 93% describe their overall experience of this surgery as good compared to the CCG average of 91% and the national average of 85%.
- 92% would recommend this surgery to someone new to the area compared to the CCG average of 87% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 49 comment cards all of which were positive about the standard of care received. The patients expressed that all the staff were respectful, helpful, kind and excellent, however five cards expressed negative comments, the theme from these related to access to appointments.

We spoke with 12 patients during the inspection. All 12 patients said that they were happy with the care they received and thought that staff were kind, committed and caring. Two patients also expressed the same comments relating to delays in appointments and not being updated by staff if appointments were delayed.

Areas for improvement

Action the service MUST take to improve

The practice must review the system for handling, storing and recording details of blank prescriptions.

Outstanding practice

- The GPs attended safeguarding meetings and the lead GP attended meetings with external agencies and always provided reports where necessary for

other agencies. The lead GP also ran an annual training events for staff to update on safeguarding issues, the Mental Capacity Act and other related topics such as female genital mutilation.

Rush Hill 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 advisor, a second CQC inspector, a practice manager specialist advisor and an Expert by Experience.

Background to Rush Hill Surgery

Rush Hill Surgery is situated on the south west hills of the city of Bath with a branch site at Weston surgery in the north west of Bath. The practice population is approximately 6,350 and is below the national average in areas of social deprivation. During our inspection we visited the site at Rush Hill Surgery and did not visit Weston Surgery.

The Rush Hill Surgery is a purpose built building with level access from the main road. Most of the clinical rooms for patient use are located on the ground floor. A lift is available for those that need to access the clinical rooms on the second floor and are unable to manage stairs. The building is shared with Rush Hill Dental practice which is a provider of dental services.

The practice has four GP partners, two male and two female, one salaried GP and one salaried retained GP. The GPs are supported by three practice nurses and a health care assistant. The practice is a training practice and at the time of inspection had one specialist GP trainee.

The practice is open between 8am and 6pm Monday to Friday. Appointments are available from 8 am to 12.20pm and 2.30pm to 5.20pm. Extended hours surgeries are offered on Monday and Tuesday evenings from 6pm to 7.30pm. and alternative Wednesday's until 7:30pm

Out of Hours services are provided by NHS 111 and Northern Docs when the surgery is closed overnight and at weekends.

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 that we hold about the practice and asked other organisations to share what they knew. During our visit we:

- Spoke with a range of staff including GPs, receptionists, admin and management staff, practice nurses and community staff and spoke with patients who used the service.

Detailed findings

- Observed how people were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice.

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were easily accessible to all staff and kept under regular review by the lead GP for safeguarding. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The GPs attended safeguarding meetings and the lead GP attended meetings with external agencies and always provided reports where necessary for other agencies. The lead GP also ran an annual training events for staff to update on safeguarding issues, the Mental Capacity Act and other related topics such as female genital mutilation. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs and the practice nurses were trained to safeguarding level three for children.
- A notice in the waiting room advised patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and

had received a disclosure and barring 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 lead who liaised with the local practices to share best practice and training. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). However prescription pads were not locked within the printers and the clinical rooms were not always locked throughout the day. This was identified to the practice on the day of the inspection and we were advised that prescription security would be reviewed by the practice team.
- The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group pharmacist, to ensure prescribing was in line with best practice guidelines for safe prescribing. Patient Group Directions (PGD) had been adopted by the practice linked to the local CCG. PGDs allow nurses to administer medicines in line with legislation. The practice used Patient Specific Directions to enable health care assistants to administer vaccines.
- We reviewed four personnel files and found that 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 reception office. The practice had up to date fire risk

Are services safe?

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 also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice had robust systems in place for covering across both sites and all staffing groups to ensure that enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

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

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

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 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.
- The practice had designed and introduced specific templates to ensure a robust system to structure and link the patients conditions, medications and recalls to improve patient outcomes which was reflected in the quality outcomes data.

The practice identified areas for audit from reviewing the needs of their patient population and from changes from NICE guidelines which may impact on their current practice to ensure their processes in line with evidence based practice. For example this had led to an audit on the use of antibiotics, and an audit on the use of anticoagulant medication in patients with a condition called atrial fibrillation (a heart condition) to ensure patients were on the most appropriate treatment.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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, with 8% clinical exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 9 December 2015 showed;

Performance for diabetes related indicators was better than the Clinical Commissioning Group (CCG) and national average. For example;

- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (2014 to 2015) was 96.35% which was higher than the national average of 88.3%.
- The percentage of patients with atrial fibrillation who met the clinically appropriate criteria to be treated with anticoagulation drug therapy or an antiplatelet therapy (2014 to 2015) was 100%, compared to national average of 98.36%.
- The percentage of patients with high blood pressure having regular blood pressure tests was 88.62% compared to the national average of 83.65%.
- Performance for mental health related indicators was better than the national average for example,

The percentage of patients with serious mental health problems who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (2014 to 2015) was 94.87%, compared to a national average of 88.47%.
- The dementia diagnosis rate was 94.23% which was better than the national average of 84.01%.

Clinical audits demonstrated quality improvement.

We were shown 13 clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored. These included two detailed audits. One of these examined the agent of choice and dosing requirements of novel anticoagulant medication in the context of variations in kidney function and weight measurement. The second of these identified the percentage of those patients being treated for gout who achieved blood test thresholds indicating effective treatment of the condition and compliance with current guidelines. Both audits clearly demonstrated improvement for the benefit of patients over two cycles of measurement. For example the audit which examined the agent of choice and dosing requirements of novel anticoagulant medicine found 89% on the correct dose in the first audit cycle compared to 100% in the second cycle.

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

Are services effective?

(for example, treatment is effective)

- Findings were used by the practice to improve services. For example, GPs recently discussed the latest NICE menopause (issued Nov 2015), lipid lowering and dyspepsia guidance to ensure that their own practice with regard to treatment options was aligned with agreed best practice.

Information about patients' outcomes was used to make improvements. For example the practice conducted audits on gout, antibiotic use, inhaled asthma therapies, and oral antidiabetic medication to ensure their care and treatment options were effective.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that 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 e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- 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 these 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 the revalidation of doctors and quarterly protected learning time for all clinical staff. 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.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example a weekly multidisciplinary team meeting was held at the practice which was well attended by midwives, health visitors, and community staff. A bimonthly meeting was held with health visitors to discuss families who may be vulnerable.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that weekly multi-disciplinary team meetings were attended by the community matron, social workers, occupational therapists, physiotherapists GPs and the practice nursing team, and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, 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, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

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

Are services effective?

(for example, treatment is effective)

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and for example a patient was referred to support services for weight management and lifestyle advice and showed a significant positive impact on their health and wellbeing
- The practice worked with local voluntary, health and social care organisations to promote wellbeing.
- A counselling service and a physiotherapy service were available on the premises and the practice worked with the local community team with a service for health promotion for the actively aging.

The practice had a system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 80.71%, which was comparable to the national average of 81.83%. There was a

policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 87.1% to 97.6% and five year olds from 89% to 97%. Flu vaccination rates for the over 65s were 74.26%, comparable to the national average of 73.24%, and at risk groups 37.98% which was below the national average of 47.99%.

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. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 appointments and that conversations taking place in these rooms could not be overheard.
- The reception area design offered privacy and conversations in the reception area could not be heard in the waiting room.

All of the 49 patient CQC comment cards we received were positive about the care they experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. However five cards included some negative comments. The theme from these related to access to appointments.

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

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

- 97% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 93% and the national average of 89%.
- 97% of patients say the last nurse they saw or spoke to was good at giving them enough time compared to the CCG average of 94% and the national average of 92%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 90% and the 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 97% and the national average of 95%.
- 95% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 85%. 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 90%.

Care planning and involvement in decisions about care and treatment

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

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

- 93% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 87%, national average 81%)
- 93% of patients say the last nurse they saw or spoke to was good at explaining tests and treatments (CCG average 92%, national average 90%)
- 88% of patients said the last GP they saw was good at explaining tests and treatments (CCG average of 90%, national average 86%).
- 84% of patients say the last nurse they saw or spoke to was good at involving them in decisions about their care (CCG average 85%, national average 85%)

Staff told us that translation services were available for patients who did not have English as a first language. We were told of four examples of the translation service utilised.

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 had a named GP to lead for carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 2.9% of the practice list as carers. Written information including a carers pack was available to direct carers to the various

avenues of support available to them. Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy 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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice was also working proactively with other local providers to review policies and procedures and share examples of effective practice. For example the practice worked with a local pharmacist, hospital consultant and diabetic nurse specialist to implement a more clinically and cost effective blood glucose testing kit which had proven benefits for patients with diabetes. Although this was a Clinical Commissioning Group (CCG) wide scheme the practice achieved approximately 60% uptake compared to the CCG average of approximately 30% by implementing a robust personalised recall system and ensuring the process was integrated across the nursing, pharmacy and reception team.

- The practice offered later evening access on Monday, Tuesday and alternate Wednesday evenings until 7.30pm for working patients who could not attend during normal opening hours.
- The practice had introduced an automated phone system so patients could book appointments anytime of the day or night. On line services were also available.
- There were longer appointments available for people with a learning disability or complex health needs.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available.
- The practice had installed a lift to improve access at Rush Hill Surgery, staff and patients told us that although stairs could be an issue at the Weston practice there was a system in place to highlight patients who could not manage the stairs and ensure they were offered a ground floor room.
- The Patient Participation Group had asked the practice to fit hand rails to the stairs at Weston Surgery which the practice arranged and was now in place.

However there was no hearing loop available.

Access to the service

The practice was open between 8am and 6pm Monday to Friday. Appointments ranged from 8am to 12.20pm and 2.30pm to 5.20pm. Extended hours surgeries were offered Mondays, Tuesdays and alternate Wednesdays until 7.30pm. In addition to pre-bookable appointments could be booked up to eight weeks in advance, urgent appointments and home visits were available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and above national averages. People told us on the day that they were able to get appointments when they needed them.

- 85% of patients were satisfied with the practice's opening hours compared to the CCG average of 81% and national average of 75%.
- 86% patients said they could get through easily to the surgery by phone (CCG average 91%, national average 73%).
- 76% patients described their experience of making an appointment as good (CCG average 85%, national average 73%).
- 75% patients said they usually waited 15 minutes or less after their appointment time (CCG average 70%, national average 65%).
- 76% usually get to see or speak to their preferred GP (CCG average 68% national average 60%).

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. Learning from complaints was shared across the whole practice team.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system on the practice website and the reception staff.

We looked at four complaints received in the last 12 months and found they were handled in a timely way, with openness and transparency. Lessons were learnt from

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

concerns and complaints and shared across the practice. Action was taken to as a result to improve the quality of care. For example, the automated phone booking system had been recently introduced after a review from patient complaints.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice had a strong ethos of patient centred holistic care which was embedded throughout the practice team. For example we saw that social care needs were considered alongside medical health needs.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities, with good systems in place for clinical supervision.
- Practice specific policies were implemented and were available to all staff
- There was a comprehensive understanding of the performance of the practice
- An extensive 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, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always take 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 that the practice held regular team meetings and had quarterly protected learning time.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings. They were 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.

It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was a PPG which met regularly. Most meetings had been held virtually. The PPG carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG highlighted the need for grab rails at the Weston branch, this was quickly implemented.

The practice had also gathered feedback from staff through an effective team structure and regular team and practice meetings. Staff told us they would not hesitate to give

Are services well-led?

Good 

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

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 and the practice worked effectively as a team and valued input and ideas from the whole team.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and participated in local pilot

schemes to improve outcomes for patients in the area. For example, the practice was working with a pharmacist to ensure patients medications were safe and effective for patients who are vulnerable, and recommendations were effectively followed up.

The practice was working proactively to share examples of good practice including an electronic template for asthma management prescribing which had been published and shared across local practices.

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>Providers must make sure they meet the requirements of the relevant legislation to ensure the safe management of medicines.</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users in relation to the management of prescription security.</p> <p>This was in breach of Regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>