

# Hillview Family Practice

## Quality Report

Hartcliffe Health Centre

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Requires improvement 

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	10
Areas for improvement	11
Outstanding practice	11

### Detailed findings from this inspection

Our inspection team	12
Background to Hillview Family Practice	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	15
Action we have told the provider to take	26

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Hillview Family Practice

on 3 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 patients' needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with 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 practice worked collaboratively with three other GP practices in the area to fund a patient champion to liaise with patients for feedback, undertake health promotion and inform patients about local services.

The area where the provider must make improvement is:

# Summary of findings

- The practice must implement a system of clinical audits which would demonstrate quality improvement.

The areas where the provider should make improvement are:

- The provider should define the lines of accountability within the practice for the shared services and ensure all areas of the practice are included in the infection control audit such as the consultation rooms.
- The provider should produce a written protocol for management of medicines which are used in the practice.
- The practice should record the use of chaperones on the patient record as per their chaperone policy and update the chaperone training.
- Written consent should be obtained for any minor surgical procedures including the insertion of coils and implants.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed with the exception of ensuring the responsibilities for infection control auditing were clearly identified.

### Are services effective?

The practice is rated as good for providing effective services.

Requires improvement



- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- We found the practice did not have a system in place for undertaking clinical audits which would demonstrate the quality of the service provision.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data showed that patients rated the practice comparable with others for several aspects of care.
- Where survey detail highlighted issues the practice had been proactive in addressing them.

# Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained their confidentiality.
- The practice had recruited a patient champion specifically to liaise with patients and engage with them for feedback for improvements for the service.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice 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, participation in the physiotherapy pilot scheme which allowed patients to have a telephone consultation and any follow up appointment within one week of referral.
- Patients said they found it easy to make an appointment, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

Good



- The practice had a vision and business plan which delivered high quality care and promoted good outcomes for patients.
- 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.

# Summary of findings

- 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 reporting and sharing information 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 focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- 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 dementia, influenza and pneumococcal Immunisations.
- It was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice was part of a scheme working with the charity Retired and Senior Volunteer Programme (RSVP) in the area to help to provide social support to their patients who were living in vulnerable or isolated circumstances.
- The practice accessed the Rapid Assessment Clinic for Older people based at the local community hospital and assigned a GP to attend sessions in which to observe the consultant and then take the learning to the practice to share with colleagues.

### People with long term conditions

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

Good



- Nursing staff had specialist training for the management of chronic disease management and patients at risk of hospital admission were identified as a priority.
- 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 (01/04/2013 to 31/03/2014) was 82.82% compared to the national average of 81.6%.
- Longer appointments and home visits were available when needed.
- 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 patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

### Families, children and young people

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

Good



# Summary of findings

- 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 was part of the for young people (4YP) scheme which enabled young people to access sexual health advice.
- 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.

## **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 was a leading practice in the Bristol Clinical Commissioning Group area for undertaking NHS health checks.
- The practice participated in the eConsult (formally Web GP) scheme which provided online consultations.

**Good**



## **People whose circumstances may make them vulnerable**

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

- The practice held a register of patients living in vulnerable circumstances including homeless patients, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- The practice had told vulnerable patients about how to access various support groups and voluntary organisations.

**Good**





# Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children and had attended training in order to recognise signs of domestic violence.
- Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

## People experiencing poor mental health (including people with dementia)

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

- 92.59% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

We spoke with eight patients visiting the practice and we received 30 comment cards from patients who visited the practice. We also looked at the practice's NHS Choices website to look at comments made by patients. (NHS Choices is a website which provides information about NHS services and allows patients to make comments about the services they received). We also looked at data provided in the most recent NHS GP patient survey.

The NHS England- GP Patient Survey data was published on 4 July 2015. There were 462 survey forms distributed for Hillview Family Practice and 99 forms were returned, this was a response rate of 21.4% and represented 1.6% of the number of patients registered at the practice.

The data indicated:

- 73.6% of respondents found it easy to get through to the practice by phone compared to the Clinical Commissioning Group average of 72.7% and national average of 73.3%.
- 85.2% of respondents found the receptionists at this practice helpful compared to the Clinical Commissioning Group average of 88.5% and national average of 86.8%.
- 69.5% of respondents with a preferred GP usually get to see or speak to that GP compared to the Clinical Commissioning Group average of 60.7% and national average of 60%.
- 71.7% of respondents were able to get an appointment to see or speak to someone the last time they tried compared to the Clinical Commissioning Group average of 88% and national average of 85.2%.
- 81.9% of respondents said the last appointment they got was convenient compared to the Clinical Commissioning Group average of 91.2% and national average of 91.8%.
- 44.6% usually wait 15 minutes or less after their appointment time to be seen compared to the Clinical Commissioning Group average of 62.1% and national average of 64.8%.

- 47.4% described their experience of making an appointment as good compared to the Clinical Commissioning Group average of 72.5% and national average of 73.3%.

We found from the information some of these results were comparable or lower than the Bristol Clinical Commissioning Group, and were contrary to the predominantly positive opinions expressed on NHS Choices. The practice had also undertaken an 'Exit Poll for Hillview Family Practice November 2015' to monitor patient satisfaction. This was undertaken with 30 patients for each GP; initial results indicated a high level of satisfaction.

The practice had results from their current 'friends and family test' which was available to patients in a paper format placed in the reception area and online. The latest results indicated patients would recommend the practice.

We read the commentary responses from patients on the comment cards and noted they included observations such as:

- The services were very good or excellent.
- Appointment access was good for patients who confirmed they were able to get appointments on the day if urgent.
- Staff were helpful, respectful and interested in the patients.
- Patients felt treated with dignity and respect
- Patients expressed their satisfaction overall with the treatment received.

We also spoke to patients; the feedback from patients was very positive and praised the care and treatment they received. Patients had commented positively about being involved in the care and treatment provided, and feeling confident in their treatment.

The practice had a virtual patient reference group and a small patient participation group which was widely advertised and information about the group was available on the website and in the practice.

# Summary of findings

## Areas for improvement

### Action the service **MUST** take to improve

- The practice must implement a system of clinical audits which would demonstrate quality improvement.

### Action the service **SHOULD** take to improve

- The provider should define the lines of accountability within the practice for the shared services and ensure all areas of the practice are included in the infection control audit such as the consultation rooms.
- The provider should produce a written protocol for management of medicines which are used in the practice.
- The practice should record the use of chaperones on the patient record as per their chaperone policy and update the chaperone training.
- Written consent should be obtained for any minor surgical procedures including the insertion of coils and implants.

## Outstanding practice

- The practice worked collaboratively with three other GP practices in the area to fund a patient champion to liaise with patients for feedback, undertake health promotion and inform patients about local services.

# Hillview Family Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP special advisor, a nurse special advisor and an expert by experience.

## Background to Hillview Family Practice

Hillview Family Practice is located in a suburban area of Bristol where there is higher than average deprivation. They have approximately 6100 patients registered.

The practice operates from one location:

Hartcliffe Health Centre

Hareclive Rd,

Bristol BS13 0JP

It is sited in a purpose built one storey building. The consulting and treatment rooms for the practice are situated off the main reception and waiting room area. The practice has five consulting rooms; there are two treatment rooms for use by the practice nurse and health care assistant. There is a second treatment room area and waiting area which is shared and managed by the Hartwood Health practice. The building is also shared with services provided through Bristol Community Health who manage the site. There is limited patient parking immediately outside the practice with spaces reserved for those with disabilities.

The practice is made up of four GP partners and one salaried GP and the practice manager, working alongside a

qualified nurse and a health care assistant. The practice is supported by an administrative team made of a business manager, medical secretaries, receptionists and administrators.

The practice was open for urgent and routine appointments between 8.30am – 12.30pm and 1.30 – 6.30pm. Urgent appointment requests will be seen the same day and routine appointments will be given at the first available time. They provide four hours per week of extended hours. This is split early mornings from 7.30 – 8.30 am and evenings 6.30 – 7.30 pm. They are currently reviewing their GP rota as they have planned changes in the GP partnership. The service also offered ‘same day’ phlebotomy appointments.

The practice has a Personal Medical Services contract with NHS England (a locally agreed contract negotiated between NHS England and the practice). The practice is contracted for a number of enhanced services including extended hours access, facilitating timely diagnosis and support for patients with dementia, patient participation, immunisations and unplanned admission avoidance.

The practice does not provide out of hour's services to its patients, this is provided by BrisDoc. Contact information for this service is available in the practice and on the website.

#### Patient Age Distribution

% aged 0 to 4 years: 8.9% - higher than the national England average.

% aged 5 to 14 years: 13.9% - higher than the national England average.

% aged under 18 years: 18.1% - higher than the national England average.

% aged 65+ years: 11.8% - lower than the national England average.

# Detailed findings

% aged 75+ years: 5.9% - lower than the national England average.

85+ years old: 1.4% - lower than the national England average.

Patient Gender Distribution

Male patients: 49.5 %

Female patients: 50.5 %

Other Population Demographics

% of Patients in a nursing Home: 0.56 %

% with health-related problems in daily life - the practice value 64.3% compared to the national average of 48.8%.

Disability allowance claimants (per 1000) - the practice value is 96 compared to the national average of 50.3.

Working status – Unemployed - the practice value is 12.6% compared to the national average of 6.2%.

The practice is in South Bristol which has the highest number of people with a long term health problem or disability in each age category in Bristol and the highest % of long term conditions.

Hillview Family Practice offers 45,690 appointments per year, a consultation rate of 7.7 per weighted patient. The national average is 5.5, 32,752 appointments for the weighted patient population (as last measured by the HSCIC QResearch report in 2009), therefore the practice delivers an excess of 12938 appointments above the national average. This is in part due to increased levels of prevalence and also due in part to deprivation and general increased demand on services.

All GP practices across Bristol CCG are engaged in contract reviews with NHS England.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and

regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2015, 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. We carried out an announced visit on 3 December 2015. During our visit we:

- Spoke with a range of staff which included reception staff, nurses, GPs, medical secretaries and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and 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 patients 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)

## Detailed findings

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 and the outcomes of the analysis were shared at quarterly meetings.

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. We found significant events were well managed and we were able to track through recorded events and see that there had been shared learning. For example, there was a medicine prescribing error which had not been noted by the prescriber or the pharmacy. The outcome for the patient was that they had not taken the unfamiliar medicine. This raised a concern about patient compliance and presented an opportunity to introduce a safer method of monitoring the patient's medicines through the introduction of a dosette box. This incident was shared by the team; electronic prescribing had since been introduced at the practice and should identify this type of error and prevent it occurring again.

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

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding

meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3 in child protection. We saw evidence of good liaison with the health visiting team which ensured monitoring of 'at risk' families. We found that families were registered with the same GP for continuity of care.

- The practice staff were trained and participated in the Multi Agency Risk Assessment Conference, a local multi-agency victim-focussed meeting (MARAC). A forum where information was shared on the highest risk cases of domestic violence and abuse between different statutory and voluntary sector agencies) and the practice was part of a general practice-based domestic violence and abuse training, support and referral programme (IRIS). Staff also told us how they informally monitored patient who may be vulnerable within the community such as those with a learning disability, and ensured they were safe by making follow up telephone calls to make sure patient arrived home safely.
- A notice in the waiting room advised patients that nurses would act as chaperones, if required. All staff who acted as chaperones had attended training for the role but this had not been recently updated. Staff had undergone a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of patients barred from working in roles where they may have contact with children or adults who may be vulnerable). We found the practice had not fully implemented their policy in respect of how they recorded the use of chaperones on the patient record and this required improvement.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. This was overseen by the building manager employed by Bristol Community Health. We found appropriate schedules in place for all areas and that cleaning audits took place on a monthly basis. There was an infection control audit undertaken by Bristol Community Health for the communal areas of the building. We also found the practice had undertaken a handwashing audit. There was an infection control clinical lead for the shared treatment room and communal areas who liaised with the local infection prevention teams to keep up to date with best practice.

## Are services safe?

There was an infection control protocol and audits in place for these areas. We saw evidence that action was taken to address any improvements identified as a result. As the premises are shared it was difficult to establish the lines of accountability within the practice for the shared service. It was not clear that all areas of the practice had been included in the infection control audit such as the consultation rooms.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). We found the informal system in place provided accurate records of the medicines and no safety incidents had occurred however, the practice should implement a written policy or protocol for staff to follow. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations.
- We reviewed three 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. The records provided good evidence of a robust system of recruitment and monitoring of staff through to the completion of their probationary period.

### 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

practice manager's office. The practice was included in the fire safety arrangements for building overseen by Bristol Community Health. They 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. There were 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 legionella.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. We were shown several examples of rotas and were assured by staff that enough staff were available to deal with demand. The practice did not use locum GPs.

### 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 in the treatment room.
- 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 business continuity plan in place for major incidents such as computer failure or staff illness; however the building manager, Bristol Community Health, retained overall responsibility for the site and essential services.



# 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 patients' needs.
- The practice monitored that these guidelines were followed through the clinical governance arrangements.

### 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 94.2% of the total number of points available, with 4.7% exception reporting for all domains. Data from 2014-15 showed the practice was comparable or above the national average:

- Performance for diabetes related indicators was comparable to the national average. For example, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2013 to 31/03/2014) was comparable to other practices 84.21% and above the national average of 78.53%.
- The percentage of patients with atrial fibrillation with a CHADS2 score (clinical prediction tool for estimating the risk of stroke in patients with non-rheumatic atrial fibrillation) of 1, measured within the last 12 months, who were currently treated with anticoagulation drug therapy or an antiplatelet therapy (01/04/2013 to 31/03/2014) was 100% and the national average was 98.32%.
- Performance for mental health related indicators was comparable to the Clinical Commissioning Group (CCG), for example, the percentage of patients with schizophrenia, bipolar affective disorder and other

psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2013 to 31/03/2014) was 67.39% and the national average was 88.61%.

- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months (01/04/2013 to 31/03/2014) was 93.59% and the national average was 83.82%.

We saw the practice completed clinical audits at the instigation of the CCG in respect of medicines and prescribing. None of these audits were repeated to ensure that the changes that had taken place improved patient care. We were told there had been a clinical audit instigated by a significant event however the practice had not been able to provide the evidence for this. We concluded there was no formal process of clinical auditing with which to demonstrate quality improvement at the practice.

### Effective staffing

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

- The practice had a standard induction programme for newly appointed members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. An induction log was held in each staff file and signed off when completed. The logs we checked had all been completed and signed and the staff we spoke with confirmed they had been through the induction process.
- 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 appraisals, clinical supervision and facilitation and support for the revalidation of doctors. All staff we spoke

# Are services effective?

## (for example, treatment is effective)

with had had an appraisal within the last 12 months. We were told the appraisal system at the practice was used to identify areas for staff development. The practice offered and funded additional training for staff.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a regular basis, for example, the meetings about 'at risk' vulnerable patient took place monthly; whilst patients receiving end of life care were reviewed at a three monthly meeting. The practice participated in the unplanned admission avoidance enhanced service and had 116 of patients with a care plan which were routinely reviewed and updated.

### Consent to care and treatment

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

- We found staff understood the relevant consent and decision-making requirements of legislation and guidance.
- 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 assessed patient's capacity to make an informed decision about their treatment, and if appropriate, recorded the outcome of the assessment.
- The process for seeking consent was demonstrated through records and showed the practices met its responsibilities within legislation but should use written consent for any minor surgical procedures including the insertion of coils and implants.

### Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- A variety of services were available on the premises which patients were referred or made a self-referral to such as a chiropractor. There was also an onsite consultant obstetric clinic. The onsite pharmacy offered support to patients to deal with minor ailments.

We found the percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years (01/04/2013 to 31/03/2014) was 81.19% which was comparable to the national average of 81.88%. 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 Clinical Commissioning Group and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 73.6% to 97.3% and five year olds from 85.1% to 98.9%. Flu vaccination rates for the over 65s were 77.21%, and at risk groups 54.29%. These were also comparable to Clinical Commissioning Group and above the national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

# Are services effective?

(for example, treatment is effective)

NHS health checks for patients 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 patients dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that 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.

Of the 30 patient CQC comment cards we received 29 were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with a member of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. 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 comparable to or below average for its satisfaction scores on consultations with doctors and nurses. For example:

- 77.5% said the GP was good at listening to them compared to the Clinical Commissioning Group average of 89.5% and national average of 88.6%.
- 72.9% said the GP gave them enough time compared to the Clinical Commissioning Group average of 86.5% and national average of 86.6%.
- 90.9% said they had confidence and trust in the last GP they saw compared to the Clinical Commissioning Group average of 96% and national average of 95.2%.
- 73.6% said the last GP they spoke to was good at treating them with care and concern compared to the Clinical Commissioning Group average of 85.3% and national average of 85.1%.

- 85.3% said the last nurse they spoke to was good at treating them with care and concern compared to the Clinical Commissioning Group average of 91.7% and national average of 90.4%.

However data from NHS England Primary Care Web Tool scored the practice as 9th in the Bristol CCG area for patient experience. We asked the practice about these results and were told that the practice had recruited a patient champion specifically to liaise with patients and engage with them for feedback for improvements for the service.

### Care planning and involvement in decisions about care and treatment

Results from the national GP patient survey showed patients had not responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were comparable or lower than local and national averages. For example:

- 82.3% said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group average of 86.4% and national average of 86.0%.
- 61.7% said the last GP they saw was good at involving them in decisions about their care compared to the Clinical Commissioning Group average of 81.8% and national average of 81.4%.

This was inconsistent with the feedback we received from patients who 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 aligned with these views.

The practice had also undertaken an 'Exit Poll for Hillview Family Practice November 2015' to monitor patient satisfaction. This was undertaken with 30 patients for each GP; initial results indicated a high level of satisfaction.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

## Are services caring?

The practice in collaboration with Hartwood Health held a patient self-care week in November 2015 to educate and signpost patients into self-care and support available to them in the community.

### **Patient and carer support to cope emotionally with care and treatment**

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The patient champion undertook health promotion and informed patients about local services. They were working in conjunction with a local charity to implement a patient befriending scheme to combat social isolation.

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them. The practice worked in partnership with agencies to support patients and carers. The practice encouraged families to be registered with the same GP to promote more understanding relationships with patients.

We spoke with staff who told us about the informal support they gave to patients. We were given examples of how they liaised with patients with phone calls and text messages for appointments and assisted patients to access support such as the Citizen Advice Bureau. We heard about how they informally observed patients such as those who may be vulnerable or unwell and shared this information with the clinicians. Reception staff recognised the patients who may encounter difficult situations that make them feel scared or at risk whilst they were out and about in the community. They gave an example of ringing patients to ensure they reached home safely.

When a death notification was received details were passed to the patient's registered or usual GP. The GP will telephone the known relatives to offer them any support or help required. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs or by giving them advice on how to find a support service.

# 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 such as pilot schemes like the Rapid Assessment Clinic for Older people based at the local community hospital.

The practice is in South Bristol which has the highest number of patients with a long term health problem or disability in each age category in Bristol and the highest % of patients with long term conditions. In response to this level of need the practice employed a dedicated nurse team for the specific management of long term conditions and health promotion such as smoking cessation and NHS health checks. Other nursing tasks, such as dressings, were undertaken by the shared treatment room nurse team.

- The practice held monthly multidisciplinary team meetings to review all vulnerable patients (patients at risk of hospital admission or in care homes) with a care plan and those in nursing care who have had an emergency admission to hospital in the preceding 4 weeks.
- The practice hosted other healthcare services in order to facilitate easy access to treatment by patients at the practice such as substance misuse counsellors and psychological support services.
- The practice offered winter rescue packs to patients with chronic obstructive pulmonary disease and encouraged patient to self-manage.
- An administrator had a lead role to contact mothers individually, by telephone and letter, to ensure the maximum attendance at the 8 week post-natal checks and immunisation clinics. All patients who 'did not attend' were notified to the health visitor.
- In partnership with the other 'cluster' practices they had worked with the retired and senior volunteer programme (RSVP) to appoint volunteers to combat the social isolation of older patients.
- There were longer appointments available for patients with a learning disability.
- Dedicated staff were available to make home visits for housebound patients with acute and chronic illness.

- The practice were part of the for young people (4YP) scheme which enabled young people to access sexual health advice.
- There were accessible facilities, hearing loop and translation services available, and level access to the practice which had fully automated doors.

### Access to the service

The practice was open between 8.30am - 12.30pm and 1.30pm – 6.30pm Monday to Friday. In addition to pre-bookable appointments which could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

The practice introduced a new system for appointment which allows for on the day appointment access. The result of this had reduced the morning call volume and resulted in greater availability of pre-bookable appointments.

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 national averages. Patients told us on the day that they were able to get appointments when they needed them.

- 77.3% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group average of 74.6% and national average of 73.8%.
- 73.6% of patients said they could get through easily to the surgery by phone compared to the Clinical Commissioning Group average of 72.7% and national average of 73.3%.

### Listening and learning from concerns and complaints

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

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

We looked at 12 complaints received in the last 12 months and found there was a very clear process in place. Complaints were dealt with in a timely way, and whenever possible direct contact was made with the complainant

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

through a face to face meeting or telephone conversation. The responses to the concerns raised demonstrated openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a

result to improve the service. For example, when complaints had been made against specific staff members the issues were discussed and options identified for further personal development for those individuals.



# 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 written objectives were to deliver high quality care and promote good outcomes for patients. Their identified key values such as the use of evidenced based treatment which underpinned a caring and innovative approach; to treat patients as individuals and value their continuity of care within a confidential and safe environment. The practice promoted an integrated model of care working with other healthcare professionals in the best interests of the patient. The practice had a robust strategy and supporting business plan which reflected the vision for the practice.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff via a shared drive and through the staff handbook.
- A comprehensive understanding of the performance of the practice.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff and support new ideas.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- the practice gave affected patients 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.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings. We also noted that management team away days were held annually.
- Staff said they felt respected, valued and supported, particularly by the partners in 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 patient surveys and the patient champion. There was a PPG which was consulted about practice performance and improvement.
- The practice had also 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 and gave us examples of how they had been able to implement changes and improvements.

### Continuous improvement

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

- The practice were working in partnership with the Hartwood Health practice, Bristol Community Partnership and the Bristol Charities organisation to source new premises for the community.
- They participated in the Rapid Assessment Clinic for older people pilot based at the local community hospital (A rapid medical assessment and management



# Are services well-led?

Good 

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

plan for a deteriorating patient who may otherwise end up in hospital). They assigned a GP to attend four sessions in which to observe the consultant and then took the learning to the practice to share with colleagues.

- The practice was part of the physiotherapy pilot scheme which allowed patients to have a telephone consultation and any follow up physiotherapy appointment within one week of referral.
- They were part of the Primary Care Network research project.
- The practice was part of the One Care Consortium and with other practices accessed the Prime Minister's Challenge Fund for service improvements such as eConsult (formally Web GP).

## 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 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>Good governance</b></p> <p><b>17.—</b>(1) Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part.</p> <p>(2) Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to—</p> <p>(a) assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services).</p> <p>How the regulation was not being met:</p> <p>The practice did not have a system in place to conduct clinical audits which would demonstrate quality improvement at the practice.</p>