

# Harptree Surgery

## Quality Report

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Date of inspection visit: 15 March 2016  
Date of publication: 18/05/2016

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

### Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Harptree Surgery on 15 March 2016. 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. The practice scored highly on the GP patient survey.
- 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.
- The practice provided pharmaceutical services to almost all those patients who used the practice.

The areas where the provider should make improvements are:

- The practice should engage more effectively with the patient participation group to improve collaborative working with service users.
- The practice should review procedures for monitoring temperatures within the dispensary where medicines were stored.

# Summary of findings

- Review the practice of cutting of blister packs and placing them in weekly compliance aids.

**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.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- The practice provided pharmaceutical services to almost all those patients who used the practice. The arrangements for the management of medicines was safe. However the practice should monitor temperatures more effectively within the dispensary where medicines were stored and review the practice of cutting of blister packs and placing them in weekly compliance aids.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance. GPs and nurses all took personal accountability for ensuring they were up to date with current guidelines and cascading new information to the team.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice worked closely with local consultants and invited them to the practice to deliver educational sessions on a regular basis, to continually update knowledge and skills.
- 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.

Good



# Summary of findings

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for all aspects of care. For example, 96% said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and national average of 87%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. For example, 95% said the last nurse they spoke to was good at treating them with care and concern compared to a national average of 90%.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice had worked with other local practices on a forward weekend planning initiative. If GPs had concerns regarding a patient's health over the weekend, appointments could be made for them at the local hospital with the Bath emergency medical service, or for the patient to be visited, so that their health could be reviewed. This had meant that patients who otherwise would have needed admission to hospital could remain at home.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Following results from a patient survey the practice recognised that waiting time was an issue for a number of patients. The practice responded to this by tailoring the length of appointments for each individual GP depending on their working styles.
- 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 the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



# Summary of findings

## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to 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 and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on.
- There was a strong focus on continuous learning and improvement at all levels.

However

- The practice had an online patient participation group (PPG) which had not been effectively engaged or communicated with. The three members we met with recognised that the group was not meeting the objectives of an effective PPG.

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. Individualised care plans were in place for older patients who were at risk of admission. Care plans were shared with other services, to ensure patient wishes were adhered to.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs and this was acknowledged positively in feedback from patients.
- Patients who were carers had been identified by the practice and offered annual health checks.
- The practice had no nursing homes within the practice boundary. However the practice continued to provide medical services to patients who had transferred to a nursing home but wished to continue being registered at the practice.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (04/2014 to 03/2015) was 96% compared to a national average of 88%.
- The percentage of patients with chronic obstructive disease (COPD) who had a review undertaken in the preceding 12 months (04/2014 to 03/2015) was 94% compared to a national average of 90%.
- Longer appointments and home visits were available when needed.
- A nurse visited housebound patients with a long term condition to carry out an annual review.
- Virtual clinics were held on a regular basis to review diabetic patients with complex needs with the local diabetic specialist nurse.

Good



# Summary of findings

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

## 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.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control (04/2014 to 03/2015) was 81% compared to a national average of 75%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years (04/2014 to 03/2015) was 89% compared to a national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

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.
- Extended hours surgeries were held, one morning and one evening each week and alternate Saturday mornings.
- Bookable telephone appointments were available, with a preferred GP, for those unable to attend the practice in person.
- The practice offered full sexual health services for those who required them.

Good





# Summary of findings

- 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.

## 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 people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability. The practice provided medical services to a local learning disabilities home and worked closely with the local learning disabilities consultant to ensure standards of care remained high.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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).

- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months (04/2014 to 03/2015) was 83% compared to a national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Good



# Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results published in January 2016. The results showed the practice was performing in line with local and national averages. Two hundred and thirty seven survey forms were distributed and 125 were returned. This represented a 52% response rate and 2% of the practice's patient list.

- 99% found it easy to get through to this surgery by phone compared to a national average of 73%.
- 90% were able to get an appointment to see or speak to someone the last time they tried compared to a national average of 73%.
- 96% described the overall experience of their GP surgery as fairly good or very good compared to a national average of 85%.
- 96% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to a national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 92 comment cards which were all positive about the standard of care received. Many commented on the helpful, courteous staff, how well they were treated and how fortunate they were to be patients of the practice

We spoke with nine patients during the inspection. All nine patients said they were happy with the care they received and thought staff were approachable, committed and caring. In the friends and family test 92% of patients who responded would recommend the practice to a family member or friend.

## Areas for improvement

### Action the service SHOULD take to improve

- The practice should engage more effectively with the patient participation group to improve collaborative working with service users
- The practice should review procedures for monitoring temperatures within the dispensary where medicines were stored.
- Review the practice of cutting of blister packs and placing them in weekly compliance aids.

# Harptree Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Harptree Surgery

Harptree Surgery is a rural, dispensing practice located about 12 miles south of Bristol. It covers approximately 200 square miles of countryside, and is a 25 minute drive from the centre of Bristol. The practice serves approximately 6,000 patients, across 2 practices in West Harptree and Cameley.

The demographic profile of the practice is mixed with long standing village residents and more recent newcomers. Approximately 3,500 patients are registered at Harptree Surgery and 2,800 at Cameley Surgery, Temple Cloud, although patients can attend the practice of their choice. The practice is part of the Bath and North East Somerset clinical commissioning group. The practice has a higher than average patient population in the over 40 years age group and lower than average in the less than 40 years age group.

The practice is managed by three GP partners, two male and one female and supported by three female salaried GPs as well as three practice nurses, a healthcare assistant and an administrative team led by the practice manager. The practice has four fully trained dispensers who dispense medication for patients under the supervision of the doctors.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are available 8.30am to 11.20am every morning and 2.50pm to 5.40pm every afternoon. Extended hours surgeries are offered between 7.30am and 8.30 am Thursday mornings, 6pm and 7.45pm on either a Tuesday, Wednesday or Thursday evening and 9am to 11.40am on alternate Saturday mornings. In addition to pre-bookable appointments that could be booked up to 12 weeks in advance, urgent appointments were available for people that needed them.

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

The practice has a Primary Medical Services (PMS) contract to deliver health care services. This contract acts as the basis for arrangements between the NHS Commissioning Board and providers of general medical services in England.

Harptree Surgery is registered to provide services from the following locations:

Bristol Road, Bristol, Bath and North East Somerset BS40 6HF

and

Cameley Surgery, Temple Cloud, Bristol. BS39 5BW

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

# Detailed findings

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

## How we carried out this inspection

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

- Spoke with a range of staff, including six GPs, two nurses, a health care assistant, six members of the administrative team and four dispensers and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

- Older people.
- People with long-term conditions.
- Families, children and young people.
- Working age people (including those recently retired and students).
- 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 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. For example, a patient inadvertently took the wrong dose of a blood thinning medicine because of a misunderstanding. The practice audited all patients on the same medicine; repeat prescriptions were altered to ensure the same thing would not happen again. Learns were shared at a practice meeting and new processes implemented.

- Staff recorded safety incidents relating to the dispensary and the action taken to resolve them. Staff told us they discussed incidents, so they were all able to learn from them. We saw a copy of a dispensing errors audit for the year up to May 2015. This included discussion of mistakes and the action taken to reduce the risk of these happening again. Annual dispensing audits are carried out by 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.

### 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 three.

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

### Medicines management

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The practice offered a full range of primary medical services and provided pharmaceutical services to almost 100% of those patients who used the practice.

## Are services safe?

- The practice had a dispensary at the surgery in West Harptree and another at Cameley. Both dispensaries were open Monday to Friday between 08:30 and 18:30. Some dispensary staff worked at just one of the dispensaries, others worked at both. This helped to ensure that both dispensaries worked to the same standards. Standard operating procedures were in place for both dispensaries. These covered dispensary tasks and helped to ensure that staff followed safe practice.
- Arrangements were in place for storing medicines so that unauthorised staff or patients would not be able to access them. Stock medicines were stored securely. Staff monitored the temperatures of the medicines refrigerators to make sure medicines were safe to use. Staff did not monitor the room temperature of medicines storage areas but told us they used a fan in the summer if the room was warm. So they could not be sure temperatures were always at a safe level for storing medicines.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard operating procedures that set out how they were managed. These were followed in practice. Arrangements were in place for the destruction of out of date controlled drugs and those returned by patients. These were separated from the stocks in current use so they would not be used by mistake.
- The practice was signed up to the Dispensing Services Quality Scheme, which rewards practices for providing high quality services to patients of their dispensary. Dispensary staff had received training for their role. Staff received annual appraisals and a check of their competence. This helped ensure they were working to the correct, safe standard and protected patients from the risk of medicines errors.
- Appropriate systems were in place for the safe dispensing of medicines. The dispensing system in place included checks to make sure staff dispensed the correct medicines. Staff told us that when possible a second dispenser would also check the medicines. A doctor checked prescriptions for controlled drugs.
- Staff dispensed some medicines in weekly compliance aids to help people manage their medicines. Systems were in place for the safe dispensing of medicines in these containers. A second member of staff checked the completed compliance aids to reduce the risk of mistakes. However, staff told us that on some occasions they cut a dose of medicine from a blister pack and put it into the compliance aid without removing the blister packaging. This was either to protect staff from handling the medicine or to protect the medicine from exposure to the air. This did not follow good practice guidance because there was a risk a patient might swallow the packaging, causing them harm.
- Staff looked after blank prescription forms in accordance with national guidelines. Prescriptions were printed in the dispensary. Some prescriptions for handwritten use were available. These were stored securely and staff recorded the numbers of those they issued to doctors. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. 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 vaccines after specific training when a doctor or nurse were on the premises.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- 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

## Are services safe?

place for all the different staffing groups to ensure that enough staff were on duty. For example reception staff were trained in all aspects of the role to ensure they had the skills to rotate between tasks according to the needs of the practice.

### **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. A first aid kit and accident book was 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 with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available, with 7% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was better than the national average.
- The percentage of patients with diabetes, on the register, in whom the last blood test was within target range in the preceding 12 months (04/2014 to 03/2015) was 82% compared to a national average of 76%.
- The percentage of patients with high blood pressure in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (04/2014 to 03/2015) was 87% compared to a national average of 84%.

- The percentage of patients with a serious mental health who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (04/2014 to 03/2015) was 96% compared to a national average of 88%.

Clinical audits demonstrated quality improvement.

- There had been four clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, following an incident where a patient had inadvertently taken a wrong dose of a blood thinning medicine, the practice audited all patients on the same medicine, repeat prescriptions were altered to ensure the same thing would not happen again and learns were shared at a practice meeting to ensure all were aware of potential risks and prescribing guidelines. A re-audit demonstrated that the actions put into place had improved practice processes and the potential for this to happen again.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. For example the practice nurse who had a lead role in diabetes met regularly with the practice GP lead and the local diabetic specialist nurse to discuss complex patients and appropriate management options.
- GPs and nurses took personal accountability for ensuring they were up to date with current guidelines and cascading new information to the team. NICE guideline updates were discussed at practice meetings to ensure all members of staff managed patients in line with guidelines.

# Are services effective?

## (for example, treatment is effective)

- Local consultants were invited to the practice to provide education updates on a regular basis. For example the local learning disability consultant had recently attended the practice for this purpose. In addition other local consultants had delivered updates, for example, on chronic kidney disease and safeguarding of vulnerable adults.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, and 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. Advanced care plans were shared with the out of hour's service providers to ensure patients wishes were known and considered when their own GP was unavailable.

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. For example we saw that following the discharge of a frail elderly patient the practice had worked effectively with the community team and family members. The patient received a home visit from the GP and the case was discussed at a multi-disciplinary team meeting. District nurse, community matron and physiotherapy support was activated which had enabled the patient to remain living at home. We saw evidence that multi-disciplinary team meetings took place on a regular basis 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, recorded the outcome of the assessment.

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Smoking cessation advice was available within the practice.

The practice's uptake for the cervical screening programme was 89% which was higher than the national average of 82% There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged

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

uptake of the screening programme. A letter was sent initially and then a telephone call was made by the patients own GP for those who did not respond to invitations from the local cervical screening service. 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 (CCG) averages. For example, childhood immunisation rates for

the vaccinations given to under two year olds ranged from 78% to 97%, compared to a CCG average of 82% to 98%, and five year olds from 90% to 98%, compared to a CCG average of 92% to 98%.

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 for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Staff were compassionate to patients and recognised that emotional needs were as important as physical needs. For example a patient with learning disabilities attended for a health check. The patient had been booked in to see a female GP. The patient preference was to consult with a male GP for some parts of the health check which the practice accommodated.

All of the 92 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three members 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 above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 96% said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and national average of 87%.
- 95% said the GP gave them enough time compared to the CCG average of 90% and national average of 89%.

- 99% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.
- 95% said the last GP they spoke to was good at treating them with care and concern compared to a national average of 85%
- 95% said the last nurse they spoke to was good at treating them with care and concern compared to a national average of 90%
- 98% said they found the receptionists at the practice helpful compared to the CCG average of 93% and national average of 87%.

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

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. 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 in line with local and national averages. For example:

- 96% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 86%.
- 93% said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 89% said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

Staff told us that translation services were available for patients who did not have English as a first language.

### 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.

## Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 123 (2%) of the practice list as carers. Written information 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. 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 had worked with other local practices on a forward weekend planning initiative. If GPs had concerns regarding deterioration of a patient's health over the approaching weekend when the practice was closed, appointments could be made for them at the local hospital with the Bath emergency medical service for their health to be reviewed. This had meant that patients who otherwise would have needed admission to hospital could remain at home.

- Extended hours surgeries are offered between 7.30am and 8.30am Thursday mornings, 6pm and 7.45pm on a Tuesday, Wednesday or Thursday evening and 9am to 11.40am on alternate Saturday mornings for working patients who could not attend during normal opening hours.
- Pre bookable telephone appointments with a preferred GP were available for those unable to attend the surgery.
- The practice operated an automated telephone service which gave access to 24 hour appointment booking.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice provided medical services for a local learning disabilities home. The practice worked closely with the local disabilities consultant who visited the home quarterly with a GP from the practice to ensure that care delivered continued to be of a high standard.

- The practice had no nursing homes within the practice boundary. However the practice continued to provide medical services to patients who had transferred to a nursing home but wished to continue being registered at the practice.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 11.20am every morning and 2.50pm to 5.40pm every afternoon. Extended hours surgeries are offered between 7.30am and 8.30am Thursday mornings, 6pm and 7.45pm on a Tuesday, Wednesday or Thursday evening and 9am to 11.40am on alternate Saturday mornings. In addition to pre-bookable appointments that could be booked up to 12 weeks in advance, urgent appointments were also available for people that needed them.

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

- 87% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 99% patients said they could get through easily to the surgery by phone compared to the national average of 73%.
- 90% patients said they always or almost always see or speak to the GP they prefer compared to the national average of 76%.

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

### Listening and learning from concerns and complaints

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 for example on a poster in the waiting room and the in practice leaflet.

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

We looked at the two complaints received in the last 12 months and these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, following a complaint regarding appointments running late the practice audited time from arrival of patient to the time the patient was

called in to be seen by the GP. As a result of this appointment templates were individualised to be aligned to individual GPs working styles, in order that patient's expectations could be met. The practice continued to audit this and adjust appointment templates as appropriate. If a surgery ran late receptionists were advised to keep patients informed of the length of waiting time.



# Are services well-led?

Good 

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

## Our findings

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

- The practice had a mission statement which staff knew and understood the values.
- The practice had supporting business plans which reflected the vision and values.

### 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
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

### Leadership and culture

The partners in the practice prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through surveys and complaints received. Following results from a patient survey the practice recognised that waiting time was an issue for a number of patients. The practice responded to this by individualising the length of appointments for each individual GP depending on their working styles.
- We met with three patient representatives who were members of an online patient participation group (PPG). We were told that the group had not been asked for feedback, conducted a patient survey or been invited to any meetings. They had attended a meeting on the day before the inspection run by the clinical commissioning group about PPG groups. They recognised that the PPG group they were part of was not meeting the objectives of a PPG group. They were however motivated to initiate this with the support of the practice.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us that communication within the practice team was excellent and they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management, for example, a practice nurse had asked for the length of appointments to administer childhood



# Are services well-led?

Good 

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

vaccines be increased from 10 minutes to 15 minutes. This was agreed and actioned quickly. Staff told us they felt involved and engaged to improve how the practice was run.

## 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 part of local pilot schemes to improve outcomes for patients in the area. For example,

the practice had worked with other local practices on a forward weekend planning initiative. If GPs had concerns regarding deterioration of a patient's health over the approaching weekend when the practice was closed, appointments could be made for them at the local hospital with the Bath emergency medical service for their health to be reviewed. This had meant that patients who otherwise would have needed admission to hospital could remain at home.