

Hillcrest Surgery

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Hillcrest Surgery on 3 August 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 been trained to provide them with 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. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients had access to a physiotherapy service and a counselling service at the practice which reduced the need for them to travel further afield to receive treatment.
- The practice had a library available to patients and the wider community for self-help topics.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had 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.

Summary of findings

The areas where the provider must make improvement are:

- The provider must ensure there are safe systems in place to assess, monitor, manage and mitigate risks to the health and safety of service users associated with the medicines management specifically controlled medicines, patient specific directions and prescription security. The provider should ensure that safe systems are in place for handling confidential waste.
- The provider must implement a protocol for the secure use of NHS 'Smart cards' (cards issued to health professionals for secure access to confidential information, as governed by registration authorities) which maintains patient confidentiality.

The areas where the provider should make improvement are:

- The provider should ensure that the systems for infection control management are maintained and up to date.
- The provider should ensure the health and safety protocols and systems are updated to meet the changed facilities at the practice.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- The provider must ensure that there is a safe medicines management system in place to ensure that patient's wellbeing is not put at risk.
- The provider should ensure that safe systems are in place for handling confidential waste and 'Smart cards' used for accessing patient records.
- The provider should ensure that the systems for infection control management are maintained and up to date.
- The provider should ensure the health and safety protocols and systems are updated to meet the changed facilities at the practice.
- 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 things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

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 several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- 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.
- The practice provided minor surgery including joint injections.
- Nurse led minor illness clinics were held daily.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had 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



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 it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Good



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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on 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.

- The provider must ensure that there is a safe medicines management system in place to ensure that patient's wellbeing is not put at risk.
- The provider must ensure that safe systems are in place for handling confidential waste and 'Smart cards' used for accessing patient records.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Good



People with long term conditions

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

- The provider must ensure that there is a safe medicines management system in place to ensure that patient's wellbeing is not put at risk.
- The provider must ensure that safe systems are in place for handling confidential waste and 'Smart cards' used for accessing patient records.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

- The provider must ensure that there is a safe medicines management system in place to ensure that patient's wellbeing is not put at risk.

Good



Summary of findings

- The provider must ensure that safe systems are in place for handling confidential waste and 'Smart cards' used for accessing patient records.
- 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.
- Family planning services were available in the practice including hormone implants and contraceptive device fitting.
- Same day appointments were available for children.
- Each week a childhood immunisation clinic was held ensuring that patients were able to have their immunisations in a timely way.
- Post-natal and six to eight week baby checks were held together reducing the need for patients to attend for two appointments.
- One of the GP registrars had set up a regular children's clinic to provide support to parents and carers.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, 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 provider must ensure that there is a safe medicines management system in place to ensure that patient's wellbeing is not put at risk.
- The provider must ensure that safe systems are in place for handling confidential waste and 'Smart cards' used for accessing patient records.
- 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.

Good



Summary of findings

- The practice offered early morning appointments from 7.30am on variable days of the week for working patients and those patients who could not attend during normal opening hours. These appointments included chronic disease management and NHS health checks.
- The practice offers an online service for patients to book appointments and order repeat medicines which was accessible 24 hours per day.
- Text reminders are set up if requested to remind patients of their appointments.
- The practice was proactive in offering online health information 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 provider must ensure that safe systems are in place for handling confidential waste and 'Smart cards' used for accessing patient records.
- 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 regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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 provider must ensure that there is a safe medicines management system in place to ensure that patient's wellbeing is not put at risk.
- The provider must ensure that safe systems are in place for handling confidential waste and 'Smart cards' used for

Good



Summary of findings

accessing patient records. 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.
- Counselling services were provided by the practice in the practice premises each week.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 259 survey forms were distributed and 129 were returned. This represented a 50% response rate.

- 92% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 93% of patients said the GP gave them enough time compared to the clinical commissioning group (CCG) average of 90% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP which is similar to the CCG of 97% and national average of 95%.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and national average of 85%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 94% and the national average of 91%.

- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 93% and the national average of 87%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 23 comment cards and a letter which were all positive about the standard of care received.

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

The percentage of respondents to the GP patient survey who described the overall experience of their GP surgery as fairly good or very good was 87% compared to the clinical commissioning group of 92% and national average of 85%. Also 92% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the CCG average of 90% and the national average of 80%.

Hillcrest Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Hillcrest Surgery

Hillcrest Surgery is situated in Peasedown St John, near Bath. The practice supports approximately 6,841 patients from Wellow to the northern edge of Radstock, including the areas of Turley, Camerton and Rockly Ford.

The practice operates from one location.

Hillcrest Surgery

Wellow Lane

Peasedown St John

Bath

BA2 8JQ

The practice is all on one level with consulting rooms and treatment rooms situated off corridors from the central waiting and reception area. There is parking for a small number of vehicles at the front of the practice. The practice was in the process of completing new build additions to the premises which has included changing the layout internally and creating new consulting rooms, treatment rooms and staff areas.

The practice provides surgeries five days a week and consists of five GP partners. There is a lead practice nurse, three practice nurses and one health care assistant. There

is a practice manager who was shared with another local practice, deputy practice manager, and secretary, reception and administration team. The practice is a GP training practice. The practice had two registrars at the time of the inspection.

The practice is open each day from 8am until 6pm and there is extended hour access from 7.30am until 8am on variable mornings during the week.

The practice has a Personal Medical Services contract with NHS England. The practice is contracted for a number of enhanced services including extended hours access, improving patient's online access, timely diagnosis and support for patients with dementia and unplanned admission avoidance.

The practice does not provide out of hour's services to its patients, this is provided by Bath Doctors Urgent Care accessed via 111. Contact information for this service is available in the practice and on the practice website.

Patient Age Distribution

0-4 years old: 6.5% (the national average 5.9%)

5-14 years old: 13% (the national average 11.4%)

Total under 18 years old: 23.3% (the national average 20.7%)

65+ years old: 16.4% (the national average 17.1%)

75+ years old: 7.1% (the national average 7.8%)

85+ years old: 1.9% (the national average 2.3%)

Other Population Demographics

% of Patients with a long standing health condition is 52% (the national average 54%)

% of Patients in paid work or full time education is 66.5% (the national average 61.5%)

Detailed findings

Practice List Demographics / Deprivation

Index of Multiple Deprivation 2015 (IMD): is 13% (the national average 21.8%)

Income Deprivation Affecting Children (IDACI): is 11.4% (the national average 19.9%)

Income Deprivation Affecting Older People (IDAOPI): is 12.6% (the national average 16.2%)

Patient Gender Distribution

Male 49.8%

Female 50.2%

% of patients from BME populations 0%

Patient turnover 2015 6%, the national average 8.5%.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 3 August 2016. During our visit we:

- Spoke with a range of staff 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 incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a delayed diagnosis of a patient's ankle injury after the initial consultation presentation was raised as a significant event. This led to a review of the process of implementation of a universally known clinical assessment tool used at the practice by clinicians. They identified that using the assessment tool would not totally eliminate the risk of missing a bone injury. The significant event analysis process was used as an exercise to remind clinicians of how to use the tool effectively. Where information was received in such as alerts from the Medicines & Healthcare products Regulatory Agency (MHRA) these were shared with the appropriate staff and steps taken to address any action required. For example, the prescribing of certain medicines for the treatment of epilepsy, mental health conditions and severe migraines in women of child bearing age were reviewed. Those patients deemed at immediate risk were reviewed and any changes required in their medication were dealt with appropriately.

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. These arrangements reflected relevant legislation and local requirements. 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 on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3.
- 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 (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. One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol and policy in place. Amendments were required to the infection control policy to ensure that protocols for the decontamination of equipment were included, and up to date infection control guidance documents were used the guidance in use at the time of the inspection was dated 2010. There was no documented information for some of the routine cleaning carried out by the nursing team such as for the treatment rooms. Staff told us they had received up to date training through e learning. Annual infection control audits were undertaken, although some aspects were not included in the current audit tool such as computer keyboards, toys and telephones. However, we saw evidence that action was taken to address any improvements identified by the audit. We observed that staff were not

Are services safe?

following current guidance to ensure that sharps bins (approved containers for certain clinical waste) were dated when first used to ensure that they were changed in the recommended safe time period.

- There were arrangements for managing medicines, including emergency medicines and vaccines, in the practice to keep (including obtaining, prescribing, recording, handling, storing, security and disposal). We found that there were gaps in these arrangements which put patients at risk. We found that medicines were not always being stored safely; we found two types of medicines stored in an unlocked area. Routine checks of medicines had not identified that one medicine had expired in May 2016. We also observed that the medicines for use in an emergency were in an unsecured area accessible to the public. Following the inspection visit we were informed by the practice that medicines kept in unsecured areas, including emergency medicines, were now locked away and there were systems in place to ensure staff had appropriate access during working hours.
- We also found two patients own prescribed medicines had been kept in the medicines cupboard. We found one medicine had been issued in March 2014 and expired August 2016. In regard to the other patient's own prescribed medicine, we saw that it was kept at the practice as it was being used by practice staff to treat suspected pulmonary embolisms when they occurred. This meant patients were being treated with medicines prescribed for other patients and there was no recorded effective audit trail. Following the inspection we were informed the practice had changed their practices in regard to using other patients prescriptions so that this no longer occurred.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. A Health Care Assistant had been trained to administer vaccines and medicines against a patient specific prescription (PSD) or direction from a prescriber. However, during the inspection we reviewed a sample of information in regard to PSD's. We found in one patient record that there was not a documented PSD and the member of staff had given this medicine without checking the document was in place. We also noted that within this patients records there was no planned frequency set for administration and the instructions were noted to be 'as directed'. This meant there was a risk that the patient would not receive the treatment at the appropriate prescribed time or date.
- The practice staff told us they held stocks (although no longer used), of controlled drugs (medicines that require extra checks and special storage because of their potential misuse). During the inspection staff had difficulty locating the keys because of the changes being undertaken through the building programme. When we reviewed the medicines we found the controlled drugs log book was kept with the medicines in the locked cupboard and the two medicines remaining in the cupboard had expired in 2014 and that no checks had been carried out. Through discussion with staff they explained they had found difficulties in making arrangements for the destruction of controlled drugs. Following the inspection we were informed that practice staff had sought advice from the clinical commissioning group community pharmacist in order to ensure these were disposed of in line with current guidance.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. However, we observed that when consulting and treatment rooms were unoccupied during the day, prescription paper was accessible to unauthorised people should they enter the rooms. We were informed following the inspection the practice had changed security measures and all doors were locked when a clinician leaves the room.
- We reviewed one personnel file for a new member of staff employed in the last 12 months and information obtained about locum GPs employed at the practice and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body. We saw that checks through the Disclosure and Barring Service were in place for clinicians and some were still in progress for other established staff who had been working at the practice before April 2012. The practice informed us that it was in their business plan to ensure that all staff were

Are services safe?

DBS checked and as yet they had not identified if and when they would revisit DBS checks in the future for staff employed. The practice provided a risk assessment document to be used in the future for all applications/ staff roles in regard to the requirement for a DBS check.

- We observed that there were risks that confidential waste waiting to be disposed of in consulting rooms and treatment areas would be viewed by unauthorised people. The practice used open waste bins in these areas which were emptied at the end of each day. We also noted that not all staff were adhering to the correct protocol in regard to the safety of 'Smart' cards used for access to the patients' record system. This was discussed during the inspection and we were informed these processes would be changed.

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 for staff. The staff had already identified that the detail in the health and safety documents required updating and a number of risk assessments required either implementing or updating to reflect the eventual changed premises through the building extension and refurbishment. The practice had a fire risk assessment from July 2016 but had not carried out regular fire drills whilst the new build was being undertaken. Following the inspection the practice provided information of a fire drill, and fire drill audit (a review of the drill and its outcomes) carried out after the inspection visit. 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). We were told a system for water

temperature outlet checks had not yet been implemented as changes to the boiler system and instillation of sinks and new facilities were not completed.

- 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 enough staff were on duty. We were informed that the practice had an arrangement with another local practice where each practice supported the other when staffing arrangements were compromised. This also applied to locum GPs and nursing staff where necessary and we were informed that employment records were present in both services for the staff that this applied to.

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 were 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.

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. Copies of the document were provided to the GP partners and a copy was kept at the other local GP surgery where the practice manager also worked.

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 patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available. We noted in this data there was one area of exception reporting for diabetes that was slightly higher than the CCG or national averages. (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 2014/2015 showed:

- Performance for diabetes related indicators were at or below the national averages. The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 92%; the clinical commissioning group (CCG) average was 92%, the national average was 88%.
- The percentage of patients with diabetes, on the register, in whom the last IFCC HbA1c was 64 mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015), was 73% which was lower than the CCG average of 81% and national average of 77%.

Performance for mental health related indicators was higher than the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their records, in the preceding 12 months (01/04/2014 to 31/03/2015) was 96% which was comparable to the CCG average of 92%, the national average was 88%.

The practice clinicians told us they had already identified areas of care for patients with diabetes that they wished to improve. To enable this they engaged in discussions with a local secondary care consultant to work together to support patients with difficult and multiple care needs. The GPs told us that the initial steps taken had resulted in tighter monitoring systems and better access for patients to GPs and nursing staff.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits completed in the last two years, neither of these were completed cycles of audits where the improvements made were implemented and monitored. However, the audit carried out recently in regard to the management of patients with diabetes provided greater awareness of patient's needs, with seven patients found not to be under secondary care being referred for additional care and monitoring.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to develop improvements to the services. For example, GPs told us they had heightened awareness of their slightly above the expected averages for antibacterial prescribing. Audit and monitoring by the Prescribing Analysis and Costs monitoring NHS system (2014/2015) highlighted the percentage of antibiotic items prescribed that were Cephalosporin's or Quinolones was 9%, the variation from the CCG average was 8% and the national average 5%. GPs were working to new guidance with copies to readily to hand.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Trainee GPs informed us their induction was comprehensive. Locums were provided with the necessary information when they joined the practice.
- 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 had received training for diabetes, respiratory and heart disease. To support the management of the service and any succession planning a member of staff was in process of completing an NVQ level 5 in management.
- 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, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months. The lead nurses from the practice worked with another local practice to develop clinical supervision for the nurses across the two services. This had been adopted and extended to other practices in the local area.
- Staff received training that included: safeguarding, fire safety awareness, and basic life support and information governance. 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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a twice monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young 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.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet,
- The practice had a library available to patients and the wider community for self-help topics.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average of 83% and the national average of 81%. There was a policy to send out additional leaflets, make contact for patients who did not attend for their cervical screening test. There were

Are services effective?

(for example, treatment is effective)

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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

For example;

- 55% of patients aged 60-69 years were screened for bowel cancer within six months of invitation which was similar to the clinical commissioning group (CCG) average of 57%, and the national average of 55%.
- 74% of females, aged 50-70 years were screened for breast cancer in the last 36 months, which is in line with the CCG average of 75%, and national average of 72%.

Childhood immunisation rates for the vaccinations given were comparable or above to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 100%, and five year olds from 94% to 99%.

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

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 that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 22 patient Care Quality Commission comment cards and one letter 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 two patients. 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. Patients told us they had found staff very caring, considerate and helpful. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.

- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 85%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 94% and the national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 93% and the 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 from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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:

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 86%.
- 88% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 82%.
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available 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?

- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website.

Feedback from patients we spoke with and from CQC comment cards identified they had found staff empathic, very attentive and helpful with coping with their long term conditions.

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.

Staff told us that if families had suffered bereavement, there were various different approaches in responding to bereavement. The patients usual GP may contact them or send them a note. This contact 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.

The percentage of respondents to the GP patient survey who described the overall experience of their GP surgery as fairly good or very good was 87% compared to the clinical commissioning group of 92% and national average of 85%. Also 92% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the CCG average of 90% and the national average of 80%.

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 offered early morning appointments from 7.30am on variable days of the week for working patients and those patients who could not attend during normal opening hours. These appointments included chronic disease management and NHS health checks.
- The practice offered an online service to book appointments and order repeat medicines which was accessible 24 hours per day.
- Text reminders could be set up at their request to remind patients of their appointments.
- There were longer appointments available for patients with a learning disability, long term health conditions or multiple health concerns.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Each week a childhood immunisation clinic was held ensuring that patients were able to have their immunisations in a timely way.
- The practice provided minor surgery including joint injections.
- Family planning services were available in the practice including hormone implant and contraceptive device fitting.
- Nurse led minor illness clinics were held daily.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice was in the process of increasing the number of consulting and treatment rooms to improve capacity in meeting patients' needs and ensuring most areas of the practice premises were accessible to wheelchair and mobility aid users.

- Post-natal and six to eight week baby checks held together reducing the need for patients to attend for two appointments.
- One of the GP registrars had set up a regular children's clinic to provide support to parents and carers.
- Patients had access to a physiotherapy service at the practice which reduced the need for them to travel further afield to receive treatment.
- Counselling services were provided by the practice in the practice premises each week.

We were provided with additional information about what steps staff took and observed how responsive staff were to any issues that arose in the practice.

For example, how they took action when a patient expressed concerns about domestic abuse, provided support and safety and engaged the appropriate assistance. We heard what steps a member of staff took when a patient did not respond to urgent telephone calls in regard to concerns with blood results. The member of reception staff went to their home and checked they were there and found they had not been answering their telephone, contact was made and they attended the practice for their treatment. Another member of staff received a phone call from a patient in France as their partner was suddenly taken unwell and they were uncertain what to do regarding payment and the next steps. The member of staff contacted the patients insurance company, initiated assistance and passed the contact details on.

We saw on the day of the inspection how quick and effective their emergency response was when a patient was taken unwell in the surgery. The team supported the patient, prepared emergency equipment, gave immediate initial treatment and called the emergency services. There was a whole team approach, patients in the waiting room were informed of delays, and staff supported each other to continue to provide a service.

Access to the service

The practice was open each day from 8am until 6pm and there was extended hour access from 7.30am until 8am on variable mornings during the week. In addition to pre-bookable appointments that could be booked up to five weeks in advance, urgent appointments were also available for people that needed them.

Are services responsive to people's needs?

(for example, to feedback?)

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.

- 82% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 93% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

The practice had a system in place to assess:

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

Patients were able to phone the practice, their information taken; the duty doctor assessed their information, contacted them and then directed them to the steps to be taken.

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

Listening and learning from concerns and complaints

The practice had an effective system 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 including posters, leaflets and details on their website.

We looked at four of the seven complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, with openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and by analysis of complaints for trends; action was taken as a result to improve the quality of care. An example was that there had been a delay in sending a copy of a certificate to a patient. An apology was given to the patient and a review was carried out in regard to how requests such as this were responded to in the absence of the named GP. Learning from another complaint about confidentiality in respect of local staff having personal knowledge of patients at the practice, led to a review of their protocols and guidance for staff was being updated.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to provide patients with personal healthcare of a high quality and to seek continuous improvement on the health status of the practice population overall. Their documented vision statement stated they aimed to achieve this by developing and maintaining a happy, sound practice which was responsive to people's needs and expectations and reflected, whenever possible, the latest advances in Primary Care.

- We found when we spoke with staff they knew and understood the values and worked together to achieve these aims.
- The practice had a strategy and supporting business plans which included succession planning for staff and meeting the changing needs of the local population. These business plans reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures 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 was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and had strategies in place to

develop the service, the service facilities and the impact of staffing concerns. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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

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

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

- Staff told us the practice held regular meetings where information was shared.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- 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 a virtual patient group and were in the process of setting up a face to face patient reference group. Staff told us they would not hesitate to give

Are services well-led?

Good 

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

feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example one GP led in the practice a pilot called Liquid Logic, a

process or system to manage and support referrals for safeguarding information received/ referrals and accessing and sharing information across other authorities. Another GP was championing the use of My Script, a Bath and North East Somerset scheme to support patients with any underlying social, financial and non-medical needs, GPs could instigate social prescribing, directing patients to local services and schemes. The practice had found benefit in the shared approach with another GP practice in the area in regard to the clinical supervision of nursing staff and accessing training.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They had failed to mitigate the risks associated with the medicines management specifically Controlled medicines, patients specific directions and prescription security.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance <ul style="list-style-type: none">The provider should ensure that safe systems are in place for handling confidential waste and 'Smart cards' used for accessing patient records.