

# The Willow Surgery

## Quality Report

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Website:

Date of inspection visit: 28 July 2016  
Date of publication: 06/10/2016

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?

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 The Willow Surgery on 28 July 2016. Overall the practice is rated as good with the safe domain rated as requires improvement.

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.
- Clinical risks to patients were assessed and well managed. The practice had a continuous quality improvement policy which listed the type of processes the practice used to improve patient experience.
- We found the system for the management of medicines and emergency equipment was not failsafe and did not ensure an in date supply was available; records of blank prescriptions were incomplete and not auditable should a security incident occur.
- 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.
- Patients said there were 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 practice had an active patient participation group who contributed ideas for improvement and was valued by the practice. The group had suggested the

# Summary of findings

practice introduce a list of frequently asked questions entitled 'A conversation with the Willow Surgery' into the waiting room so that patients were better informed about what to expect when making an appointment.

- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- The provider must ensure that the blank prescriptions held by the practice are fully recorded and maintain an auditable record should a security breach occur. Also the provider must ensure that the systems for monitoring and recording the stock of medicines and emergency equipment used at the practice provided an auditable record and ensured an in date supply was available.

The areas where the provider should make improvement are:

- The provider should ensure that patient specific directives are explicit to the staff member administering the medicine.
- The provider should ensure the new system for monitoring refrigerator temperatures is sustained by the staff team.
- The provider should ensure the processes for checking test results is robust and failsafe.
- The provider should ensure they undertake the appropriate recruitment checks for GPs.
- The provider should review the audit documentation used for infection control to ensure the tool used encompasses a wider audit of the practice and its environment.
- The practice should obtain a copy of the risk assessment to control any risks associated with Legionella.

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

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

**Requires improvement**



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support and truthful information. 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.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff.
- We found the system for the management of medicines and emergency equipment was not failsafe and did not ensure an in date supply of equipment was available; records for blank prescriptions were incomplete and not auditable should a security incident occur.

### 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 comparable 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.

### Are services caring?

The practice is rated as good for providing caring services.

**Good**



- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

# Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect and that they maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and The Clinical Commissioning Group to secure improvements to services where these were identified. The practice worked with others within the GP practice cluster and had obtained additional funding for a dementia crisis nurse.
- 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.

## Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- 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 which ensured appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

# Summary of findings

- There was a strong focus on continuous learning and improvement at all levels with six weekly educational meetings.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older 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.
- The practice held weekly 'virtual ward' meetings with the multidisciplinary health care team in order to have proactive care planning for hospital admission avoidance. Every quarter all GPs met to discuss the patients who had been admitted to hospital in order to identify if the admission could have been prevented.
- The practice used emergency care practitioners from the community healthcare services to undertake some home visits. This was initiated by the duty doctor who triaged requests for home visits.
- Nominated GPs shared responsibility to run a regular clinic at an assisted living retirement complex.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and GP or nurse 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.
- The practice accessed a respiratory 'hot clinic' for urgent advice and treatment based at the local hospital to try to avoid hospital admissions. Patients were referred to the Lung Exercise & Education Programme (Leep) where breathing exercises and advice were given to help patients improve their respiratory symptoms.
- The diabetic treatment team of nurses, GPs and dietician met quarterly to discuss complex patients.

# Summary of findings

- There was a choice of afternoon and evening clinics for long term condition reviews to make it easier for those who worked.

Patients were supported with self-care and had personalised care plans.

## 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 comparable with other practices 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.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice operated a minor injuries walk in service.

Good



## Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered extended hours on Monday to Thursday and some evening appointments with nurses for chronic disease management and other nurse led services; phlebotomy appointments started at 8.30am.
- 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.

Good



## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.

Good





# Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients. For example, they worked with local hospice services to follow the gold standard framework for end of life care, using their standardised medicine prescribing charts to ensure patients had appropriate pain relief.
- 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.

## 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 practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice carried out advance care planning for patients living with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. The practice could access the mental health primary liaison service which meant patient could be reviewed within a short timeframe.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia, and signposted patient to the South Gloucestershire dementia prescription programme. The practice also had access to a 'crisis dementia nurse' who could provide therapeutic interventions at short notice.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published on July 2016. The results showed the practice was performing in line with local and national averages and improvement in patient satisfaction compared to the results published in January 2016. 219 survey forms were distributed and 117 were returned. This represented 1% of the practice's patient list.

- 65% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group average of 68% and the national average of 73%.
- 80% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the clinical commissioning group average of 87% and the national average of 76%.
- 83% of patients described the overall experience of this GP practice as good compared to the clinical commissioning group average of 86% and the national average of 85%.
- 77% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the clinical commissioning group average of 78% and the 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 31 comment cards which were all positive about the standard of care received; seven patients also included less positive comments about waiting for appointments. Patients commented favourably about the treatment and care received from staff; the efficiency and friendliness from staff and access for referrals to secondary care.

The practice had a patient participation group which met regularly and was actively working with the practice for service improvement. The group had suggested the practice introduce a list of frequently asked questions entitled 'A conversation with the Willow Surgery' into the waiting room so that patients were better informed about what to expect when making an appointment. The group had agreed with the practice to undertake a survey with patients in respect of the new urgent appointment system six months after it had been introduced.

We spoke with patients during the inspection who told us they were satisfied with the care they received and thought staff were approachable, committed and caring. The results from the friends and families test from May 2016 indicated that 67% of respondents would recommend the practice.

# The Willow 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 practice nurse specialist adviser.

## Background to The Willow Surgery

The Willow Surgery a suburban practice providing primary care services to patients resident in the Downend area of South Gloucestershire.

Hill House Road,

Downend,

Bristol,

BS16 5FJ

The practice owns the purpose built building which has two floors. All of the practice patient services are located on the ground floor of the building. The practice has a patient population of approximately 12,000 of which 36% are over 65 years of age which is higher than the clinical commissioning group average of 29%.

The practice has six GP partners, one of whom is also registered with the Care Quality Commission as the manager. In addition to this there are four salaried GP's, a practice management team, five practice nurses, and three health care assistants. Each GP has a lead role for the practice and nursing staff have specialist interests such as diabetes and infection control.

The practice is open Monday to Thursday 8am-7.30pm and until 6.30pm on Fridays.

The practice had a Personal Medical Services contract (PMS) with NHS England to deliver primary medical services. The practice provided enhanced services which included facilitating timely diagnosis, support for patients with dementia and childhood immunisations.

The Willow Surgery, in line with other practices in the South Gloucestershire Clinical Commissioning Group, is situated within a less deprived area than the England average.

The practice is a teaching practice and takes students from Bristol University and GP registrars from the Severn Deanery.

The national GP patient survey reported that patients were satisfied with the opening times and making appointments. The results were comparable to local and national averages.

The practice has opted out of providing Out Of Hours services to their own patients. Patients can access NHS 111 or BrisDoc who provide the out of hours GP service.

#### Patient Age Distribution

0-4 years old: 6.3%

5-14 years old: 10.9%

Under 18 years old: 20.5%

65-74 years old: 21.3%

75-84 years old: 10.8%

85+ years old: 3.7%

The practice has more patients over 65 years old than the local and national average.

#### Patient Gender Distribution

# Detailed findings

Male patients: 48.7 %

Female patients: 51.3 %

Other Population Demographics

% of Patients from BME populations: 3.57 %

Patients at this practice have a higher than average life expectancy for men at 81 years and women at 86 years.

The practice hosted a variety of services including:

NHS Community nurses

NHS Psychological services

Retinopathy screening

Other services available onsite included a pharmacy, pain management clinic and acupuncture.

We inspected this GP practice on 23 October 2013 as part of our routine inspection programme when it was found to be compliant with all outcome areas.

We noted that the registration details for the partnership did not reflect the current practice partnership; we were informed that this would be rectified and the appropriate registration applications made.

## 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 28 July 2016. During our visit we:

- Spoke with a range of staff including nurses, GPs, reception and administration staff and the practice management team.
- Observed how patients were being cared for through an observation of the reception area.
- 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 explanation 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 and reviewed them at quarterly meetings to identify any trends and ensure actions had been carried out.
- 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, there were opportunities taken for shared learning. There was an incident when the incorrect strength of a topical medicine had been prescribed which resulted in a clinical commissioning group (CCG) wide information alert to prevent this occurring at other practices. We found where incidents had occurred appropriate actions had been taken as required, for example when a prescription for a controlled drug (CD - medicines that require extra checks and special storage because of their potential misuse) was mislaid the practice informed the CCG accountable officer. The practice ensured that controlled drugs prescriptions were entered into a book where they would be signed out by the collector who must produce identification. This ensured there was an audit trail for each

prescription. the practice encouraged patients who required this type of medicine to use a regular pharmacy so prescriptions could be sent directly to the pharmacy reducing the risks of them being mislaid.

### 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. There was a mixed response from staff about the safeguarding lead for the practice however they demonstrated they understood their responsibilities to report incidents and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. Staff at the practice had attended awareness training for recognition and reporting of domestic violence.
- 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)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice staff were aware that the cleaning company who provided a service at the practice undertook spot checks of the cleanliness of the premises. The practice did not have any copies of these checks which would demonstrate best practice. Copies were provided after the inspection as part of the factual accuracy process. The practice had spillage kits on site and access to steam cleaning for fabrics and carpets should an incident occur.
- The lead practice nurse was the infection control clinical lead and had only recently taken on this role. Training was planned to ensure their knowledge was up to date

## Are services safe?

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 discussed the audit tool used was limited in scope and did not identify all areas such as cleaning the blood pressure monitor cuff in the health education room. The lead nurse acknowledged this was an area which could be developed.

- We reviewed the arrangements for managing medicines, including emergency medicines and vaccines, (the obtaining, prescribing, recording, handling, storing, security and disposal of medicines) in the practice to check if they kept patients safe. We found the records held for the routine medicines recorded a monthly stock level but not when or for whom the medicines were used. We saw vaccines were effectively stored and monitored; the temperature records for the refrigerators showed that they were regularly checked but there was no equipment or process in place to record maximum and minimum temperatures. This was rectified by the provider during the inspection who introduced a new system for monitoring the refrigerator temperatures which demonstrated the vaccines were stored at the recommended temperature.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. When we asked staff about the process of issuing repeat prescriptions for medicines which required additional monitoring, for example, and found there were inconsistencies within the practice. We raised this with the practice for action. The practice provided documentary evidence, at the factual accuracy stage of the inspection process, which demonstrated a safe and effective system in place.
- The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. For example, we saw an audit called the "Triple Whammy" of patients prescribed medicines to lower the blood pressure, non-steroidal anti-inflammatory medicines and diuretics. 14 patients were identified in this group of whom six had their non-steroidal anti-inflammatory medicines stopped and one patient who had their dose of this medicine reduced which met recommended guidelines. There was increased awareness of this issue amongst GPs and the CCG practice pharmacy advisor was continuing to monitor.
- The practice had a policy and procedure to manage controlled stationary. Blank prescription forms and pads were securely stored and there were systems in place to monitor the use of prescription pads. We found there was no record of where blank prescription computer paper was distributed to printers throughout the practice. We spot checked the prescription pads serial numbers and saw they did not all tally with those recorded, however when individual prescriptions were issued on home visits the serial number was noted. The staff had recently looked at the guidance provided by CQC and NHS England and were clear they needed to undertake an audit to identify where prescriptions had been used and ensure the serial numbers of pads in stock was correct. This process would ensure a complete auditable record was held by the practice.
- One of the nurses had qualified as an independent prescriber and could therefore prescribe medicines for specific clinical conditions. They 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. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction (PSD) from a prescriber. We noted that the PSD did not name the specific staff member responsible for administering the medicine in line with recommended guidance and raised this with the practice who rectified it immediately.
- We reviewed three personnel files and found recruitment checks had been undertaken prior to employment such as proof of identification, references, qualifications and registration with the appropriate professional body. We saw the practice had relied on the Disclosure and Barring Service check undertaken for inclusion of GPs on the NHS England Performer's List for the GPs employed at the practice. The appropriateness of this was discussed with them especially in respect of GPs who may have joined the performer's list some time ago. The practice initiated DBS checks for all the GPs employed at the practice during the inspection and confirmed this to us.



# Are services safe?

## 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. We found that although the practice had safe systems in place to monitor the water supply and prevent legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings), the written policy did not reflect the control systems and needed to be reviewed. The practice confirmed the building was a low risk of Legionella (as it was a new building) but did not have their risk assessment available. The practice were made aware they needed to obtain this and retain it on the premises.
- 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 saw evidence that the practice had undertaken auditing of work patterns which ensured sufficient staff were available for the presenting workload.
- The practice used regular locum GPs and nurses, and we saw evidence of appropriate checks to ensure they were suitable to be employed, for example, checking the General Medical Council/Nursing and Midwifery Council register and the NHS England performer's List, and copies of their latest training certificate such as level three safeguarding for children.

## 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. We found it had been identified during the regular checking of the equipment that the defibrillator pads were out of date. However there was confusion within the team about the system for ordering replacements; the practice ordered the replacements during the inspection and we were given confirmation of this order and a copy of the delivery invoice. We found first aid equipment and accident book were available; the practice provided a minor injury service and always had specially trained staff available to deal with any patients with minor injuries.
- 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 stored securely. We saw that one emergency medicine which was recommended by the Clinical Standards Committee of the Faculty of Sexual & Reproductive Healthcare of the Royal College of Obstetricians and Gynaecologists to be available for a specific procedure had gone out of date and had been destroyed; the practice were waiting for replacement stock. We were told that whilst the medicine was unavailable the practice they had stopped undertaking this procedure.
- 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 patients' needs. For example, we found they routinely used the hypertension guidelines and recommended treatment pathways.
- The practice monitored that these guidelines were implemented through auditing and through the root cause analysis of significant events and complaints.

### 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 published in October 2015 and showed the practice achieved 97.9% of the total number of points available. Exception reporting was comparable or lower than the clinical commissioning 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 2014/15 showed:

- Performance for diabetes related indicators was comparable to the clinical commissioning group and the national average. The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months), is 5 mmol/l or less (01/04/2014 to 31/03/2015) was 88% the clinical commissioning group average of and the 83% and the national average of 81%.
- Performance for mental health related indicators was comparable to the local and the national averages. The percentage of patients with schizophrenia, bipolar

affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 96% clinical commissioning group average of 94% and the national average of 88%.

The practice had a continuous quality improvement policy which listed there type of processes the practice used to improve patient experience and for positive outcomes. We saw evidence of quality improvement including:

- Evidence of five clinical audits completed in the last year, one of these was a completed medicine audit where the improvements made were implemented and monitored. The reminder of the audits were ongoing and demonstrated the practice monitored the quality of treatment in those areas.
- There was an ongoing audit of the minor surgery that was performed in the practice which demonstrated competency and that best practice guidance had been followed.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We saw that staff new to the practice were given the opportunity to shadow different members of the staff team to ensure they gained an understanding of all aspects of 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 who had completed specific diplomas and those undertaking minor injury treatments who had attended appropriate training.
- 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.



# Are services effective?

## (for example, treatment is effective)

- 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 and nurses. The practice held six weekly meetings which were open to all staff where education and learning sessions were held. Staff we spoke with confirmed they had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. The staff we spoke with told us that the practice supported professional development.

### 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. We were told patient correspondence from other health and social care providers was scanned into patient records once the GPs had seen the results. This ensured the patient records were current and held electronically to be accessible should they be needed, for example, for a summary care record to take to the hospital.
- Community nurses teams could access a restricted area of the patient records remotely for any test results and to add details of their visits.
- Patients' blood and other test results were requested and reported electronically to prevent delays. The system to review results by GPs was informal and varied and should be formalised to minimise any risks to patients and ensure any necessary actions were taken in

a timely way. Any results considered to be potentially dangerously abnormal and requiring action that day are telephoned through to the duty doctor by the laboratory. The duty doctor actions any such result that day.

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. The practice held weekly 'virtual ward' with the multidisciplinary health care team in order to have proactive care planning for hospital admission avoidance. Every quarter all GPs met to discuss the patients who had been admitted to hospital in order to review if the admission could have been prevented. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young 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 this was recorded on the patient record.
- We reviewed how consent was recorded and saw the practice noted verbal consent for procedures within patient records.

### 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, smoking and alcohol cessation. Patients were signposted to the relevant service.

# Are services effective?

(for example, treatment is effective)

- The practice had a dedicated health promotion room adjacent to the waiting areas where there was health education information, a blood pressure (BP) monitor and weighing scales for patients to access. We saw there was guidance available for patients using the BP monitor.

Information from the National Cancer Intelligence Network (NCIN 2013/14) indicated the practice's uptake for the cervical screening programme was 80%, which was higher than the national average of 74%. 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 uptake of the screening programme by using information in different languages and for those with a learning disability, and they ensured a female sample taker was available. 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 the clinical commissioning group (CCG) averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 84% to 98% compared to the CCG average from 84% to 99% and five year olds from 94% to 100% compared to the CCG average from 93% 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 when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 31 patient Care Quality Commission comment cards we received were positive about the care experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. However, seven respondents also commented on difficulties in accessing appointments and waiting past appointment times.

We spoke with one member of the patient participation group (PPG). 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 published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was comparable with others for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 84% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% 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 patient 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:

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared to the national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to 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.
- Information leaflets were available in easy read format.

## Are services caring?

- We saw an example of a patient who was at the end of their life being consulted about their care plan. They were sent a written copy for their approval and agreement. Further discussions were planned to ensure that any anticipatory care was identified and organised.
- They worked with local hospice services to follow the gold standard framework for end of life care, using their standardised medicine prescribing charts to ensure patients had appropriate pain relief and support.

### **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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 323 of patients as carers (3% of the practice list). 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 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.

- Home visits were available for patients who had clinical needs which resulted in difficulty attending the practice.
- There were longer appointments available for patients with a learning disability.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were accessible facilities and designated parking bays for blue badge holders.
- Staff had a good understanding of how to support patients with mental health needs and dementia and signposted patients to the South Gloucestershire dementia prescription programme. The practice also had access to a 'crisis dementia nurse' who could provide therapeutic interventions at short notice.
- The practice operated a minor injuries walk in service.
- The practice accessed a respiratory 'hot clinic' for urgent advice and treatment based at the local hospital to try to avoid hospital admissions. Patients were referred to the Lung Exercise & Education Programme (Leep) where breathing exercises and advice were given to help patients improve their respiratory symptoms.
- The diabetic treatment team of nurses, GPs and dietician met quarterly to discuss complex patients.
- There was a choice of afternoon and evening clinics for long term condition reviews to make it easier for those who worked.
- Patients were supported with self-care and had personalised care plans.
- The practice used emergency care practitioners from the community healthcare services to undertake some home visits. This was initiated by the duty doctor who triaged requests for home visits.

- Nominated GPs share responsibility to run a regular clinic at an assisted living retirement complex.

### Access to the service

The practice was open between 8am and 7.30pm Monday to Thursday, and 8am to 6.30pm on Friday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients who needed them.

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

- 70% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group average of 75% and the national average of 76%. 65% 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.

We found the appointment system was kept under review and a relatively new system was being trialled. Patients could pre-book a routine appointment between 8.30am – 10am and from then patients could access the urgent appointment system which involved all the GPs on duty taking patients for urgent appointments. If a patient needed a follow up appointment then they were given a white slip to take to reception to enable them to pre-book their appointment. The urgent appointments were released in time blocks so patients who used this system were told to arrive at a certain time but they would then have to wait to be seen. Emergencies were prioritised within this system which may result in further delay for patients. We noted some comments on NHS Choices made reference to waiting for appointments and found that there was no information available to enable patients to better understand this system. The practice had requested that patient participation group undertake a survey with patients to obtain feedback on the new system.

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.

# Are services responsive to people's needs?

(for example, to feedback?)

This was carried out by telephone triage when patients first contacted the practice, the administration staff had a protocol for assessing each patients need and sought advice from the duty clinician. 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. The practice used emergency care practitioners from the local community healthcare services to undertake some home visits. This was initiated by the duty doctor who triaged requests for home visits. The practice reception team monitored the visit had taken place and ensured any necessary treatment was referred to the duty doctor for action.

## Listening and learning from concerns and complaints

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

- Its complaint 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 complaint system on the website and a practice leaflet.

We looked at a selection of the 23 complaints received in the last 12 months and found these were dealt with in a timely way to achieve a satisfactory outcome for the complainant. We saw complaints were responded to by the most appropriate person in the practice and wherever possible by face to face or telephone contact. The information from the practice indicated at what stage the complaint was in its resolution.

Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. We found the learning points from each complaint had been recorded and communicated to the team or appropriate action taken.

# 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 as outlined in their statement of purpose. The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. All of the partners undertook responsibility in different areas of practice such as diabetes management or mental health and reported back at meetings.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- There was a formal schedule of meetings to plan and review the running of the practice, for example, the GPs and practice manager met monthly for business planning.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. We saw evidence of auditing in a variety of work areas such as the use of emergency care practitioners for home visits well as benchmarking practice performance within the clinical commissioning group (CCG).
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, they monitored data on unplanned admissions to hospital as part of their involvement with the clinical commissioning group. We saw that staff were expected to update their information governance training yearly and when speaking to staff they demonstrated a good understanding of their responsibility to maintain the integrity and confidentiality of the record system.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure good quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems 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 patients reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

We saw clear evidence of this by the practice following a critical incident. The practice conducted a thorough analysis with clear records. We saw involvement of all parties to reflect on actions taken and how improvements could be initiated to prevent any recurrence of the incident.

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

- Staff told us the practice held regular team meetings.
- Staff we spoke with 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. The partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- The practice had a culture of collaborative working with the clinical commissioning group (CCG) as one GP acted as the safeguarding lead for the CCG.

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



# Are services well-led?

Good 

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, we saw in the waiting room there was a list of frequently asked questions relating to the day to day running of the practice such as GP availability. This had been suggested by the PPG to help educate patients about the practice and the service they could expect. The practice had worked with the PPG to plan a six month review of the new appointment system which involved the PPG surveying patients for feedback.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.
- The practice had a suggestion box and ran the family and friends test, we found the practice collated comments (good and less favourable) from respondents to share with the team and made this available to patients. In this way the practice was able to pick up on common themes and respond when necessary.
- The practice updated patients with a regular newsletter and a news section on the website.
- The practice had a dedicated patient services manager who dealt with patient issues and ran the PPG.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice with a six weekly educational session open to all staff. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, an integrated care in practices project for older people to undertake in depth health assessments for those with complex needs. One GP acted as the dementia lead for the CCG and worked with the southwest strategic network for dementia.

We saw evidence that the practice supported and funded continuous professional development.

The practice worked collaboratively with four others in their practice cluster group to share training and resources such as the dementia care crisis nurse. They were also part of the One Care Consortium and the general practice innovation projects.

The practice is a teaching practice and takes students from Bristol University and GP registrars from the Severn Deanery. There was one GP trainer in the practice and another GP in the process of becoming a trainer. One of the GP' worked as the programme director for Bristol GP speciality training as well as being the chair for the exceptional funding panel (applications for funding for treatment or an operation not routinely commissioned in the NHS England region or CCG).

The practice had a continuous quality improvement policy which listed the type of processes the practice used to improve patient experience and for positive outcomes. We found the audits and methods listed within the document as measures of quality had been implemented in the practice.



This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They had failed to mitigate the risks associated with the medicines management, maintaining emergency equipment and prescription security.</p> <p><b>This was in breach of regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p>