

# Close Farm Surgery

## Quality Report

Close Farm 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?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Close Farm Surgery on 3 March 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

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

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

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

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

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and 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 multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



### 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



# Summary of findings

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

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice was a dispensing practice for some of its patients and had made some reasonable adjustments for patients who struggled to manage their own medicines, for example, by the provision of Dosette boxes; included in the Dosette boxes also a large print version of repeat prescription form if it was required.
- They provided a delivery service to a secure location where patients could collect their medicines.

### People with long term conditions

The practice is rated as good for the care of patients 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.
- Performance for diabetes related indicators was better or similar to the national average. The percentage of patients on the diabetes register, with a record of a good examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 94.9%, the national average was 88%. 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.

### Families, children and young people

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

Good



# Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 85.1%, which was better than the Clinical Commissioning Group average of 78.5% and the national average of 81%.
- 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 patients (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

**Good**



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

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

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

**Good**



# Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. 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 patients experiencing poor mental health (including patients with dementia).

- Performance for mental health related indicators was better or similar to the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in their records, in the preceding 12 months (01/04/2014 to 31/03/2015) was 100%; the national average was 88.4%. The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results published on January 2016. The results showed the practice was performing in line with local and national averages. 242 survey forms were distributed and 118 were returned. This represented 48.8%% response rate.

- 82.7% of patients found it easy to get through to this surgery by phone compared to the national average of 73.2%.
- 87% of patients were able to get an appointment to see or speak to someone the last time they tried (national average 76%).
- 86.6% of patients described the overall experience of their GP surgery as fairly good or very good (national average 85%).
- 83.7% of patients said they would definitely or probably recommend their GP surgery to someone who had just moved to the local area (national average 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 33 comment cards which were all positive about the standard of care received. Patients told us they liked the continuity of care they were provided with by having a named GP and that the needs of children were promptly attended to. We heard how some staff were helpful and assisted patients arrange appointments through the choose and book system and by supporting deaf patients to make telephone calls to confirm appointments with another provider.

We spoke with five patients during the inspection including two members of the Patient Participation Group. All five patients said they were happy with the care they received, the care provided to their families and thought staff were approachable, committed and caring.



# Close Farm Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Close Farm Surgery

Close Farm Surgery, 47 Victoria Road, Warmley, Bristol, BS30 5JZ. The practice provides support for approximately 7090 patients in a central residential area of Warmley and the surrounding areas of North Common, Oldland Common, Bitton, Longwell Green, Wick and Kingswood. There is a small dispensary in the practice for patients who do not have local access to a pharmacy.

The building is accessible to patients with restricted mobility, wheelchair users and those using pushchairs, all consulting and treatment rooms are on the ground floor. There are administrative offices, meeting and staff rooms on the first floor. There are disabled car parking spaces at the front of the building. There are a small number of parking spaces to the side of the practice or alternatively patients can park nearby.

There are three partners and three salaried GPs. Two male and four female GPs. There are two Practice Nurses and two Health Care Assistants. The clinical staff are supported by a practice business manager and an administration team.

The practice's core opening hours are from 8am to 6.30pm, Monday to Friday. There are extended hours surgeries with

their clinical team either Monday or Tuesday evenings until 7.45pm. GP surgeries are usually from 8.30 am to 11.30am and again 3.30/4pm to 6.30pm. The practice nurses hold regular clinics from 8.30 until 12.30 and again 4pm until 6.30pm each day. There is a variety of other clinics such as under five year old immunisations and baby clinics held once a week. All surgery consultations are by appointments which can be made via the telephone during office hours or by using the practice's website.

The practice has a Personal Medical Services contract with NHS England. The practice is contracted for a number of enhanced services including the practice is authorised to dispense medicines, facilitating timely diagnosis and support for patients with dementia, and childhood vaccination and immunisation scheme. The practice was a teaching practice for medical students.

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

#### Patient Age Distribution(2015)

0-4 years old: 5.1% (similar to the national average of 5.9%)

5-14 years old: 10.1% (similar to the national average of 11.1%)

The practice had identified that of their population they serve:

30-39 years old: 12.3%

40-49 years old;12.6%

50-59 years old:17.1%

The practice had 6.4% of the practice population aged 75 years and above (the national average 7.8%)

# Detailed findings

The practice had 52.7% (2014-2015) of patients with a long standing health condition, below the Clinical Commissioning Group (CCG) average of 54.1% and national average of 54%.

## Other Population Demographics

% of Patients in paid work or full time education: 72.9 % (the national average 61.5%)

## Practice List Demographics / Deprivation

Index of Multiple Deprivation 2015 (IMD): 10.7 (below the national average 21.8)

Income Deprivation Affecting Children (IDACI): 12.7% (below the national average 19.9%)

Income Deprivation Affecting Older People (IDAOPI): 10.6% (above the national average 16.2%)

## Why we carried out this inspection

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

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

## How we carried out this inspection

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

- Spoke with a range of staff GPs, nursing staff, the practice manager and administration and support staff and spoke with patients who used the service.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

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

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a patient was referred urgently to hospital but failed to collect medical history information from the practice before they attended which meant they had to return for further tests. The practice reviewed their processes and implemented a system of faxination to the relevant clinical team at the hospital of the patients' medical history before they attended the hospital.

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

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained in Adult Safeguarding and level 3 child protection for children. The practice had developed and implemented

a 'child accident statement sheet' to be completed by any staff should they have concerns when a child was referred to or attended the practice. These were also completed if a child did not attend a booked appointment.

- A notice in the waiting room and consulting rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. 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 in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). There were systems in place to monitor the temperature of all the fridges and all medicines were secure. We found the system for dispensing repeat prescriptions was safe, with prescriptions being signed before patients received their medicines. The practice was signed up to the Dispensing Services Quality Scheme to help ensure processes were suitable and the quality of the service was maintained. Dispensing staff had all completed appropriate medicines training. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group pharmacy team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for the production of Patient Specific Directions

## Are services safe?

to enable Health Care Assistants to administer a limited range of medicines after specific training when a GP or nurse were on the premises. The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard operating procedures that set out how they were managed. These were being followed by the practice staff. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted. We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Incidents were logged efficiently and then reviewed promptly. This helped make sure appropriate actions were taken to minimise the chance of similar errors occurring again. The practice had established a number of ways to order repeat prescriptions and patients could decide where to collect their prescriptions.

- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

### 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 on display in a staff area which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the

equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. Some staff were multi-skilled and covered absences of staff when required. The practice told us it rarely used locum GPs as any gaps in GP cover was accommodated within the staff team.

### 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 and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

## (for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. All NICE Guidelines were sent to a lead GP who disseminated and discussed issues in practice meetings. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For example, NICE Guidelines for Chronic Kidney Disease were used as a trigger point to carry out an audit of patients with this condition registered at the practice. The outcome from this identified that the current system of patient care reviews the practice had in place worked well and effectively.

### 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 that the practice achieved 99% of the total number of points available, with low exception reporting in clinical areas. (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 was better or similar to the national average. The percentage of patients on the diabetes register, with a record of a good examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 94.9%; the national average was 88%.

- The percentage of patients with hypertension having regular blood pressure tests was 88.8% which was better than the national average of 83.6%.
- Performance for mental health related indicators was better or similar to the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in their records, in the preceding 12 months (01/04/2014 to 31/03/2015) was 100%; the national average was 88.4%.

These results show that the practice staff team had a focus on improving the outcomes for patients with long term conditions and who required support for mental health problems.

Clinical audits demonstrated quality improvement.

- There had been 12 clinical audits completed in the last two years, three of these were completed cycles of audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, the practice had identified the number of items prescribed as Non-Steroidal Anti-Inflammatory drugs was 61.65% compared to 77% nationally. This low figure was because GPs encouraged patients to purchase their own NSAIDs from a community pharmacy as this was cost effective for the practice. Also Close Farm Surgery ranked as the third highest prescriber of broad-spectrum antibiotics in South Gloucestershire Clinical Commissioning Group. Through a concerted effort to reduce broad-spectrum antibiotic use in August 2015 this changed to the eighth highest showing a reduction in prescribing broad-spectrum antibiotics. We were told this audit remained ongoing.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.



# Are services effective?

## (for example, treatment is effective)

- 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. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a weekly

basis and that care plans were routinely reviewed and updated. Patients with shared care with community nursing team were provided with a folder of information which all practitioners contribute information to when they provide support. Emergency and out of hours services were made aware of these folders of information exist so that they can provide appropriate care and support.

Care of new mothers and their babies was coordinated. The health visitors and a GP from the practice provided baby clinics and postnatal checks together. This meant there was regular contact and a team approach when dealing patients at risk, such as for child protection.

### 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 records audits.

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet and alcohol cessation. Patients were then signposted to the relevant service.
- Referrals were made to external services such as a dietician and exercise on prescription.
- Smoking cessation advice was available at the practice.
- The practice informed the inspection team that it had applied to be part of a physiotherapy pilot to make

# Are services effective?

(for example, treatment is effective)

access to physiotherapy locally through self-referral. Also a mental health pilot with One Care Consortium to provide accessible mental health support in the local area.

The practice's uptake for the cervical screening programme was 85.1%, which was better than the Clinical Commissioning Group average of 78.5% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example:

- Persons, 60-69 years old, screened for bowel cancer within six months of invitation was 57.2% which was similar with the Clinical Commissioning Group (CCG) average which was 57.6%.

- Females, 50-70 years old, screened for breast cancer within the last 36 months was 81.2% which was higher than the CCG average which was 76.6%.

Childhood immunisation rates for the vaccinations given were above or comparable to the CCG. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 83.6% to 98.8%, the CCG was from 84% to 98.7% and five year olds from 97.5% to 100%, CCG were from 92.6% to 98.7%.

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

We spoke with two members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Patients told us they liked the continuity of care they were provided with by having a named GP and that the needs of children were promptly attended to.

We observed the dispensary staff in regard to patient interaction and this was professionally carried out.

We heard how some staff helped patients arrange appointments through the choose and book system and supported deaf patients to make telephone calls to confirm appointments with another provider.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above, similar to or slightly below other services for its satisfaction scores on consultations with GPs and nurses. For example:

- 79.5% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 88% and national average of 88%.
- 83.2% of patients said the GP gave them enough time (CCG average 86.9%, national average 86.6%).
- 92.7% of patients said they had confidence and trust in the last GP they saw (CCG average 94.3%, national average 95.2%)
- 75.2% of patients said the last GP they spoke to was good at treating them with care and concern (national average 85.3%).
- 99.1% of patients said the last nurse they spoke to was good at treating them with care and concern (national average 90%).
- 84.5% of patients said they found the receptionists at the practice helpful (CCG average 86.3%, national average 86.8%).

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

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

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

- 76.1% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83.8% and national average of 86%.
- 75.9% of patients said the last GP they saw was good at involving them in decisions about their care (national average 81.6%)
- 92.6% of patients said the last nurse they saw was good at involving them in decisions about their care (national average 85%)



## Are services caring?

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.

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations. Patients, who are carers, are given detailed information about the local support and entitlements on the practice website. Patients are also given details of telephone contact numbers in the patient's newsletter.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 96 patients, 1.4% of the practice list as carers. Written information was available

to direct carers to the various avenues of support available to them. On a monthly basis the GP practice hosted the GP Carers Liaison Service to provide guidance, advice and information to carers in the community.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

A member of staff took the lead to provide a point of interest for children and patients visiting the practice. The practice had a 'Noddy cupboard' near reception where there was a display relevant to the season or specific events such as Easter for patients to enjoy. Feedback from patients was very positive.

# 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 later surgery opening hours three out of four Mondays per month and one out of four Tuesdays per month, during the evening from 6.30pm until 7.45pm for patients who could not attend during normal opening hours. This included access to a duty nurse and health care assistant.
- There were longer appointments available for patients with a learning disability.
- Patients could book appointments up to two months in advance.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions using appointments and a sit and wait clinic (five minute appointments) system every day.
- Patients were able to receive travel vaccines available through the NHS and were referred to other clinics for vaccines only available privately.
- There were accessible facilities, a hearing loop and translation services were available.
- The practice was a dispensing practice for some of its patients and made some reasonable adjustments for patients who struggled to manage their own medicines, for example, by the provision of Dosette boxes. They provided a remote delivery service to Bitton Stores; including Dosette boxes also a large print version of repeat prescription form if it was required.
- GPs attended weekly ward rounds to the patients living in two care homes in the area.

### Access to the service

The practice's core opening hours were from 8.00am to 6.30pm, Monday to Friday. There were extended hours surgeries with their clinical team either Monday or Tuesday evenings until 7.45pm. GP surgeries are usually from 8.30am to 11.30am and again 3.30/4pm to 6.30pm. The practice nurses held regular clinics from 8.30am until 12.30pm and again from 4pm until 6.30pm each day. There

were a variety of other clinics such as under five year old immunisations and baby clinics held once a week. All surgery consultations were by appointment which were made via the telephone during office hours or by using the practice's website. Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above national averages.

- 81.4 % of patients were satisfied with the practice's opening hours compared to the national average of 78.3%.
- 82.3% of patients said they could get through easily to the surgery by phone (national average 73.2%).
- 58% of patients said they always or almost always see or speak to the GP they prefer (national average 36%).

People told us on the day of the inspection that they were able to get appointments when they needed them. The practice hosted counselling services once a week and a pharmacy advisor attended the practice one morning per week. Patients had access to the audiology service and a drug counselling service once a fortnight. A dietician attended the practice one morning each month. An Aortic Aneurysm Assessment service visited the practice yearly to provide additional support to patients with this condition.

### 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, the practice website and in the patient booklet.

We looked at a sample of the eight complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. We saw that there was openness and transparency with dealing with the complaint etc. Lessons were learnt from concerns and complaints, and action was taken as a result to improve the quality of care. For example, reminding staff who were the first point of contact for patients at a time of distress ringing in to the practice for the need for a sympathetic

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

response. Another example, a patient had attended a five minute urgent appointment in the sit and wait surgery with multiple problems. The patient was dissatisfied with the short appointment, staff were reminded to hand out the

'reminder cards' that the practice had developed for patients attending these appointments of what constitutes an emergency and a polite request to book longer appointments for multiple non urgent concerns.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- To provide their patients with personal health care of high quality and to seek continuous improvement in the health status of the practice population overall. They aimed to achieve this by developing and maintaining a happy, sound practice which was responsive to people's needs and expectations and which reflected wherever possible the latest advances in primary health care.
- To focus on prevention of disease by promoting healthy living and to involve their patients and/or carers in decision making regarding their care.
- To work collaboratively with other agencies to enhance the patient experience and to treat all patients in a compassionate, dignified way, respecting their wishes and needs.

Through discussion with staff it was clear staff knew and understood the values and included these as an integral part of providing the service to patients.

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
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements

- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

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

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

When there were unexpected or unintended safety incidents:

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

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

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

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

# 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. There was an active PPG which met regularly every month, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG recognised with support from the practice that information/ support for carers needed to be further developed. So information files were maintained and regularly updated and left in the waiting room for carers to access.
- 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.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. Two members of the staff team (clinical and the practice management) were practice representatives members of the Clinical Commissioning Group and shared information. The practice informed us that they had applied to be part of a physiotherapy pilot to access physiotherapy locally through self-referral. Also they had applied to participate in a mental health pilot with One Care Consortium to provide accessible mental health support in the local area. The practice participated in research projects.

The practice had a five year forward plan to develop the service provided to their patients and the community. They provided information of the intention to provide extra clinical and consulting room space with meeting rooms so that they could offer additional services at the practice.

Patients were informed on the practice website that from the beginning of April 2016, they could book an appointment with nursing staff for treatment for minor injuries such as sprains, cuts and grazes, suspected minor fractures.