Chew Medical Practice

Quality Report

Chew Lane
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Date of inspection visit: 16 January 2018
Date of publication: 20/02/2018

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

Contents

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection February 2016 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) - Good

We carried out an announced comprehensive inspection at Chew Medical Practice on 16 January 2018 as part of our inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The practice had supported the introduction of a weekly choir group for new mothers experiencing postnatal depression.The choir had developed into a support network for all new mothers as a vehicle to prevent problems developing.
- The practice worked closely with village agents who acted as a support network for those patients who were experiencing hardship, health issues or were isolated in their community.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a focus on continuous learning and improvement at all levels of the organisation, through regular clinical audits, participation in national research projects as well as being a teaching practice for all levels of medical and nursing students, and GP trainees.

We saw one area of outstanding practice:

Summary of findings

- The practice had introduced an Early Home Visiting Scheme (EHVS). The purpose of this was to ensure that frail elderly patients could be assessed and a management plan commenced to help prevent hospital admission. We saw evidence that demonstrated that admissions had reduced from 180 per 1000 patients in the four months before the scheme to 153 per 1000 patients in the four months after the scheme started. The practice had the lowest admissions rate to Accident & Emergency and acute admissions in the Bath & North East Somerset (BANES) area, despite having a higher than average population of elderly patients.

The areas where the provider **should** make improvements are:

- Fully embed arrangements for management oversight of systems and processes in relation to medical alerts and infection control.
- The practice should invite patients who are also carers for an annual health check.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

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

Chew Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector**.** The team included a GP specialist adviser and a second CQC inspector.

Background to Chew Medical Practice

Chew Medical Practice is situated in a purpose-built building which opened in 2012. The practice address is: Chew Medical Practice, Chew Lane, Chew Stoke, Bristol, BS40 8UE. The practice serves a population of approximately 9400 patients; there are low levels of social deprivation in the area, but some pockets of rural deprivation and many isolated members of the community. The practice population has a higher proportion of older people compared to local and national averages; 25% are over the age of 65 compared to a local figure of 19% and a national figure of 17%.The practice is open between 8am and 6pm Monday to Friday except on Wednesdays when the practice is open until 7.30pm. Appointments are available from 8am to 1pm every morning and from 2pm to 5.45pm daily. Extended surgery hours are offered until 7.30pm on Wednesdays and every Saturday from 9am to 11.30am. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments are also available for people that needed them.

When the practice is closed from 6pm overnight until 8am and at weekends, the out of hours (OOH) cover is provided by Bath Doctors Urgent Care. Patients are advised via the practice website that this is accessed via NHS 111.

The practice was able to offer dispensing services to those patients on the practice list who lived more than one mile (1.6km) from their nearest pharmacy. The dispensary is open Monday to Friday between 8am to 6pm, with late opening on Wednesdays until 7.30pm. It also opens from 9am until 12noon on Saturday mornings. Patients are able to choose whether to have medicines dispensed at the surgery or in the local village pharmacy, if this was more convenient for them.

The practice is a teaching and training practice, and supports medical students, student nurses and trainee GPs.

The practice employs three GP partners, two male and one female, five salaried GPs, a team of four nurses, two health care assistants and a phlebotomist. The practice is supported by a management team including a practice manager, two assistant practice managers and a full team of support staff, including administrators, receptionists and dispensers.

Good

Are services safe?

Our findings

We rated the practice, and all of the population groups, as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control (IPC). The IPC lead had received additional training to fulfil this role and liaised with local specialists where necessary. Hand hygiene audits were carried out with all staff annually. An audit carried out in October 2017 of sharps bins, used for the disposal of sharps and needles, found some sharps bins were out of date prior to being filled up, so the practice had introduced smaller sharps bins in certain clinical rooms to reduce waste. During the inspection, it was highlighted that the clinical waste bin liners were not correctly labelled to ensure safe disposal of clinical waste. This was rectified by the practice on the day of inspection.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. The practice's computer system highlighted patients at risk of possible sepsis when observations that could be indicative of sepsis were entered during patient consultation.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. The practice offered clinics which patients were able to access, including physiotherapy and talking therapy sessions. Patient medical records were updated appropriately.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

Good

Are services safe?

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.
- Arrangements for dispensing medicines at the practice kept patients safe. There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training. We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Any medicines incidents or 'near misses' were recorded for learning and was supported by a standard operating procedure, and discussed at practice meetings as necessary. This helped make sure appropriate actions were taken to minimise the chance of similar errors occurring again.
- Dispensary staff showed us standard operating procedures (SOPs) which covered all aspects of the dispensing process (SOPs are written instructions about how to safely manage medicines). These were up to date and accurately reflected current practice. The dispensing process was undertaken by a trained member of staff. The practice signed up to the Dispensing Services Quality Scheme to help ensure processes were suitable and the quality of the service was maintained safely. There were also arrangements in place for the destruction of controlled drugs.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. Staff told us that when they had raised significant events they were involved throughout the review process.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. The practice had documented 20 significant events in the last 12 months. We saw that relevant actions had been taken to improve quality of care. Lessons learned had been discussed with staff. For example, an incident involving a young child receiving a set of immunisations twice has led to the practice reviewing their systems and processes. Immunisation clinics were now being undertaken by two nurses, in order to reduce the risk of a similar incident happening again.
- There was a system for receiving and cascading safety alerts to the relevant member of staff. We saw that alerts had been acted upon. However, management lacked oversight as to whether these actions had been completed or not. We received information post inspection that the practice had updated their Standard Operating Proceudre relating to MRHA alerts to ensure that all alerts were dated and actions taken documented. The practice learned from external safety events as well as patient and medicine safety alerts.

Good

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall and across all population groups.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- The practice had introduced an Early Home Visiting Service The purpose of this was to ensure that frail elderly patients could be assessed and a management plan commenced early in the day, to help prevent hospital admission.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training. Nurses who were revewing patients with long term conditions had undertaken appropriate training. For example, diplomas in respiratory and diabetes care.
- The practice engaged with the opportunity to participate in diabetes virtual clinics which promoted learning and improvement in the management of patients whose conditions were complex. A local specialist, the GPs and nurses would discuss the management plans and treatment options of patients. The practice also invited other health professionals, for example district nurses who were involved in the patients care to ensure patients received evidenced based integrated care.
- The practice was in line with, or above, national averages for indicators in long-term conditions. For example, 97% of patients with Chronic Obstructive Pulmonary Disease (COPD), a chronic lung condition, had received an assessment of breathlessness, compared to clinical commissioning group average of 94% and the national average of 90%.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines, for example women who had a diagnosis of of epilepsy.

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

- The practice's uptake for cervical screening was 85%, which was in line with the 80% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

Good

Are services effective?

(for example, treatment is effective)

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. At the time of inspection, there were no patients registered as homeless or from a travelling background but staff confirmed processes were in place to support those patients should they register with the practice in future.
- The practice worked collaboratively with the local Primary Care Liaison Nurse (PCLN) to improve the quality of care for patients with Learning Disabilities. Annual reviews were undertaken by the both the PCLN and the practice nurse. The PCLN also supported the patients who were more appropriate to be reviewed in their own homes.

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

- 88% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was comparable to the clinical commissioning group (CCG) average of 89% and the national average of 84%.
- 92% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was comparable to the CCG average of 96% and the national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example 93% of patients experiencing poor mental health had received discussion and advice about alcohol consumption,compared to the CCG average of 93% and the national average of 91%.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives. The practice worked to deliver up to date high quality evidence based care and had undertaken 31 Gold Standard searches to support this. Gold standard searches are a method of ensuring aspects of primary care and prescribing are undertaken according to best practice guidelines. For example, we saw evidence that the practice, as a result of these searches, had ensured management of patients who had experienced exacerbations of asthma were in line with the gold standards.

The most recent published Quality Outcome Framework (QOF) results were 99% of the total number of points available compared with the clinical commissioning group (CCG) average of 99% and national average of 97%. The overall exception reporting rate was 9% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- The practice used information about care and treatment to make improvements. The practice provided evidence of a number of audits and re-audits that had been undertaken which demonstrated that care and treatment had improved as result of these audits. For example, an audit demonstrated a post ear wash out infection rate of 13%. A follow up audit in December 2017 showed that by advising patients in line with guidelines to apply oil to the ear for three weeks prior to wash out, the infection rate had reduced to 1%.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives. The practice was a research active practice and had contributed data to two national research projects in 2017 on chronic kidney disease and mental health.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

Good

Are services effective?

(for example, treatment is effective)

- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- During April 2016 to March 2017, 51% of new suspected cancer cases were referred using the urgent two week wait referral pathway, comparable to the clinical commissioning group (CCG) average of 48% and the national average of 50%.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Good

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 38 patient Care Quality Commission comment cards we received were positive about the service experienced. This was in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 96% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 100% of patients who responded said they had confidence and trust in the last GP they saw; compared to the CCG average of 98% and the national average of 96%.
- 96% of patients who responded said the last GP they spoke to was good at treating them with care and concern; compared to the CCG average of 89% and the national average of 86%.
- 95% of patients who responded said the nurse was good at listening to them; comparable to the CCG average of 92% and the national average of 91%.
- 99% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; comparable to the CCG & national averages of 91%

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers and recorded their details into a carer's register. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 243 patients as carers (approximately 3% of the practice list).

- The practice proactively encourage carers to receive a flu immunisation. Evidence demonstrated that 65% of identified carers on the practice register had received a flu immunisation this year, compared to the published national average of 45% for the previous year. The local carers support group had attended flu clinics to promote the support they could offer to carers. The practice provided health checks to carers if requested but did not have a system whereby carers were invited for health checks.
- Staff told us that if families had experienced 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.

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:

Good

Are services caring?

- 95% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 90% and the national average of 86%.
- 91% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 87 % and the national average of 82%.
- 96% of patients who responded said the last nurse they saw was good at explaining tests and treatments; compared with the CCG average of 92% and the national average of 90%.
- 95% of patients who responded said that last nurse they spoke to was good at involving them in decisions about their care; comparable to the CCG average of 86% and the national average of 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice as good for providing responsive services overall and across all population groups except for older people which we rated as outstanding.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments .
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. The practice had installed a hearing loop system for those with hearing impairments and had the use of a sign language interpreter.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- In response to results from the practice's own patient survey, the practice had installed a blood pressure machine in the waiting area for patients to use and also purchased additional home blood pressure monitoring kits to provide improved availability for patients.
- The practice worked closely with village agents who acted as a support network for those patients who were experiencing hardship, health issues or were isolated in their community. The practice invited the village agents to the practice's multi-disciplinary staff meetings where appropriate in order to provide an integrated and holistic approach to ensure all patient needs were met.

Older people:

This population group was rated outstanding for providing responsive services.

- The practice worked closely with the frailty nurse from the local hospital to identify the practice's most frail patients. A frailty template for use within the medical records had been introduced to ensure seamless transfer of care between primary and secondary care where appropriate.
- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- The practice continued to provide patients from surrounding villages, which had no public transport provision, the opportunity to be seen on an ad hoc basis without prebooked appointments. On one day a week a local coach service provided transport from these villages to the practice. The practice committed that all these patients would be seen by a nurse or a GP dependant on their needs.
- The practice continued to provide a home-delivery system for medicines from the practice dispensary to support those patients who were unable to get to the surgery The practice also provided this service for another local practice.
- The practice had introduced an Early Home Visiting Scheme (EHVS). The purpose of this was to ensure that frail elderly patients could be assessed and a management plan commenced early in the day, to help prevent hospital admission. Each day, a dedicated GP was available to visit these patients between 9.30am and 11.30am, which enabled patients to remain in their own homes with the appropriate support. We saw evidence that demonstated that admissions had reduced from 180 per 1000 patients in the four months before the scheme to 153 per 1000 patients in the four months after the scheme started. The practice had the lowest admissions rate to Accident & Emergency and acute admissions in the Bath & North East Somerset (BANES) area, despite having a higher than average population of elderly patients.

People with long-term conditions:

Good

Are services responsive to people's needs?

(for example, to feedback?)

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- The practice recognised that due to remoteness of the location, the local Out of Hours service may be unable to respond to call outs in a timely manner. To resolve this, the GP partners of the practice ensured that patients in their final weeks of life had access to a their personal mobile numbers to ensure prompt access to treatment and support.

Families, children and young people:

- We found there were systems 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 accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice had supported the introduction of a weekly choir group for new mothers suffering from postnatal depression.The choir has now developed into a support network for all new mothers as a vehicle to prevent problems developing.
- The practice had continued to work with the local secondary school to promote safe sexual health clinics and advice. The practice was accredited with the Bath and North East Somerset branch of Sexual Health For Everyone (SAFE) including open access to all pupils at the secondary school whether they were registered as a patient or not. Additionally all 11-year olds received a letter explaining the services that the practice offered.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and Saturday appointments.
- The practice offered extended hours on Wednesdays and Saturdays that working age people could access, as well as a GP call-back service for routine appointments and an online booking system for appointments.
- Telephone consultations were available at times that patients could request which supported patients who were unable to attend the practice during normal working hours.
- In order to improve the uptake of flu immunisation amongst the working age population the practice had introduced Saturday morning flu clinics. The practice told us that this had increased uptake amongst this population group this year, with 801 patients having already received a flu immunisation, compared to the 742 patients for the whole of the 2016/17 season.

People whose circumstances make them vulnerable:

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

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.
- The practice was in the process of being accredited as a Dementia Friendly practice, which involves undertaking a seven-step criteria procedure, including the provision of a local structure to sustain a dementia friendly community and had links with dementia support workers.
- Extended appointments were being offered at quieter times of the day to patients with mental health issues.
- In response to some tragic events the practice set up counselling support and training in collaboration with the local secondary school to provide care and support for young people and their families. Also a GP from the practice attended the local schools annual meeting, for new parents, in order to highlight mental health issues for school aged children.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised. The practice operated a duty doctor system from 8am until 6pm to ensure prompt triage (triage is the assessment of need and prioritising of treatment) of patients, including a callback within an hour of the initial call to discuss the patient's concern.
- Patients told us the appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards. Of the 221 surveys that were sent out, 120 responses were received which represented about 1% of the practice population.

- 90% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 86% and the national average of 80%.
- 92% of patients who responded said they could get through easily to the practice by phone compared with the CCG average of 90% and the national average of 71%.
- 90% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 88% and the national average of 76%.
- 87% of patients who responded described their experience of making an appointment as good compared with the CCG average of 86% and the national average of 73%.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Ten complaints were received in the last year. We reviewed three complaints and found that they were satisfactorily handled.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, a complaint was received from a patient who had a referral letter sent to a previous address, which belonged to a family member. The practice discussed the incident at a clinical meeting and processes were amended to ensure that all GPs checked addresses of patients prior to referring them to additional services going forward.

Are services well-led?

Good

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

Our findings

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. We saw the practice had implemented positive changes to the care and treatment of patients following reviews of complaints and significant event analysis. Lessons learned had been shared with staff. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

Are services well-led?

Good

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of , incidents, and complaints
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- The service was transparent, collaborative and open with stakeholders about performance.
- GP partners were proactively involved with external partners.One GP was a member of the clinical commissioning group (CCG) board, another had been elected chair of the Bath and North East Somerset (BANES) Enhanced Medical Services (BEMS) council, and another was a member of a working panel to develop access to services.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.