

St Michael's Surgery

Quality Report

St Michael's 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?	Outstanding	
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 St Michael's Surgery on 13 April 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, recording and learning from significant events.
- The practice population has high levels of social deprivation with many examples of health inequalities including high numbers of multiple health problems. The practice deprivation index of 27.9% is significantly higher than the average for the Bath and North East Somerset region of 12% and the national average of 21.5%. The practice was working with the local health and care communities and agencies to try to redirect resources to those who need them.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Services are tailored to meet the needs of individual people and are delivered in a way to ensure flexibility and continuity of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. The practice recognised that the majority of its population accessed care in an unplanned way, and ensured opportunistic access, a high proportion of on the day appointments, and flexible services to meet the patient's needs.
- The practice had recently undergone significant changes as the GP partner cover had unexpectedly reduced at short notice over the previous few months and a new practice manager had taken on the role two

Summary of findings

weeks before our visit. The practice staff were working together to review and update processes and procedures, and the practice was in the process of recruiting a new GP partner.

- Although there had been recent changes to the practice in the previous months, the practice reported a clear leadership structure and staff told us they felt supported by the management and that they valued the team and good communication within the practice.
- Risks to patients were assessed and well managed, although some policies were due to be reviewed.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The provider was aware of and complied with the requirements of the duty of candour.

- The practice proactively sought feedback from staff and patients, which it acted on.

We saw one area of outstanding practice:

The practice had identified a need to improve care for patients with a borderline personality disorder, they developed a template/pathway guide which had been shared across the local area.

The area the provider should make improvement:

Ensure all staff receive regular appraisals and confirmation of the completion of mandatory training requirements.

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 things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed although we noted not all clinical rooms were locked which could impact on the security of blank prescriptions and the emergency medicines. This was identified to the practice during our inspection and the practice immediately put in measures to resolve this.

Good



Are services effective?

The practice is rated as good for providing effective services.

- The practice population has many examples of health inequalities including, lower life expectancy than the national average, low rates of employment, low rates of income, poor access to transport and high numbers of multiple health problems.
- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Data showed outcomes were above national averages for many aspects of care, for example:
- The practice's uptake for the cervical screening programme was 95%, which was higher than the national average of 82 %.
- The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March (2014/15) was 100% which was higher than the national average of 94%.
- Staff assessed the patients' needs and ensured they delivered care in line with current evidence based guidance and the particular needs of their population.

Good



Summary of findings

- 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 clinical staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

- 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.
- We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

Services are tailored to meet the needs of individual people and are delivered in a way to ensure flexibility and continuity of care.

The practice tailored the services it delivered to meet the specific needs of its population, and ensured that social, emotional, environmental and financial considerations were part of the patients' assessment of their care and treatment needs.

The practice delivered care in ways to tackle health inequalities where possible and worked with the wider health and social care agencies to respond to and address these needs. For example the practice had organised a development day to raise awareness of the health and inequalities profile.

- The practice used innovative approaches to providing person centred care and involved other agencies particularly for those with complex needs.
- The practice worked closely with other organisations and with the local community in planning how services were provided to

Outstanding



Summary of findings

ensure that they meet patients' needs. For example the practice worked with advocates, keyworkers and other agencies to ensure the best care pathways were in place for patients with learning difficulties.

- There was a proactive approach to understanding the needs of different groups of people and to deliver care in a way that meets these needs and promotes equality, including people who have complex needs or may be in vulnerable circumstances.
- The practice had higher than the local and national averages of patients with complex mental health needs, the practice had analysed the needs of this group and noted higher than average incidence of reduced social and family support, reduced ability to manage self-care, and that many patients struggled with their care being shared across a range of health services. The practice had therefore adjusted their appointments to ensure longer appointment times, and that the patient's holistic needs were managed alongside their mental health needs where possible.
- Patients can access appointments and services in a way and at a time that suits them. The practice tailored the immunisation clinics to ensure the maximum uptake for young children, for example opportunistic appointments in addition to a set day clinic to ensure all who attended on the day would be treated.
- 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. Learning from significant events was shared across the whole practice team and with other agencies where appropriate.

Are services well-led?

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

- The practice had a clear understanding of its patients' needs and tailored their strategy to tackle the health inequalities and work with other organisations to improve care.
- The practice had a shared purpose and culture to improve outcomes for patients and offer person centred care.
- 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.
- The practice had a number of policies and procedures to govern activity, but some of these were overdue a review.

Good



Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.
- Although all the clinical staff had received regular appraisals and performance development, the practice had noted that some of the administration staff were overdue an appraisal, before our inspection the overdue appraisals had been identified and scheduled.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice worked with the local hospital and community multidisciplinary teams to directly support patients in step down beds to support earlier discharge from hospital.

Good



People with long term conditions

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

The practice population has an incidence of multiple concurrent health problems in patients occurring (on average) 15 years younger than the national average. This means there is an increased demand on health services from this population. For example, the practice has higher than the national average of patients with diabetes 6.5% compared to the clinical commissioning group average of 4.6%.

This year's exception reporting figures 2015/16 were significantly lower, for example dementia had reduced from 23.6% to 11.4%, COPD from 26% to 21% and the figures for cancer were now 2% below the clinical commissioning group average.

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 were higher than the national averages:

- The percentage of patients with diabetes, on the register, in whom the blood test was in the target range in the preceding 12 months (2014/15), was 91% which was higher than the national average of 78%.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months, 2014/15) was in the target range was 88% which was higher than the national average of 78%.

Good



Summary of findings

- The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March (2014/15) was 100% which was higher than the national average of 94%.

The percentage of patients with COPD (chronic obstructive pulmonary disease – a range of chronic lung conditions) who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (2014/15) was 96% which was higher than the national average of 90%.

- Longer appointments and home visits were available when needed.
- Patients with long term conditions 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 outstanding for the care of families, children and young people.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The practice tailored the immunisation clinics to ensure the maximum uptake for young children, for example opportunistic appointments and a set day clinic to ensure all who attended on the day would be treated.
- The practice had a number of families new to the area from countries where previous immunisation records could not be established. The practice worked with best practice clinical guidelines and the relevant agencies, ensuring the correct immunisation programmes were then in place.
- The practice had higher levels than the local and national averages for children on enhanced care plans. The practice worked with the relevant agencies to coordinate multidisciplinary care for these patients.
- 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.

Outstanding



Summary of findings

- The percentage of uptake for the cervical screening programme in the last five years was 95% which was significantly higher than the national average of 82%.
- 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 and health visitors.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice 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.
- The practice offered extended hours appointments and telephone consultations.

Good



People whose circumstances may make them vulnerable

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

The practice worked proactively to identify any patients who may be in need of any extra support, and regularly reviewed patients' social, emotional and financial circumstances alongside the medical care needs to ensure the best care advice and pathways were in place.

- The practice ran a drop-in clinic for anyone who may be at risk of, or experiencing domestic violence.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice supported four times the national average of patients with learning difficulties and offered longer appointments for patients with a learning disability. The practice worked with advocates, keyworkers and other agencies to provide the best care pathways were in place. 86% of patients with a learning disability had had their care reviewed in the last 12 months, and the remaining 14% had a review scheduled.

Good



Summary of findings

- The practice had approximately 60 patients with learning difficulties that are female and need routine cervical smears. They worked with advocates, keyworkers and the patients to ensure each case was individually reviewed and the most appropriate treatment was delivered.
- The practice offered longer and opportunistic appointments for those with complex health and /or social needs.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice provided counselling support, alcohol and drug support on site and informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice had higher than the local and national averages of patients with complex mental health needs, for example 9% of the population with long term mental health problems compared to the clinical commissioning group average of 4.5% and the England average of 4.6%. The practice had analysed the needs of this group and noted higher than average incidence of reduced social and family support, reduced ability to manage self-care, and that many patients struggled with their care being shared across a range of health services. The practice had adjusted appointments to ensure longer appointment times, and that the patient's whole care needs were managed alongside their mental health needs where possible.

- The practice had developed a borderline personality disorder pathway which had been shared across the local area.
- The practice offered talking therapies counselling, drop in clinics and a range of support services to patients with complex mental health needs. The practice recognised that some aspects of patients' lives could be unplanned and all these patients would be seen opportunistically where possible.
- The percentage of patients with a serious mental health who have a comprehensive, agreed care plan documented in their record, in the preceding 12 months (2014/15) was 91% which was higher than the national average of 88%.

Good



Summary of findings

- The percentage of patients with a serious mental health problem whose alcohol consumption has been recorded in the preceding 12 months (2014/15) was 89% which was comparable to the national average of 90%.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months (2014/15) was 85% which was comparable to the national percentage of 84%.
- 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.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing above or in line with local and national averages. The GP survey sent out 388 survey forms and 129 were returned. This represented 1.7% of the practice's patient list.

- 92% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 81% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 86% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 82% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 28 comment cards which were all positive about the standard of care received. One reported mixed satisfaction reporting good care and outcomes but that they had felt rushed, the other 27 cards reported care to be friendly and excellent. Many comments noted staff were very good at listening, very supportive staff and a fantastic service.

We spoke with eight patients during the inspection. All eight patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Recent friends and family test data showed that 72% would be likely or very likely to recommend the practice to family and friends for the care they received.

Areas for improvement

Action the service SHOULD take to improve

The area the provider should make improvement:

Ensure all staff receive regular appraisals and confirmation of the completion of mandatory training requirements.

Outstanding practice

We saw one area of outstanding practice:

The practice had identified a need to improve care for patients with a borderline personality disorder, they developed a template/pathway guide which had been shared across the local area.

St Michael's Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser a practice manager specialist adviser and an Expert by Experience.

Background to St Michael's Surgery

St Michael's Surgery is located in the city of Bath in an area called Twerton with a branch called the Beehive Surgery in the Southdown area of Bath.

The practice population consists of approximately 7,500 patients. The practice population is an outlier in deprivation with many examples of health inequalities including, lower life expectancy than the national average, low rates of employment, low rates of income, poor access to transport and high numbers of multiple health problems. The practice deprivation index of 27.9% is significantly higher than the average for the Bath and North East Somerset region of 12% and the national average of 21.5%.

The practice was working with the local health and care communities and agencies to try to redirect resources to those who need them. The practice had highlighted its health inequalities to the clinical commissioning group to try to meet these needs, and had developed a strategy to address these issues where possible including securing additional funding for two years.

The practice had recently undergone significant changes as the GP partner cover had unexpectedly reduced at short notice over the previous few months and a new practice manager had taken on the role two weeks before our visit.

The practice has noted changing demographics, which although remains mostly white British, now includes some refugee families, some Eastern European families and increasing numbers of ethnic minorities.

The practice has six GP partners, three female and three male, two are due to retire in June 2016. The practice is supported by two salaried GPs and is currently supporting two GP Registrars (Registrars are qualified doctors who undertake additional training to gain experience and higher qualifications in general practice and family medicine).

The GPs are supported by one advanced nurse practitioner, three nursing sisters, one health care assistant and supporting management, reception and administration staff.

The practice is open between 8am and 6pm Monday to Friday. Appointments were from 9am to 11.30am and from 2.50pm to 5.30pm daily. Extended hours appointments were offered one evening a week at St Michael's surgery from 6.20m to 7pm and at least one evening a month at the Beehive Surgery from 6pm to 7.30pm. Extended hours were also available from 8.10am to 11.20am every other Saturday.

When the practice is closed the out of hours cover is provided by Bath Doctors Urgent Care accessed via NHS 111. The Bath and North East Somerset area have a local agreement with Bath Doctors Urgent Care for the out of hour's provision to start at 6pm.

Detailed findings

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

The registered activities the practice provides are available at:

St Michael's Surgery

Walwyn close

Twerton

Bath

BA2 1ER

and

The Beehive Surgery

Mount Road

Southdown

Bath

BA2 1NH

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 13 April 2016. During our visit we:

- Spoke with a range of staff including four GPs, four of the nursing team, the practice manager and eight of the reception and administration team.
- Spoke with one member of the patient participation group and eight patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events. The practice had reviewed their significant event policy 18 months ago to ensure the learning was shared across the whole practice team and any changes to processes or procedures were implemented.

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following a minor procedure incident the practice had conducted an audit of the procedure, reviewed the length of the clinic times, adjusted the policy and the clinic times to provide more time and support for patients and re-audited the procedures success rate.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had

concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example recent improvements included replacing chairs in the reception area, and a replacement schedule for the older style taps and sinks.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Although the blank prescription pads were securely stored the practice did not lock the clinical rooms which meant they could not ensure the security of blank prescriptions once they were issued to the clinical rooms. This was identified during the inspection and resolved immediately following our inspection.

Are services safe?

- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed three 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.

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 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 enough staff were on duty.

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 and all staff knew of their location. All the medicines we checked were in date. We noted although the medicines were in a secure container they were not kept in a locked room. This meant the practice could not ensure the safety of these medicines. We were shown evidence that this had been addressed within two days of our inspection.
- The practice had a 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 population is an outlier in deprivation with many examples of health inequalities including, lower life expectancy than the national average, low rates of employment, low rates of income, poor access to transport and high numbers of multiple health problems. The practice deprivation index of 27.9% is significantly higher than the average for the Bath and North East Somerset region of 12% and the national average of 21.5%. The practice was working with the local health and care communities and agencies to try to redirect resources to those who need them. The practice had highlighted its health inequalities to the clinical commissioning group to try to meet these needs, and had developed a strategy to address these issues where possible, which had included securing funding for services for an additional two years.

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98.8% of the total number of points available. We noted that the clinical domains of cancer, depression, dementia and COPD (chronic obstructive pulmonary disease, a range of chronic lung conditions) had higher than the national averages for their exception reporting for 2014/15. We looked further into these exceptions during our inspection; we found that the care being provided was safe and appropriate for the

patients. We also noted that this year's exception reporting figures 2015/16 were significantly improved, for example dementia had reduced from 23.6% to 11.4%, COPD from 26% to 21% and the figures for cancer were now 2% below the clinical commissioning group average.

Data from 2014/15 showed:

- Performance for diabetes related indicators were higher than the national averages:
- The percentage of patients with diabetes, on the register, in whom the blood test was in the target range in the preceding 12 months (2014/15), was 91% which was higher than the national average of 78%.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months, 2014/15) was in the target range was 88% which was higher than the national average of 78%.
- The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March (2014/15) was 100% which was higher than the national average of 94%.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less (2014/15) was 88% which was higher than the national average of 81%.
- Performance for mental health related indicators were higher or comparable to the national averages:
- The percentage of patients with a serious mental health who have a comprehensive, agreed care plan documented in their record, in the preceding 12 months (2014/15) was 91% which was higher than the national average of 88%.
- The percentage of patients with a serious mental health problem whose alcohol consumption has been recorded in the preceding 12 months (2014/15) was 89% which was comparable to the national average of 90%.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months (2014/15) was 85% which was comparable to the national percentage of 84%.

Are services effective?

(for example, treatment is effective)

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits undertaken in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, the practice was aware that although exercise on prescription was very valuable, some patients could not afford the cost of travel to access the service which meant they could not attend. The practice had worked with the local community to offer the service at a local venue.

Information about patients' outcomes was used to make improvements for example;

- The practice had identified a need to improve care for patients with a borderline personality disorder, they developed a template/pathway guide which had been shared across the local area.
- The practice had developed a safeguarding template which was being piloted, to share locally once the pilot was completed.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions had undertaken diplomas in diabetes, asthma, chronic obstructive pulmonary disease (a disease that affects the lungs) and heart disease.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes

to the immunisation programmes, for example by access to on line resources and discussion at practice meetings and local clinical commissioning group meetings and updates.

- The learning needs of the clinical staff were identified through a system of appraisals, meetings and reviews of practice development needs. The clinical staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All the clinical staff had received an appraisal within the last 12 months.
- Staff all confirmed they were well supported to undertake development relevant to their role, and given protected learning time. We did find that some of the administration team had not received an appraisal within the last 12 months; this had been identified by the practice before our visit. We saw that the staff that were overdue an appraisal had already been scheduled to address this.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. We found that there were some gaps within the mandatory training for the staff, including yearly updates on display screen equipment, health and safety awareness, safeguarding children updates and yearly infection control updates. This had recently been reviewed and noted by the practice team and the identified courses were now scheduled. The clinical commissioning group had introduced an area wide on line training support system, there had been some delays related to this introduction, which were outside the practices control. Although the mandatory courses noted were overdue, staff could demonstrate a good understanding of these areas to us during our inspection.

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.

Are services effective?

(for example, treatment is effective)

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice had high levels of social deprivation, a high percentage of patients who had complex health needs and the practice population develops chronic diseases on average 15 years younger than the national average. This particular population was noted to have often only engaged with health promotion support if available locally. In response to this the practice had ensured smoking cessation support, counterweight (weight reduction support), shared care drug and alcohol support work, talking therapies counsellor, citizens advice support and drop in clinics with domestic violence advocate were all available at the practice.

The practice worked proactively to identify any patients who may be in need of any extra support, and regularly reviewed patients social, emotional and financial circumstances alongside the medical care needs to ensure the best care advice and pathways were in place.

The practice also worked with the community services, the local hospice, local specialist nurse and multidisciplinary teams to support patients at the end of life and those with complex and chronic diseases.

The practice's uptake for the cervical screening programme was 95%, which was higher than the national average of 82%. There was a policy to send letter reminders and offer telephone reminders for patients who did not attend for their cervical screening test. The practice had taken extra steps to encourage uptake of the screening programme by using information in different languages and formats for those with a learning disability and/or those with sensory impairments. The practice used interpreters, keyworkers and carers to try to support the patients where required.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice's uptake for the breast screening programme was 64% which was lower than the local average of 75%. The practice's uptake of the bowel screening programme was 53% which was lower than the local uptake of 61%. 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.

Childhood immunisation rates for the vaccinations given were comparable to national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 81% to 99%, compared to the national range from 83% to 98%. The rates for five year olds ranged from 93% to 99%, compared to the national range from 95% to 97%.

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.

We received 28 comment cards which were all positive about the standard of care received. One reported mixed satisfaction reporting good care and outcomes but that they had felt rushed, the other 27 cards reported care to be friendly and excellent. Many comments noted very good listening, very supportive staff and a fantastic service. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice showed mixed satisfaction scores on consultations with GPs and nurses compared to local and national averages. For example:

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

- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 84% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 93% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 85% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff took great efforts to engage with patients at the local Royal National Institute for the Deaf (RNID) and ensure that patients were informed and involved in their care, longer appointments were booked with specialist

Are services caring?

interpreters, and information was used in different formats where applicable. The practice also ensured care workers and/or families were involved in the care, and where consent was not always clear, advocates were utilised.

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 179 patients as carers (2.4% of the practice list). Written information was available to direct carers to the various avenues of support available to them and staff would offer advice and signposting where possible.

Staff told us that if families had suffered bereavement, their usual GP contacted them to offer support, and would be followed by a consultation at a flexible time and location to meet the family's needs if required.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Services are tailored to meet the needs of individual people and are delivered in a way to ensure flexibility and continuity of care. The practice tailored the services it delivered to meet the specific needs of its population, and ensured that social, emotional, environmental and financial considerations were part of the patients' assessment of their care and treatment needs.

The practice delivered care in ways to tackle health inequalities where possible and worked with the wider health and social care agencies to respond to and address these 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 used innovative approaches to providing person centred care and involved other agencies particularly for those with complex needs, for example:
- The practice worked with other organisations to improve care outcomes, tackle health inequalities and had organised a development day to raise awareness of the health and inequalities profile. This had involved working closely with the local Health and Wellbeing board, charitable projects, social services and public health, and engaging with the local community to look at ways to improve outcomes for the future. For example the practice was working with local agencies to establish local green gyms and healthy living promotion opportunities with local farms and other community resources.
- The practice supported four times the national average of patients with learning difficulties and offered longer appointments for patients with a learning disability. The practice worked with advocates, keyworkers and other agencies to provide the best care pathways were in place. 86% of patients with a learning disability had had their care reviewed in the last 12 months, and the remaining 14% had a review scheduled.
- The practice had approximately 60 patients with learning difficulties that are female and needed routine

cervical smears. They worked with advocates, keyworkers and the patients to ensure each case was individually reviewed and the most appropriate treatment was delivered.

There was a proactive approach to understanding the needs of different groups of people

and to deliver care in a way that meets these needs and promotes equality, including people who have complex needs or may be in vulnerable circumstances.

- The practice had higher than the local and national averages of patients with complex mental health needs, for example 9% of the population with long term mental health problems compared to the clinical commissioning group average of 4.5% and the England average of 4.6%. The practice had analysed the needs of this group and noted higher than average incidence of reduced social and family support, reduced ability to manage self-care, and that many patients struggled with their care being shared across a range of health services. The practice had therefore adjusted their appointments to ensure longer appointment times, and that the patient's holistic needs were managed alongside their mental health needs where possible.
- The practice offered talking therapies counselling, drop in clinics and a range of support services to patients with complex mental health needs. The practice recognised that some aspects of patients' lives could be unplanned and all these patients would be seen opportunistically where possible.
- The practice delivered specialist services including, a domestic violence drop in clinic and co-worker support with the drug and alcohol team. Examples we saw where this had made a difference in patients' lives included; liaising with a domestic violence advocate on a patients behalf, continuing to support them while they tried to make meaningful changes.

The GPs recognising a need for a patient to deal with a complex childhood trauma, realising that this needs to be addressed with support, for them to be able to deal with addiction problems. Another example of care in a vulnerable patient from their teens to their 40s where the practice provided continuity of care.



Are services responsive to people's needs?

(for example, to feedback?)

- The practice offered extended hours one evening a week at St Michael's Surgery and at least one evening a week at the Beehive Surgery for patients who could not attend during normal opening hours.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice offered regular weekly immunisation clinics, and would see any patients that attended even if they had not arranged an appointment. The practice recognised that some local young families lives were not always well planned in advance and ensured they were providing the best chance of immunisations by providing opportunistic appointments where possible.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and translation services available.
- The practice also offered services to provide patient with smoking cessation support, counterweight (weight reduction support), talking therapies counsellor, citizen's advice support and drop in clinics and drug and alcohol support.

Access to the service

- The practice recognised that the majority of its population accessed care in an unplanned way, and ensured opportunistic access, a high proportion of on day appointments, and flexible services to meet the patient's needs.
- The practice was open between 8am and 6pm Monday to Friday. Appointments were from 9am to 11.30am and from 2.50pm to 5.30pm daily. Extended hours appointments were offered one evening a week at St Michael's surgery from 6.20m to 7pm and at least one evening a month at Beehive Surgery from 6pm to 7.30pm. Extended hours were also available from

8.10am to 11.20am every other Saturday. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

- Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.
- 84% of patients were satisfied with the practice's opening hours compared to the national average of 75%.
- 92% of patients said they could get through easily to the practice by phone compared to the national average of 73%. 74% usually wait 15 minutes or less after their appointment time to be compared to the national average of 65%.
- People told us on the day of the inspection that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

- The practice had an effective system in place for handling complaints and concerns.
- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

We looked at one complaint received in the last 12 months and found that it had been dealt with in a timely way, with openness and transparency. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care. For example, following a complaint relating to an immunisation issue, the family received an apology and the practice changed its policy to ensure two members of staff were available to provide a double check system to reduce any further incidence.

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 individualised care and promote good outcomes for patients.

- The practice had a mission statement to provide high quality care for all patients; all staff knew and understood the values.
- The practice had a clear understanding of its patients' needs and tailored their strategy to tackle the health inequalities and work with other organisations to improve care, tackle health inequalities and obtain best value for money.
- The practice had a shared purpose and culture to improve outcomes for patients and offer person centred care.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had a 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. The practice had a number of policies and procedures to govern activity, however some of these were overdue a review. For example we found that the objectives for the practice and business plan needed updating to include recent changes within the partnership and the practice future plans.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

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

Leadership and culture

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

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

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

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

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

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

Are services well-led?

Good 

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had been involved in the waiting area redecoration, and had asked the practice to change the marking in the patient car park which had been addressed. The PPG had nominated the practice for the Bath and North East Somerset GP of the year in 2013 which it had won.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussions. 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 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.

The practice proactively sought out opportunities to improve care outcomes and/or how effectively care was assessed, for example developing the borderline personality template, a safeguarding template and using the map of medicine to promote best pathways for patients. The borderline personality disorder template had been shared with the local clinical commissioning group and the safeguarding template would be shared with local providers once the pilot was complete.

The practice leadership and culture are used to drive and improve the delivery of high quality person-centred care. The practice engaged with the wider health and social services to promote and tackle health inequalities.