

Chew Medical Practice

Quality Report

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Date of inspection visit: 3 February 2016
Date of publication: 12/04/2016

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

Ratings

Overall rating for this service

Good 

Are services safe?

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 Chew Medical Practice on 3 February 2016. Overall the practice is rated as good.

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

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

- Patients said they could access appointments with a GP, although not always their GP of choice. The practice had a good system to provide urgent advice and appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on. The staff were involved in the vision of the practice.
- The provider was aware of and complied with the requirements of the Duty of Candour.
 - There was a strong ethos of patient centred holistic care which was embedded throughout the practice team.

We saw two areas of outstanding practice:

The practice had worked proactively with the local secondary school to promote safe sexual health clinics and advice in response to a local high teenage pregnancy rates. This had demonstrated a decline in teenage

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pregnancy rates. The practice wrote to all 13 year olds to promote the services and support available. The practice had worked with the local secondary school to provide support and counselling.

The practice had a system to see patients in surrounding villages on an ad hoc basis without prebooked appointments for those who could only attend when

transport allowed. A local coach service attended the local villages (with no transport links) and brought patients to the practice. All these patients would be seen by a nurse or a GP dependant on their needs.

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.

Good



- The practice carried out a thorough analysis of the significant events, this included significant event meetings every month and we saw evidence of shared learning across all the staff groups.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff engaged in activities to monitor and improve quality and patient outcomes and delivered care in line with current evidence based guidelines.
- The nursing team had identified twenty eight categories of clinical conditions to regularly check, ensuring that patients in these categories had the most appropriate care in place.
- Clinical audits were embedded practice and demonstrated quality improvement.
- Staff were committed to collaborative working to meet the patients' needs and considered the social and psychological needs alongside medical needs.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff, based on a competency framework.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the National GP Patient Survey showed patients rated the practice higher than others for confidence and trust in GPs and nurses for example;
- 99% 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%.
- 100% had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 98% and the national average of 97%.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. For example mobile phone numbers of named GP given to patients at the end of life to provide continuity of care even through out of hours periods.
- All the staff valued and strived to provide excellent patient care and this was a key ethos across the practice team.
- The practice would ring and/or write to all patients with a new cancer diagnosis to offer support and care.

Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example the practice set up counselling support and training to the local secondary school following some tragic events to provide care and support for young people and their families.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example the practice increased advance appointment availability from four weeks to six weeks after patient feedback.
- Patients can access appointments and services in a way and at a time that suits them. For example, as public transport links were poor the practice ran a coach service jointly with the local council to support patients in local villages. Any patient who wanted to use the service to attend the surgery would be seen without any need to prebook. The practice guaranteed to see anyone who used the service that day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Outstanding



Summary of findings

- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders. All staff across the practice were able to give examples of learning from complaints, and we saw one example of learning used in a staff induction process.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this and involved in the vision and values of the practice.
- There was a clear leadership structure and staff felt supported by management. The practice had clear, robust policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk, for example monthly significant event analysis shared any learning across the whole practice team.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels, and all staff were encouraged to share examples of good practice.
- The practice had a thorough induction process for new staff and clear competency frameworks for all staff.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had a system to see patients in surrounding villages on an ad hoc basis without prebooked appointments for those who could only attend when transport allowed. This meant a local coach service which attended the local villages (with no transport links) and brought patients to the practice. All those patients would be seen by a nurse or a GP dependant on their needs.
- Staff dispensed medicines for some patients in weekly or monthly compliance aids, to help them manage their medicines more safely. Patients could also choose to have their medicines delivered to one of three village locations for their collection. Patients who were housebound and had difficulty with accessing a computer were able to use a direct phone line to request their prescriptions. The practice provided a weekly home delivery service where appropriate.

People with long term conditions

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

Outstanding



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority, this included providing the out of hours providers at weekends with specific care plans for any patient who may be at risk of an admission over a weekend.
- Nursing staff had put in place systems to ensure these patients were getting the appropriate care. For example, following nurse led research the practice introduced a system which searched for patients with twenty eight different trigger factors to ensure they had the appropriate care in place. For example patients with asthma who had used a certain inhaler more than ten times in a year or any children or adults with asthma who had an exacerbation in the previous month. The searches also covered a range of patients who may be at risk of developing

Summary of findings

diabetes, and patients with certain levels of kidney disease or on certain medications which benefit from close monitoring. These patients would then be offered a review to ensure they were receiving the optimum care.

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading was in the target range was 78% compared to the national average of 78% (2014 to 2015)
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol was in the target range was 91% which was higher than the national average of 81%.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (2014 to 2015) was 96% which was higher than the national average of 88%.
- The percentage of patients with high blood pressure having regular blood pressure tests was 90% which was higher than the national average of 84%.
- Longer appointments to cover multiple long term conditions in one review were available, and home visits were available when needed, and all patients with complex multiple long term conditions were offered a longer appointment each year to review their care.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- The practice had set up a counselling service at the local secondary school following some tragic events to provide support and counselling.
- The practice had worked proactively with the local secondary school to promote safe sexual health clinics and advice in response to a local high teenage pregnancy rate which had demonstrated a decline in teenage pregnancy rates.
- The practice wrote to all 13 year olds in the practice to promote the service for teenagers.
- The practice was SAFE accredited which meant it offered contraceptive services including the C card system (this was where young people could ask for condoms and chlamydia testing kits with no appointments or questions).

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were high for all standard childhood immunisations.
- The percentage of patients with asthma who have had their annual review in the last 12 months (2014 to 2015) was 86% which was higher than the national average of 75%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of 25 to 64 year olds who had their cervical screening in the last five years was 90% which was higher than the national average of 82%.
- Appointments were available outside of school hours and the premises were designed to include a child friendly area and good facilities for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses. For example the practice nurse team had liaised with six local primary schools to provide flu vaccines to children in years one and two at their own primary school. This had significantly increased the uptake of the vaccinations in this age group

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 weekly evening appointments on Wednesdays and access every Saturday morning.

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.

Good



Summary of findings

- The practice identified patients living in vulnerable circumstances; the practice population had very limited number of homeless people, or travellers but would see those in need opportunistically if they attended the surgery.
- The practice offered longer appointments for patients with a learning disability and a yearly health review.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- 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).

- 88% of patients diagnosed with dementia that had had their care reviewed in a face to face meeting in the last 12 months, which is better than the national average of 84%.
- The percentage of patients with serious mental health problems who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months (2014 to 2015) was 92% which was higher than the national average of 88%.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months (2014 to 2015) was 88% which was higher than the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 7th January 2016. The results showed the practice was performing above local and national averages. There were 239 survey forms distributed and 127 were returned. This represented 1.4% of the practice's patient list.

- 94% found it easy to get through to this surgery by phone, compared to a clinical commissioning group (CCG) average of 91% and a national average of 73%.
- 94% were able to get an appointment to see or speak to someone the last time they tried, compared to the CCG average of 90% and the national average of 85%.
- 94% described the overall experience of their GP surgery as fairly good or very good, compared to the CCG average of 92% and the national average of 85%.

- 87% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area, compared to the CCG average of 88% and 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 24 comment cards which were all positive about the standard of care received. Patients reported excellent care and positive feedback about the whole practice staff.

We spoke with nine patients during the inspection. All nine patients said they were happy with the care they received and thought staff were approachable, committed and caring.

Outstanding practice

We saw two areas of outstanding practice:

The practice had worked proactively with the local secondary school to promote safe sexual health clinics and advice in response to a local high teenage pregnancy rates. This had demonstrated a decline in teenage pregnancy rates. The practice wrote to all 13 year olds to promote the services and support available. The practice had worked with the local secondary school to provide support and counselling.

The practice had a system to see patients in surrounding villages on an ad hoc basis without prebooked appointments for those who could only attend when transport allowed. A local coach service attended the local villages (with no transport links) and brought patients to the practice. All these patients would be seen by a nurse or a GP dependant on their needs.

Chew Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

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 9100 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 high population of older people. The building is set over two floors and a lift is available. The building also contains areas rented to other services.

- The practice was open between 8am and 6pm Monday to Friday except Wednesdays when the practice was open until 7.30pm. Appointments were available from 8am to 1pm every morning and 2pm to 5.45pm daily. Extended surgery hours were offered until 7.30pm 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 were also available for people that needed them.

- When the practice was closed from 6pm overnight until 8am and at weekends the out of hours (OOH) cover is provided by Bath Doctors Urgent Care, accessed via NHS 111

The practice has a dispensary that is open Monday to Friday between 08:00 and 18:00, with late opening on Wednesday until 19:30. It is also open from 9:00 to 12:00 on Saturday morning.

The practice offered a full range of primary medical services and provided pharmaceutical services to almost 100% of those patients who used the practice. Staff told us that a pharmacy opened recently in a nearby village but regulations relating to dispensing doctors services meant they could continue their current service. Patients were able to choose whether to have medicines dispensed at the surgery dispensary or in the village pharmacy, if this was more convenient for them.

The practice is a teaching and training practice and at the time of the inspection was supporting one GP trainee, with student nurses due to undertake training at the practice from March 2016.

The Practice is a member of the Primary Care Research Network (South West). The practice is involved in research projects and is currently conducting research studies in:

- Kidney disease Patients with a certain classification of kidney disease are assessed to see if adding an additional drug has any cardiovascular improvement.
- Patients taking certain antidepressants.
- Asthmatic patients that have had an exacerbation of asthma within the last 12 months.

The practice employs four GP partners, two male and two female, three salaried GPs, a team of four practice nurses, two health care assistants and a phlebotomist. The nursing team includes a nurse prescriber and members of the

Detailed findings

nursing team who undertake nurse triage and minor illness clinics. The practice is supported by a management team including a practice manager, two assistant practice managers and a team of support staff including administrators, receptionists and dispensers.

Why we carried out this inspection

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

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

How we carried out this inspection

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

- Spoke with a range of staff, including five GPs, six of the nursing team, four of the dispensing team and eight of the management reception and administration team.
- We spoke to three members of the patient participation group and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events, this included significant event meetings every month and we saw evidence of shared learning across all the staff groups.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. For example, one incident had occurred relating to the follow up from a diagnostic test, this has resulted in a new procedure implemented across the whole clinical team and shared learning from the incident to prevent any reoccurrence.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level three.
- A notice in the waiting room and the clinical rooms advised patients that chaperones were available if

required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained good 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.
- Suitable arrangements were in place for storing medicines. Dispensary medicines were stored securely and unauthorised patients could not access them. Medicines were stored at the required temperatures. Staff monitored the temperatures of the medicines refrigerators and the dispensary room temperature to make sure medicines were safe to use.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard operating procedures that set out how they were managed. These were followed in practice. Suitable secure storage was available for controlled drugs, access to them was restricted. Staff made regular checks of the controlled drugs to ensure that records were accurate. This allowed them to identify and address any discrepancies quickly. Staff were aware of how to raise concerns around controlled drugs. Details of the controlled drugs 'accountable officer' for the area were available for staff, in case any incident needed to be reported further.
- Arrangements were in place for the destruction of out of date controlled drugs. These were separated from the stocks in current use so they would not be used by mistake.
- The practice was signed up to the Dispensing Services Quality Scheme, which rewards practices for providing high quality services to patients of their dispensary. Dispensary staff had received training for their role. Staff

Are services safe?

received annual appraisals and a check of their competence. This helped to ensure they were working to the correct, safe standard and protected patients from the risk of medicines errors.

- Appropriate systems were in place for the safe dispensing of medicines. The doctors checked and signed the repeat prescriptions before staff dispensed them. The doctor generated acute prescriptions when they saw a patient in the surgery. These were printed in the dispensary and staff were alerted to expect these prescriptions so they could be dispensed as a priority. The dispensing system in place included checks to make sure staff dispensed the correct medicines.
- 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. The practice had a system for production of Patient Specific Directions to enable health care assistants to administer vaccinations after specific training, when a doctor or nurse were on the premises.
- We reviewed four 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. Staff received a detailed induction process which included time covering policies and procedures, time spent with the wider team to ensure understanding of the practice as a whole and a competency framework.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the

reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills, the last one was held in November 2015.

- 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). The practice had a robust system to review these on a regular basis.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty and staff adjusted their schedules on the day to meet the patient's needs. For example the nursing team monitored each other's appointment screens to help share the workload and reduce waiting times to patients if one of the team ran over due to a complex appointment.

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 clinical staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked covered the appropriate range and were in date and fit for use.

Are services safe?

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

All staff were involved in monitoring the care and quality of current treatment for ensuring the best treatments options were in place. 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 peoples' 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 as well as conducting other measures to monitor and review optimum care was in place. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97.8% of the total number of points available, with 7.1% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets.

Data from January 2016 showed;

- Performance for diabetes related indicators were comparable or better than the national average. For example;
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading was in the target range was 78% compared to the national average of 78% (2014 to 2015).

- The percentage of patients with diabetes, on the register, whose last measured total cholesterol was in the target range was 91% which was higher than the national average of 81%.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (2014 to 2015) was 96% which was higher than the national average of 88%.
- The percentage of patients with high blood pressure having regular blood pressure tests was 90% which was higher than the national average of 84%.
- Performance for mental health related indicators was better than the national average;
- The percentage of patients with serious mental health problems who have a comprehensive, agreed care plan documented in their record, in the preceding 12 months (2014 to 2015) was 92% which was higher than the national average of 88%.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months (2014 to 2015) was 88% which was higher than the national average of 84%.

The practice had also implemented other measures to ensure patients were receiving the most appropriate care. For example, following nurse led research the practice introduced a system which searched for patients with twenty eight different trigger factors to ensure they had the appropriate care in place. For example patients with asthma who had used a certain inhaler more than ten times in a year or any children or adults with asthma who had an exacerbation in the previous month. The searches also covered a range of patients who may be at risk of developing diabetes, and patients with certain levels of kidney disease or on certain medications which benefit from close monitoring. These patients would then be offered a review to ensure they were receiving the optimum care.

The practice utilised a consultant advice line linked to the local hospital where specialist consultant advice could be gained during an appointment for certain criteria to ensure patients received specialist advice at the time of their consultation.

Are services effective?

(for example, treatment is effective)

Clinical audits demonstrated quality improvement and were conducted by the nursing team as well as the GPs in the practice.

- We saw nine clinical audits completed in the last two years, six 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. For example the practice was currently involved in research into reducing the use of antibiotics in viral illness, the effectiveness of a certain medicine in patients with depression, self-management of asthma, and the use of a specific medicine in patients with a particular category of kidney disease.
- Findings were used by the practice to improve services.

Information about patients' outcomes were used to ensure the correct care and treatment was in place for patients, for example the practice reviewed every new diagnosis of cancer to ensure the correct care and support was in place.

Effective staffing

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

- The practice had a clear detailed induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Staff confirmed the induction was thorough and well supported.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs and staff told us they could self-identify areas for their own professional

development. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months. This was based on the practice competency framework.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training and used clinical meetings to deliver educational topics including using outside speakers.

Coordinating patient care and information sharing

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

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

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

The practice met weekly with the community nursing teams and rehabilitation teams including social care staff, to ensure effective continuity of care.

Consent to care and treatment

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

Are services effective?

(for example, treatment is effective)

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

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and exercise. Patients were offered health promotion services from the practice or signposted to the relevant service.
- A counselling service, exercise and fitness advice, well person health checks and smoking cessation advice were available on the premises.

The practice's uptake for the cervical screening programme was 90% which was higher than the national average of 82%. There was a policy to offer telephone reminders for

patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice's uptake for breast screening in the eligible population was 81% which was higher than the national average of 75%. In bowel cancer screening in the eligible population the practice uptake was 66% which was higher than the national average of 61%.

Childhood immunisation rates for the vaccinations given were slightly higher than the clinical commissioning group (CCG) averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 88% to 100%, compared to the CCG range from 83% to 97% and five year olds from 94% to 97% compared to the CCG range of 90% to 97%.

Flu vaccination rates for the over 65s were 80%, and at risk groups 62%. These were also higher than the national averages.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 24 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three members of the patient participation group. They also told us they were very happy 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 and that they felt they received a very good service from the practice as a whole.

The GPs gave personal support to patients at the end of life and would give their own mobile telephone numbers so families could contact their own GP during out of hours cover, so the patient could receive continuity of care at that critical time.

All the staff we spoke with were proud of the quality of the patient care and all felt it was a strong practice focus.

Results from the 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:

- 95% 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%.

- 98% say the last nurse they saw or spoke gave them enough time, compared to the CCG average of 94% and the national average of 92%.
- 92% said the GP gave them enough time, compared to the CCG average of 90% and the national average of 87%.
- 99% 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%.
- 100% had confidence and trust in the last nurse they saw or spoke to, compared to the CCG average of 98% and the national average of 97%.
- 91% said the last GP they spoke to was good at treating them with care and concern, compared to the CCG average of 90% and the national average of 85%.
- 95% said the last nurse they spoke to was good at treating them with care and concern, compared to the CCG average of 93% and the national average of 91%.
- 91% 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 on the comment cards we received was also positive and aligned with these views.

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

- 90% 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%.
- 87% said the last GP they saw was good at involving them in decisions about their care, compared to the CCG average of 87% and the national average of 82%.

Are services caring?

- 87% said the last nurse they saw was good at involving them in decisions about their care, compared to the CCG average of 87% and the national average of 85%.

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

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 2.2 % of the practice list as carers who were happy to be formally

identified as a carer, although more patients were identified as carers within the practices computer system for information and support where required. Staff offered support where possible and written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy letter if needed. 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.

The GPs would ring and/or send a letter to all patients that received a new cancer diagnosis to offer help and support.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice was part of a scheme to ensure continuity of care for some patients who may need extra support over a weekend and worked with the out of hours providers to ensure a personalised care plan was available with an appropriate plan and advice to support patients over the weekend.

- The practice set up counselling support and training to the local secondary school following some tragic events to provide care and support for young people and their families.
- The practice had worked proactively with the local secondary school to promote safe sexual health clinics and advice in response to a local high teenage pregnancy rate which had demonstrated a decline in teenage pregnancy rates.
- The practice offered extended hours on a Wednesday evening until 7.30pm for working patients who could not attend during normal opening hours and Saturday morning appointments.
- There were longer appointments available for patients with a learning disability.
- The practice had introduced a system for the annual review of all patients with complex conditions in one appointment to save multiple attendances.
- The practice had introduced a daily triage system throughout the day to ensure advice and/or appointments were available to those who felt they had an urgent need.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive the full range of travel vaccinations available on the NHS. The practice was an accredited yellow fever centre.
- There were disabled facilities, a hearing loop and translation services available.

- The practice had a system to see patients in surrounding villages on an ad hoc basis without prebooked appointments for those who could only attend when transport allowed. This meant a local coach service which attended the local villages with no transport links and brought any patients who took the coach to the practice would be seen by a nurse or a GP dependant on their needs. This was used by an average of six patients each week.
- Patients were able to use a variety of methods to request repeat prescriptions. This included in person, when they collected their current prescription, or using on-line services. All patients including those who were housebound and had difficulty with accessing a computer were able to use a direct phone line to request their prescriptions.
- Staff dispensed medicines for some patients in weekly or monthly compliance aids, to help them manage their medicines more safely, and offered a weekly delivery service where appropriate for those using compliance aids. Patients could also choose to have their medicines delivered to one of three village locations for their collection.

Access to the service

The practice was open between 8am and 6pm Monday to Friday except Wednesdays when the practice was open until 7.30pm. Appointments with GPs or nurses were from 8am to 1pm every morning and 2pm to 5.45pm daily. Extended surgery hours were offered until 7.30pm 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 were also available for patients that needed them.

The practice had introduced a daily triage system to review all patients by phone call to provide advice or an urgent on day appointment where required. The practice had increased the amount of cover for these sessions in the busiest winter months and on the widely known busiest mornings.

The dispensary was open until 19:30 one evening a week and on Saturday mornings so patients had more choice of when to collect their prescriptions.

When the practice was closed from 6pm overnight until 8am and at weekends the out of hours (OOH) cover was provided by Bath Doctors Urgent Care.



Are services responsive to people's needs?

(for example, to feedback?)

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was slightly higher than the local averages and significantly higher than the national averages.

- 83% of patients were satisfied with the practice's opening hours, compared to the CCG average of 80% and the national average of 75%.
- 94% patients said they could get through easily to the surgery by phone, compared to the CCG average of 91% and the national average of 73%.
- 94% were able to get an appointment to see or speak to someone the last time they tried, compared to the CCG average of 90% and the national average of 85%.
- 60% patients said they always or almost always see or speak to the GP they prefer, compared to the CCG average of 67% and the national average of 59%.

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 in the practice and on the website and the practice proactively sought feedback and any themes or areas of learning from complaints.

We looked at three complaints received in the last 12 months and found the practice dealt with these in a timely way and with openness and transparency. The practice regularly reviewed any complaints and ensured lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example following one incident relating to an administration error we saw that the practice had apologised and given a full explanation and that the process had been updated to prevent reoccurrence. In addition the learning had been shared and used as an example in the staff induction process.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values and had been included in the review of the practice values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The team all felt part of the practice and staff in lead roles were involved in the discussion and design of services.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities, this was supported by clear documents including a decision making structure and competency frameworks.
- Practice specific policies were implemented and were available to all staff in hard copies and on the internal computer system.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership and culture

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

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

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did. The practice held regular meetings but staff told us that all the staff could be accessed on an ad hoc basis for any support or to discuss any issues as they arose.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly and had submitted proposals for improvements to the practice management team. For example, following PPG feedback the practice had increased advance appointments to six weeks ahead which had been welcomed by the patient's feedback.
- The practice had gathered feedback from staff through regular meetings and staff surveys, appraisals and

Are services well-led?

Good 

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

discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example we saw a staff survey which asked staff which core values they wanted to highlight as important to them and noted professional, approachable, committed and friendly as widely chosen values.

- Staff told us they felt involved and engaged to improve how the practice was run and confirmed the practice was open to feedback and inclusive of the staffs perspectives. We saw another example where the staff had been asked to consider whether they felt involved in decisions and whether they felt the practice was a good organisation for patients.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and used policy and frameworks to drive standards and quality improvement. We saw that this was embedded in the culture and evidenced in meeting minutes across the clinical and non-clinical teams. The practice proactively engaged in research and local pilot schemes to improve outcomes for patients in the area.