

Dr Bevan & Partners

Quality Report

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Date of inspection visit: 16 February 2016
Date of publication: 18/04/2016

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?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Bevan & Partners on 16 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.
- Risks to patients were assessed and managed with the exception of those relating to infection control and fire safety.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

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

The areas where the provider must make improvement are:

- Assessing the risk of, and preventing, detecting and controlling the spread of infections, including those that are health care associated.
- Review and update fire risk policies and procedures.

Summary of findings

The areas where the provider should make improvements are:

- Ensure staff have received mental health capacity training within the practice.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

- The practice had contracts with outside providers for building and equipment maintenance; however the practice did not demonstrate oversight of these contracts.
- The practice had no cleaning schedule and was unable to demonstrate oversight of the contract they had with the cleaners of the building and staff had not received up to date infection control training.
- The practice was unable to provide evidence of a fire risk assessment. The fire log book which was inspected did not detail the checks that had been completed by the outside contractors, employed to check and maintain fire equipment. There was no evidence that a fire drill had taken place in the last 12 months.

However, there were some examples of good practice:

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

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Nursing staff and some GP's had not received mental capacity training.

Good



Summary of findings

- There was evidence of appraisals and personal development plans for all staff.
- The practice supported its GP trainees effectively.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- A private health zone room, near the waiting room was available for patients' to, for example, weigh themselves and measure their blood pressure in privacy. Health promotion information was available in this room.
- A number of services were available at the practice such as, physiotherapy, podiatry, and counselling.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice provided medical care for a local nursing home. A dedicated GP conducted a weekly visit.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice had worked with the CCG to provide physiotherapy, podiatry and counselling services within the practice for the local area.
- The practice operated a walk in and wait clinic each morning for all patients who wished to access GP or nurse appointments on the day rather than making an appointment.
- Patients who had more than one chronic disease were able to book longer appointments to minimise the number of times they were asked to attend the practice for reviews.
- The practice worked closely with university student services to identify improvements that could be made for the benefit of students.

Good



Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs. All internal practice signs included braille.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care.
- 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.

However,

The practice did not monitor services provided by outside contractors for the maintenance of the buildings and equipment.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered longer appointments, home visits and urgent appointments for those with enhanced needs.
- A named GP was responsible for the care of older patients in a nursing home and conducted weekly visits.
- Care plans were in place for 324 patients that the practice had identified as being at risk of hospital admissions. One hundred and ninety nine of these were for patients over the age of 75 years.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Patients with more than one chronic disease were able to book a longer appointment so that visits to the practice were minimised for the patient.
- A nurse visited housebound older patients at home and carried out annual reviews where appropriate.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (04/2014 to 03/2015) was 88% which was the same as the national average.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young patients who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 25-64 whose notes record that a cervical screening test had been performed in the preceding 5 years was 85% compared to a national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Commuter clinics were available for both GPs and nurses on a Saturday morning.
- The age profile of patients at the practice was mainly those of working age, students and the recently retired. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice provided extensive online health promotion, advice and support which were tailored to meet the needs of its student population.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.

Good



Summary of findings

- 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 patients experiencing poor mental health (including people living with dementia).

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 91% compared to a national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- 74% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is lower than the CCG average of 86% and the national average of 84%.
- 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 hosted a counsellor on site to provide care for patients who required mental health support.
- 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 7 January 2016 showed the practice was performing in line with local and national averages. Three hundred and sixty survey forms were distributed and 116 were returned.

This represented a 32% response rate.

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

- 91% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to a CCG average of 88% and a 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 31 comment cards which were all positive about the standard of care received. Comments included that patients' felt listened to and praise for the excellent service all staff delivered.

We spoke with 10 patients during the inspection. All 10 patients said they were happy with the care they received and thought staff were approachable, committed and caring. 92% of respondents taking part in the friends and family recommendation test stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area to family and friends.

Areas for improvement

Action the service **MUST** take to improve

- Assessing the risk of, and preventing, detecting and controlling the spread of infections, including those that are health care associated.

- Review and update fire risk policies and procedures.

Action the service **SHOULD** take to improve

Ensure staff have received mental health capacity training within the practice.

Dr Bevan & Partners

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Bevan & Partners

Dr Bevan and Partners is located close to the city centre of Bath with good transport links. The practice is known locally as Fairfield Park health centre. The practice also has a branch surgery at the Newton Park campus, providing medical services to students of Bath Spa University. During our inspection we visited Fairfield Park Health Centre and did not visit the branch surgery at Newton Park campus.

The practice has a higher than average patient population in the age group 15 to 25 years. This is because the practice provides medical services to local university students. The practice is part of the Bath and North East Somerset Clinical Commissioning Group and has approximately 12,000 registered patients. The area the practice serves has relatively low numbers of patients from different cultural backgrounds and is in the low range for deprivation nationally.

The practice is managed by four GP partners, two male and two female and supported by one male and three female salaried GPs, as well as four practice nurses and one healthcare assistant, and an administrative team led by the practice manager. Dr Bevan and Partners is a training practice providing placements for GP registrars and medical students.

The practice is open between 7.45am and 6pm Monday to Friday. There is a walk in and wait surgery from 8am to 10.30am Monday to Friday. Appointments are available from 7.45am to 11am every morning and from 2pm to 6pm every afternoon. Extended surgery hours were offered on Saturday mornings between 8am and 11am. 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.

When the practice is closed patients are advised, via the practice website and an answerphone message, to ring the NHS 111 service for advice and guidance. Out of hours services are provided by Bath and North East Somerset Doctors urgent care (BDUC).

The practice has a Primary Medical Services contract to deliver health care services; the contract includes enhanced services such as minor surgery and childhood vaccines. This contract acts as the basis for arrangements between the local NHS Commissioning Board and providers of general medical services in England.

Dr Bevan and partners is registered to provide services from the following locations:

Dr Bevan and Partners Tynning Lane, Bath, Bath and North East Somerset, BA1 6EA

and

Newton Park Campus Surgery, Bath Spa University, Bath BA2 9BN

Why we carried out this inspection

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

Detailed findings

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 16 February 2016. During our visit we:

- Spoke with a range of staff including 4 GPs, 2 practice nurses and 8 administrative staff 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. There was evidence that significant events were discussed at regular meetings, minutes were recorded and practice policies and procedures changed where appropriate.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, following one incident the practice re-evaluated their lone worker policy and staff who conducted home visits were supplied with a mobile phone number to contact to improve safety of staff.

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level three for children's safeguarding.
- All staff had attended a training session to improve identification of possible domestic violence.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS)
- 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 however staff had not received up to date training. An infection control audit had not taken place recently. An infection control assessment had been carried out by the local hospitals infection control team three years ago and the practice made changes as a result of this, for example carpets had been replaced by washable flooring in treatment areas. However we noted that chairs were not of a washable fabric. We saw that a cleaning check list was in place in each room. The practice was unable to demonstrate that there was a cleaning schedule that was regularly monitored. Staff commented that the quality of the cleaning was satisfactory but could be better. We also noted that a treatment room floor had significant amounts of dust around the edges.
- The arrangements for managing medicines, including emergency drugs and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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. Prescription pads were securely stored and there were systems in place to monitor their use. Two of the nurses had qualified as Independent Prescribers 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 vaccines after specific training when a doctor or nurse was on the premises.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to

Are services safe?

employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. An outside contractor provided maintenance of fire equipment and staff training. We did not see evidence that the practice had oversight of this as. The fire log book which was inspected did not detail the checks that had been completed by the outside contractors, employed to check and maintain fire equipment, and there was no evidence to show regular fire drills were carried out as part of the training.
- 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 was unable to demonstrate on the day of the inspection that other risk assessments were in place to monitor the safety of the premises, such as infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty, the practice employed part time nurses and their hours were organised so that cover was ensured throughout the week and also during holiday and sickness.

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

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. 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% of the total number of points available, with 18% exception reporting which was higher than clinical commissioning group (CCG) average of 10% and the national average 9% exemption rates.

(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. The high exception rating was further investigated on the day of the inspection by the GP specialist advisor. There was evidence that patients who had been excepted had received good clinical care. We were also sent further evidence post inspection by the practice that supported these findings.

Data from 2014/15 showed;

- Performance for diabetes related indicators was similar to the CCG and national average.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was within target range was 73% and comparable to the national average of 78%

- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 88% and was the same as the national average of 88%.
- 74% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was lower than the CCG average of 86% and the national average of 84%.
- Clinical audits demonstrated quality improvement.
- There had been six clinical audits completed 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, recent action taken as a result included following an audit to determine patient outcomes following insertion of a contraceptive implant, the practice made changes to the practice policy, to reduce the possibility of infection.

Information about patients' outcomes was used to make improvements such as; patients with asthma who had been identified as high users of inhalers to relieve symptoms had been invited for a review to improve management of their condition.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice supported its' GP trainees effectively. There was a robust induction, a named supervisor and regular clinical supervision.
- 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. A practice nurse for diabetes had completed a course which gave her the skills to convert diabetic patients from oral medicines to injections. The nurse worked closely with the diabetic specialist nurse from the hospital, undertaking joint clinics at the practice for

Are services effective?

(for example, treatment is effective)

further support in this role. 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.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. Advanced care plans were shared with the out of hour's service providers to ensure patients' wishes were known and considered when their own GP was unavailable.
- Care plans were in place for 324 patients that the practice had identified as being at risk of hospital admissions. One hundred and ninety nine of these were for patients over the age of 75 years.

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 twice a month and that care plans were routinely reviewed and updated.

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; however we found that nursing staff and some GPs had not undertaken formal training. When providing care and treatment for children and young patients, 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.

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 counselling. Patients were then signposted to the relevant service.
- A number of services were available on the premises, for example, physiotherapy, podiatry, and counselling.
- The practice had a health zone room adjacent to the waiting room where patients could, for example weigh themselves and measure their blood pressure in privacy. Health promotion information was available in this room.
- The practice's uptake for the cervical screening programme was 85% which was comparable to 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

Are services effective? (for example, treatment is effective)

and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 78% to 100% and five year olds from 88% to 96%, which was comparable to local averages.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 31 patient Care Quality Commission comment cards we received were positive about the 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 six members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 89% said the GP was good at listening to them compared, to the clinical commissioning group (CCG) average of 92% and national average of 89%.
- 81% said the GP gave them enough time, compared to the CCG average of 90% and national average of 87%.
- 97% said they had confidence and trust in the last GP they saw, compared to the CCG average of 97% and national average of 95%.
- 97% said the last GP they spoke to was good at treating them with care and concern compare to CCG average 90%, and national average 95%.

- 92% said the last nurse they spoke to was good at treating them with care and concern, compare to CCG average 93%, and national average 91%.
- 91% said they found the receptionists at the practice helpful, compare to CCG average 93%, and national average 73%.

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:

- 88% said the last GP they saw was good at explaining tests and treatments, compared to the CCG average of 89% and national average of 86%.
- 88% said the last GP they saw was good at involving them in decisions about their care, compare to CCG average 87%, and national average 82%.

However,

- 75% said the last nurse they saw was good at involving them in decisions about their care, compared to CCG average 87%, and national average 85%. The practice told us that they would be conducting additional training for nurses on consultation skills.

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.

Are services caring?

- The practice provided medical care for a local nursing home. A dedicated GP conducted a weekly ward round. Consistency of care and good working relationships with the nursing home staff.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 38 of their patients as carers. Written information was available to direct carers to the various avenues of support available to them. The practice told us identification of carers was an area they were working on. The practice website had a dedicated area for carers as a source of support.
- Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. The practice further followed up after three months to offer additional support if required.

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 had worked with the CCG to provide physiotherapy, podiatry and counselling services for the local area.

- The practice offered a 'Commuter's Clinic' on a Saturday morning between 8am and 11am, for working patients who could not attend during normal opening hours.
- The practice delivered a walk in and wait clinic each morning for all patients who wished to access GP or nurse appointments on the day rather than making an appointment.
- There was an automated telephone service that patients could use to make appointments.
- There were longer appointments available for patients with a learning disability.
- 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 travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and translation services available and all internal practice signs included braille.
- Patients who had more than one chronic disease were able to book longer appointments to minimise the number of times they were asked to attend the practice for reviews.
- The practice delivered medical services to the student population at a local university. The practice branch surgery on the university campus was open daily and offered GP and nurse appointments.
- The practice worked closely with university student services to identify improvements that could be made for the benefit of students, for example attending student registration week to provide students with information and advice on accessing health care effectively.

- The practice had adopted social media and technology, for example a mobile phone app and online services to meet the needs of its young adult population to inform and effectively communicate with the students.

Access to the service

The practice is open between 7.45am and 6pm Monday to Friday. There was a walk in and wait surgery from 8am to 10.30am Monday to Friday. Appointments were available from 7.45am to 11am every morning and from 2pm to 6pm every afternoon. Extended surgery hours were offered at on Saturday mornings 8am to 11am. 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.

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.

- 90% of patients were satisfied with the practice's opening hours, compared to the clinical commissioning group (CCG) average of 92% and national average of 85%.
- 90% patients said they could get through easily to the surgery by phone, compared to CCG average 91%, and national average 73%.
- 49% patients said they always or almost always see or speak to the GP they prefer, compare to CCG average 67%, and national average 59%. We were told on the day of the inspection that the practice had addressed the low scores in this area by adjusting the appointment schedule.

Patients 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 leaflet and on the practice website.

Are services responsive to people's needs?

(for example, to feedback?)

We looked at 12 complaints received in the last 12 months and found that there was openness and transparency in dealing with the complaints and they had been dealt with in a timely way. Lessons were learnt from concerns and complaints and action was taken as a result to improve the

quality of care, for example following a complaint about the walk in and wait surgery the practice reviewed their policies and updated information on the practice website and in the surgery so that expectations were better managed.

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.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions with the exception of infection control and fire policies.

Leadership and culture

The partners in the practice prioritised delivery of 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 patients 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. Clinical meetings were held weekly and administrative meetings monthly. Whole practice meetings were held twice a year. Quarterly meetings were held for a full review of significant events.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, it was fed back to the practice that it was difficult to get follow up appointments with a named GP. The practice made adjustments to its appointment system which delivered an improvement for patients.
- The practice had gathered feedback from staff through staff meetings and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example reception staff told us that there was a confusion regarding how different duty doctors wished

Are services well-led?

Good 

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

appointments to be booked. A policy was agreed between reception staff and the GPs which had improved processes. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes

to improve outcomes for patients in the area. The practice recognised that 50% of the practice population comprised young adults and felt they needed to develop a means of communication that was aligned to this age group. The practice developed a mobile phone app that had been accessed by 1,640 patients. The app provided advice on, health promotion, how to access health care at all times, sexual health and mood problems.

Requirement notices

Action we have told the provider to take

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

| Regulated activity | Regulation |
|--|--|
| Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users.</p> <p>Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include:</p> <ul style="list-style-type: none">• Assessing the risk of, and preventing, detecting and controlling the spread of infections, including those that are health care associated.• Doing all that is reasonably practicable to mitigate risks. They should follow good practice guidance and must adopt control measures to make sure the risk is as low as is reasonably possible. <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• The registered provider had failed to identify the risks associated with staff not having received infection control training, the absence of annual infection control audits and implementing and monitoring appropriate cleaning schedules.• The registered person had not ensured a fire risk assessment as required by the Regulatory Reform (Fire Safety) Order 2005 had been undertaken. The fire log did not detail fire safety checks and evidence of fire drills having taken place. <p>This was in breach of regulation 12 (1)(2)(h) and 12(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |