Drs Jackson, Chapman, Hodson & Speed

Quality Report

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Date of inspection visit: 25 February 2016
Date of publication: 27/04/2016

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?	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 Drs Jackson, Chapman, Hodson & Speed on 25 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 well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw areas outstanding practice:

- The practice fully funded a vehicle and employed a driver to transport patients, to appointments at the practice or local hospital and deliver urgent medicines to patients. The driver had received training in first aid and basic life support and visited, to check all was well, for older patients who were housebound and frail that had not been seen by the practice for several weeks.

Summary of findings

- The practice had worked with other local practices, on a forward weekend planning initiative. If GPs had concerns regarding deterioration of a patients health over the weekend when the practice was closed, appointments could be made for them at the local hospital with the Bath emergency medical service for their health to be reviewed. Analysis by the practice showed that this initiative had prevented approximately 40 hospital admissions over a 12 month period.

The areas where the provider should improvements are:

- Curtains around examination couches should be installed to maintain dignity and privacy of patients.

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?

Good

The practice is rated as good for providing safe services.

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

Are services effective?

Good

The practice is rated as good for providing effective services.

- 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. The practice worked closely with local consultants and invited them to the practice to deliver educational sessions, to continually update knowledge and skills.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs. The practice worked well with the local drug and alcohol service and homeless hostel to support and effectively care for patients.
- Data from the Quality and Outcomes Framework showed patient outcomes were lower than for the locality and compared to the national average in some areas however these were investigated further by the GP specialist advisor on the day of the inspection who saw there were coding errors, which the practice were working to resolve. Clinical care was found to be in line with guidelines.

Are services caring?

The practice is rated as good for providing caring services.

Summary of findings

- 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.
- Data from the National GP Patient Survey showed patients rated the practice lower than others for several aspects of care, however the practice had taken action to address this by increasing the number of partners in the practice and discussions had taken place to increase the length of appointment times.

However:

- Consulting rooms had no curtains around the examination couches to maintain patients privacy and dignity during examinations. This was fedback on the day of the inspection and we were shown evidence of the practices' intention to install curtains around examination couches.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good

- 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 other local practices on a forward weekend planning initiative. If GPs had concerns regarding deterioration of a patients health over the weekend when the practice was closed, appointments could be made for them at the local hospital with the Bath emergency medical service for their health to be reviewed.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- An additional clinic was run on a Monday morning throughout the winter months to meet increased patient demand.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Summary of findings

- The practice fully funded a vehicle and employed a driver for patients to get to the practice, attend hospital appointment and other duties as identified by the practice that would benefit patients.

Are services well-led?

Good

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

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

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Transport was provided by the practice for older patients to access appointments at the practice and the local hospital and delivered urgent medicines. The driver had received training in first aid and basic life support and visited, to check all was well, for older patients who were housebound and frail, that had not been seen by the practice for several weeks.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, in whom the last blood test was within the target range in the preceding 12 months (2014 to 2015) was 85% compared to the national average of 78%
- 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

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.

Summary of findings

- 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 women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years (2014 to 2015) was 86% compared to the 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)

Good

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.
- A walk in and wait surgery was available each morning as well as telephone consultations and Saturday morning clinics to facilitate working age patients having effective access to health care services.
- The practice was proactive in offering online services and a mobile phone app as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Good

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

Summary of findings

- The practice had undertaken additional training to ensure expertise to support vulnerable people was available, for example domestic violence training.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- 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.
- 73% of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, which was lower than the national average of 84%. This was investigated further by the GP specialist advisor on the day of the inspection who saw there were coding errors, which the practice had since resolved. Clinical care was found to be In line with guidelines.

Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016. The results showed the practice was performing in line with local and national averages. Two hundred and forty six survey forms were distributed and 109 were returned. This represented 44% response rate.

- 88% 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%.
- 88% 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%.
- 85% 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%.
- 78% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area, compared to theCCG average of 88% and the national average 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. Many commented on the helpful, courteous staff and how well they were treated at the practice.

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

Areas for improvement

Action the service SHOULD take to improve

- Curtains around examination couches should be installed to maintain dignity and privacy of patients.

Outstanding practice

We saw areas outstanding practice:

- The practice fully funded a vehicle and employed a driver to transport patients, to appointments at the practice or local hospital and deliver urgent medicines to patients. The driver had received training in first aid and basic life support and visited, to check all was well, for older patients who were housebound and frail that had not been seen by the practice for several weeks.
- The practice had worked with other local practices, on a forward weekend planning initiative. If GPs had concerns regarding deterioration of a patients health over the weekend when the practice was closed, appointments could be made for them at the local hospital with the Bath emergency medical service for their health to be reviewed. Analysis by the practice showed that this initiative had prevented approximately 40 hospital admissions over a 12 month period.

Drs Jackson, Chapman, Hodson & Speed

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Drs Jackson, Chapman, Hodson & Speed

Drs Jackson, Chapman, Hodson & Speed also known locally as Widcombe Surgery is located close to the centre of Bath city and has good transport links. The practice provides services to the whole of Bath and surrounding villages.

The practice has a higher than average patient population in the 30 to 60 years age group and lower than average in the under 20 years age group. The practice is part of the Bath and North East Somerset Clinical Commissioning Group and has approximately 6,000 patients. The practice area is in the low range for deprivation nationally but attracts a number of homeless patients because of its close proximity to the city centre and a local homeless hostel.

The practice is managed by six GP partners, two male and four female and supported by three practice nurses, a healthcare assistant and an administrative team led by the practice manager.

The practice is open between 8.00am and 6pm Monday to Friday. A walk in and wait surgery is available for patients who need to be seen on the same day. There is a walk in and wait surgery from 8am to 10.30am Monday to Friday. Appointments are available 8.20am to 10.50am every morning and 1pm to 6pm every afternoon. Extended hours surgeries are offered between 9am and 12pm on Saturday mornings. In addition to pre-bookable appointments were available up to six weeks in advance and urgent appointments were available for people 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.

Drs Jackson, Chapman, Hodson & Speed is registered to provide services from the following location:

3-4 Widcombe Parade

Bath

Bath and North East Somerset

BA2 4JT

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

Detailed findings

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 25 February 2016.

During our visit we:

- Spoke with a range of staff including four GPs, three practice nurses and six 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.

Good

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example,an incident occurred when a patient was given the wrong vaccine. The practice liaised with the manufacturer and contacted the patient. Improved checking and recording systems were put in place to prevent the same thing happening again.

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.
- 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 checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines 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, with the exception of a few handwritten prescriptions GPs had in their bags for use on home visits. This was highlighted at feedback on the day of the inspection and a decision was taken by the partners to no longer carry prescription pads with them in order to eliminate the risks associated with this. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She 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 three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Good

Are services safe?

- 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. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. GPs operated a buddy system to ensure appropriate cover was provided for the needs of the patients and also to ensure test results were actioned.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

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 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. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 88% of the total number of points available, with 13% 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 2014 to 2015 showed mixed results;

- Performance for diabetes related indicators was similar to the CCG and national average. The percentage of patients with diabetes, on the register, in whom the last blood test were within target range or less in the preceding 12 months was 85% compared to a national average of 75%.
- The percentage of patients with high blood pressure in whom the last blood pressure

  reading measured in the preceding 12 months was within target range was 68% which was lower than the national average of 84%.

Performance for mental health related indicators was lower than the national average. The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 77% compared to the national average of 84%.

These results were investigated further by the GP specialist advisor on the day of the inspection who saw there were coding errors, which the practice were aware of and working to resolve. Clinical care was found to be in line with guidelines.

- 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 diabetic patients on certain medicines, who were at possible risk of kidney problems were identified. These patients were reviewed and their treatment changed. An audit follow up showed that patients were now being routinely identified and managed appropriately.

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 could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. For example the practice nurse who led on diabetes met regularly with a GP for clinical supervision as well as attending virtual clinics with a local consultant and the local diabetic specialist nurse.
- Local consultants were invited to attend the practice every two months to provide educational updates and sharing of information.
- 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

Good

Are services effective?

(for example, treatment is effective)

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 revalidation of GPs. All staff had had an appraisal within the last 12 months.
- 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.

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.

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. The practice telephoned patients the day following discharge to ensure all was well and to follow up on advice they had been given on discharge. We saw evidence that multi-disciplinary team meetings took place on regular basis 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. 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.

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. Patients were then signposted to the relevant service.
- The practice hosted physiotherapy and counselling services at the practice.
- The practice had a number of homeless patients. These patients were able to use the surgery address for medical post. All were invited for regular health checks. We saw that the practice worked effectively with other agencies to support these patients. For example a homeless patient in crisis was given open access to the surgery and referred to the community drug and alcohol team. The practice also liaised with a local charity who support people towards healthy independence and a local homeless hostel to achieve the best outcomes possible.
- Patients with drug and alcohol addiction were well supported at the practice. A GP had undertaken specialist training in drug and alcohol dependency and a specialist drugs counsellor provided sessions weekly at the practice.

The practice's uptake for the cervical screening programme was 86% 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

Good

Are services effective?

(for example, treatment is effective)

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.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 84% to 100% and five year olds from 91% to 95%.

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.

Good

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.
- 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 and they could offer them a private room adjacent to the waiting room to discuss their needs.
- However we found that the consulting rooms had no curtains around the couches to maintain patients privacy and dignity during examinations, investigations and treatments.A screen was available to be wheeled in when required and staff ensured patients privacy and dignity was maintained as far as possible, by leaving the room if a patient required and locking the door during examinations. Staff told us that curtains had been requested on a number of occasions. This was fedback on the day of the inspection.

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

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

- 87% said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 93% and national average of 87%.
- 79% said the GP gave them enough time, compared to the CCG average of 90% and the national average of 87%.
- 90% 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%.
- 84% 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%.
- 90% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 93%.
- 84% said they found the receptionists at the practice helpful, compared to the CCG average of 93% and the national average of 87%.

The practice had responded to the lower than average scores by recently increasing the number of partners in the practice by one whole time equivalent and discussions had taken place regarding increasing the length of each appointment.

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 below local and national averages. For example:

- 81% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 86%.
- 75% 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%.
- 84% said the last nurse they saw was good at involving them in decisions about their care, compared to the CCG average of 87% and thenational average of 85%.

Changes had been made prior to the inspection to improve these results, for example the practice had increased the number of available GPs and was in the process of lengthening appointments.

Good

Are services caring?

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

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 114 (2%) of their patients who were carers. 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. 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 also ensured they liaised with the hospital, if appropriate, to ensure future letters would not be sent to the patients home address, to minimise the risk of distress this had caused relatives in the past.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice had worked with other local practices on a forward weekend planning initiative. If GPs had concerns regarding deterioration of a patients health over the weekend when the practice was closed, appointments could be made for them at the local hospital with the Bath emergency medical service for their health to be reviewed. Analysis by the practice showed that this initiative had prevented approximately 40 hospital admissions.

- The practice offered a 'Commuter's Clinic' on a Saturday morning from 9am to 12pm for working patients who could not attend during normal opening hours. A walk in and wait surgery was available each morning for those patients who wished to access the service in this way.
- The practice operated an automated telephone service for 24 hour appointment making.
- The practice had developed a mobile phone application which was popular with the younger population as a way to access health care.
- An additional clinic was run on a Monday morning throughout the winter months to meet increased patient demand.
- For patients with learning disabilities the practice computer system alerted staff to make a longer appointment.
- 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.
- The practice had installed a lift to improve access to the upstairs consulting rooms.
- The practice fully funded a vehicle and employed a driver to transport patients, to appointments at the practice and the local hospital, deliver urgent medicines and deliver samples for testing at the hospital if necessary. The driver had received training in first aid and basic life support and visited, to check all was well, for older patients who were housebound and frail that had not been seen by the practice for several weeks.

Access to the service

The practice is open between 8.00am and 6pm Monday to Friday. A walk in and wait surgery is available for patients who need to be seen on the same day. There is a walk in and wait surgery from 8am to 10.30am Monday to Friday. Appointments are available 8.20am to 10.50am every morning and 1pm to 6pm every afternoon. Extended hours surgeries are offered between 9am and 12pm on Saturday mornings. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were available for people 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.

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.

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and national average of 75%.
- 88% patients said they could get through easily to the surgery by phone, CCG average 91%, national average 73%.
- 71% patients said they always or almost always see or speak to the GP they prefer, CCG average 67%, national average 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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system in a patient leaflet, notices in the waiting room and on the practice website.

We looked at nine complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, in one incident an error had been made by staff in the making of an appointment. The practice recognised that it could have performed better in the customer service offered to the patient when this was identified. Staff customer service training was undertaken, policies were reviewed and an administrative staff member was designated to be responsible for ensuring surgery times were accurate on the computer system.

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.

Leadership and culture

The partners in the practice prioritised 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.
- 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, they had asked for handrails to be installed and the steps to be painted at the rear entrance to the practice to prevent potential injury to patients. The practice completed both in a timely way.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example a nurse raised the issue that having taken on additional areas of responsibility they needed administrative time to ensure these were performed well. The practice recognised this and allocated protected administrative time. Staff told us they felt involved and engaged to improve how the practice was run.

Are services well-led?

Good

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

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 had worked with other local practices on a forward weekend planning initiative. If GPs had concerns regarding deterioration of a patients health over the weekend when the practice was closed, appointments could be made for them at the local hospital with the Bath emergency medical service for their health to be reviewed. Analysis by the practice showed that this initiative had prevented approximately 40 hospital admissions over a 12 month period.