

Temple House Practice

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

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 Temple House Practice on 26 May 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. However we found that the process in place for the review of some high risk medicines were not always consistent.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- 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. Improvements were made to the quality of care as a result of complaints and concerns.
- 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.
- 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 should make improvements are:

- To ensure the practice has a robust system for monitoring patients on high risk medicines.
- To ensure patient care plans are comprehensive and fully completed.

Summary of findings

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- However, we found that the process in place for the review of some high risk medicines were not consistent. The system in place was for GPs to check that their patients had received the recommended blood test monitoring. We saw evidence that this was happening but it was not always consistent.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. For example, The percentage of patients with high blood pressure in whom the last blood pressure reading was within target range measured in the preceding 12 months (2014 to 2015) was 88% compared to a local and national average of 84%.
- Staff assessed needs and delivered care in line with current evidence based guidance. For example, the practice identified patients who were at risk of developing diabetes. Patients were invited for a lifestyle review with a member of the nursing team. Blood tests were repeated and reviewed at appropriate intervals to maintain monitoring.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.

Good



Summary of findings

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

However :

- Patient care plans were not comprehensive. The care plans we looked at had not been fully completed or dated.

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. The practice website had comprehensive advice and signposting to a number of organisations that provide patient support and the screen in the waiting room provided health promotion advice.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as 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. In response to the high percentage of patients with long term chronic diseases the practice had worked with local practices to secure funding from the clinical commissioning group, to employ a full time practice pharmacist shared between three local practices to review the medicines of these patients.
- 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.
- 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.

Good



Summary of findings

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 it.
- 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 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.

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 people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. The practice proactively worked with a local social prescribing scheme to support patients who were socially isolated or lonely.
- Patients had been discharged from hospital were flagged by the administration team to prompt a GP review of the patient and their care plans.
- The practice worked collaboratively with a health visitor for older patients to ensure patients were receiving appropriate services, the right level of care and benefits.

Good



People with long term conditions

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.
- Performance for diabetes related indicators was similar to local and national averages. The percentage of patients with diabetes, on the register, in whom the last blood test was within target range in the preceding 12 months (2014 to 2015) was 77% compared to a local average of 82% and a national average of 76%.
- The practice identified patients who were at risk of developing diabetes. Patients were invited for a lifestyle review with a member of the nursing team. Blood tests were repeated and reviewed at appropriate intervals to maintain monitoring.
- A practice nurse with training in a number of chronic diseases visited housebound patients to carry out reviews of their conditions.
- Longer appointments and home visits were available when needed.

Good



Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- 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.
- 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 practice's uptake for the cervical screening programme was 81%, compared to the local CCG average of 83% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice telephoned new parents to congratulate them to congratulate them and book babies 6 week check, On the day of the appointment, parents were telephoned to remind them. A letter was sent if the baby did not attend for immunisations.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. A 24 hour automated appointment booking system was also available.

Good



Summary of findings

- Extended hours surgery were offered one evening each week and alternate Saturday mornings for working patients who could not attend during normal opening hours. Bookable telephone appointments were also available.

People whose circumstances may make them vulnerable

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

- The practice 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 other health care professionals in the case management of vulnerable patients.
- 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.

Good



People experiencing poor mental health (including people with dementia)

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

- The percentage of patients with a serious mental illness who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (2014 to 2015) was 95% compared to a local average of 92% and a national average of 88%.
- 74% of patients diagnosed with dementia that had their care reviewed in a face to face meeting in the last 12 months, which was below the local average of 88% and the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia. However we found that patient care plans were not always comprehensive. In addition the care plans we looked at had not been fully completed and were not dated.

Good



Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Of the 252 survey forms that were distributed 133 were returned. This represented a 53% response rate compared to a national average of 38%.

- 80% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 91% and a national average of 73%.
- 81% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the clinical commissioning group (CCG) average of 85% and a national average of 73%.
- 89% of patients described the overall experience of this GP practice as good compared to the clinical commissioning group (CCG) average of 91% and a national average of 85%.

- 90% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the clinical commissioning group (CCG) average of 91% and a national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 45 comment cards which were all positive about the standard of care received. Many of the comments we received made reference to the kind and helpful staff who were very good at listening to them.

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

Areas for improvement

Action the service SHOULD take to improve

- To ensure the practice has a robust system for monitoring patients on high risk medicines.
- To ensure patient care plans are comprehensive and fully completed.
- To improve the identification of patients who are also carers and proactively invite carers for an annual health check.

Temple House Practice

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 and a practice manager specialist advisor.

Background to Temple House Practice

Temple House Practice is located in Keynsham, a small town six miles south of Bristol, in the south west of England. The practice has a higher than average patient population in the over 65 year's age group and lower than average in the under 35 years age group. The practice is part of the Bath and North East Somerset Clinical Commissioning Group and has approximately 7,000 patients. The area the practice serves is Keynsham and surrounding villages and has relatively low numbers of patients from different cultural backgrounds. The practice area is in the low range for deprivation nationally. The practice has 63% of patients with a long standing health condition which is higher than the both local average of 52% and the national average of 54%.

The practice is managed by five GP partners (four female and one male). The practice is supported by a female salaried GP, four practice nurses, one healthcare assistant and an administrative team led by the practice manager. Temple House Practice is a teaching practice providing placements for medical and nursing students.

The practice is open between 8am and 6pm Monday to Friday. Appointments are available between 8.30am and 11am every morning and 2pm to 5.50pm every afternoon. Extended hours appointments are offered between 6.30pm

and 7.30pm on one evening a week, on either a Monday, Tuesday, Wednesday or Thursday and 8.30am to 11am on alternate Saturday mornings. In addition to pre-bookable appointments that can be booked up to six weeks in advance, urgent appointments are available for patients that need them.

When the practice is closed patients are advised, via the practice website that all calls will be directed to the out of hours service. Out of hours services are provided by Bath Doctors Urgent Care.

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

Temple House Practice is registered to provide services from the following location:

St Clements Road

Keynsham

Bristol

BS31 1AF

Why we carried out this inspection

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

Detailed findings

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 26 May 2016. During our visit we:

- Spoke with a range of staff including four GP's, two nurses, the practice manager, two members of the administrative team and spoke with seven 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 incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, when visiting health professional inadvertently got locked inside the building at the end of the day, the practice reviewed its procedures regarding the safety of staff working at the practice. All staff were given the exit codes and receptionist duties were to include the checking of all rooms prior to leaving the building 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. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always

provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three and nurses to level two.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example an audit showed that damaged cuffs for taking blood pressures were identified and replaced.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions. However we found that the process in place for the review of some high risk medicines were not consistent. The system in place was for GPs to check that their patients had received the recommended blood test monitoring. We saw evidence that this was happening but it was not always consistent. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer

Are services safe?

medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

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 enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers and a panic button in all the consultation, treatment rooms and reception area 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 stored securely.
- 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 invited specialists to the practice to keep staff updated. For example, a specialist stroke consultant had delivered an educational update.
- 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 92% of the total number of points available. Exception reporting for the practice was 8% which was lower than local average of 10% and the national average of 9%. (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:

- Performance for diabetes related indicators was similar to local and national averages. The percentage of patients with diabetes, on the register, in whom the last blood test was within target range in the preceding 12 months (2014 to 2015) was 77% compared to a local average of 82% and a national average of 76%.
- Performance for mental health related indicators was above the local and national averages. The percentage of patients with a serious mental illness who have a

comprehensive, agreed care plan documented in the record, in the preceding 12 months (2014 to 2015) was 95% compared to a local average of 92% and a national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, recent action taken as a result included an audit of those patients who had been prescribed broad spectrum antibiotics not in line with guidelines. The performance of each GP was fed back to them; laminated reference sheets were introduced and placed prominently in consulting rooms. A follow up audit demonstrated a reduction of 50% in prescribing outside of guidelines.

Information about patients' outcomes was used to make improvements such as: Following a training day a GP realised the practice did not have a system for reminding patients when their contraceptive device was due for removal. An initial search identified patients that had not attended the practice for the procedure. These patients were contacted and reviewed, a recall system was put into place and a standard template to include recall dates was initiated. Following implementation of these improvements a search showed only one patient had not attended the practice for this purpose.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Diplomas in chronic disease management

Are services effective?

(for example, treatment is effective)

had been undertaken by the practice nurses. The practice supported the nurses with regular updates and the nurses attended the local practice nurses group to maintain and develop their knowledge and skills.

- 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, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

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. However we found that patient care plans were not always comprehensive. In addition the care plans we looked at had not been fully completed. The care plans we looked at did not have patient wishes recorded and were not dated.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were

referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- The practice identified patients who were at risk of developing diabetes, and invited them for a lifestyle review with a member of the nursing team. Patients were routinely monitored to ensure any changes in blood tests results were responded to in a timely way.

The practice's uptake for the cervical screening programme was 81%, compared to the local CCG average of 83% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 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.

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

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 97% to 99%, compared to a local average of 95% to 98% and five year olds from 92% to 100% compared to the local average of 92% to 97%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 45 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three members of the patient participation group (PPG). 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 above average for its satisfaction scores on consultations with GPs and above the local and national averages for nurses. For example:

- 97% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 94% of patients said the GP gave them enough time compared to the CCG average of 93% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 98% and the national average of 95%.

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

Care planning and involvement in decisions about care and treatment

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

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

- 95% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 86%.
- 92% of patients 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%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 85%.

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

- Information leaflets were available in easy read format.
- The practice website had comprehensive advice and signposting to a number of organisations that provide patient support.

Are services caring?

- The screen in the waiting room provided health promotion advice.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 169 patients as

carers (2.4% of the practice list) but did not have a system whereby carers were invited for an annual health check. Carers were signposted to appropriate support groups but the practice did not host a carers group themselves.

Staff told us that if families had suffered bereavement, their usual GP contacted them. The practice sent a sympathy card and an information pack and referred patients to the "Tell us Once" service. 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.

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 patient's health over the weekend when the practice was closed, appointments could be booked for patients to have a home visit or a telephone review call with the Bath emergency medical service for their health to be reviewed. This had meant that patients who otherwise would have needed admission to hospital could remain at home.

- The practice offered extended hours surgeries on one evening a week, on either a Monday, Tuesday, Wednesday or Thursday evening until 7.30pm and 8.30am to 11am on alternate Saturday mornings for working patients who could not attend during normal opening hours. Bookable telephone appointments were also available.
- There were longer appointments available for patients with a learning disability. The practice had 33 patients on the learning disability register and 29 had received an annual health check.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. A practice nurse with training in chronic disease management visited housebound patients to carry out reviews of their conditions.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities.
- The practice had a lift to improve access to upstairs areas.

- The practice worked with patients who were deaf to agree a system of communication that worked well for the individual. For example, a faxing or texting service was available to make appointments or order repeat prescriptions.
- The practice proactively worked with the local social prescribing scheme and referred patients who were socially isolated or lonely.
- Patients who had been discharged from hospital had an alert placed on their record by the administration team to prompt a GP review of the patient and their care plan.
- The practice worked collaboratively with a health visitor for older patients to ensure patients were receiving appropriate services, the right level of care and benefits.
- The practice telephoned new parents to congratulate them to congratulate them and book babies 6 week check, On the day of the appointment, parents are telephoned to remind them. A letter is sent if baby doesn't attend for immunisations

Access to the service

Appointments were available between 8.30am and 11am every morning and 2pm to 5.50pm every afternoon. Extended hours appointments were offered between 6.30pm and 7.30pm on a Monday, Tuesday, Wednesday or Thursday and 8.30am to 11am on alternate Saturday mornings. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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.

- 80% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) of 85% and the national average of 78%.
- 80% of patients said they could get through easily to the practice by phone compared to the clinical commissioning group (CCG) of 91% and the national average of 73%.

The practice had recognised that the scores were lower than the CCG average and had taken the action to improve this by introducing an automated telephone appointment booking service that could be accessed 24 hours a day.

People told us on the day of the inspection that they were able to get appointments when they needed them.

Are services responsive to people's needs?

(for example, to feedback?)

The practice had a system in place to assess:

- whether a home visit was clinically necessary
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

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, a notice in the waiting area and on the practice website.

We looked at six complaints received in the last 12 months and found that these were satisfactorily handled and dealt with in a timely way. There was openness and transparency when dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example a complaint was received regarding the attitude of a receptionist. A discussion took place with the receptionist which resulted in the practice putting in place more support for new members of staff to ensure confidence with customer care. An apology letter was sent with an explanation of the practice's actions to ensure an improved service to patients.

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 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

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with

patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

- The practice gave affected people reasonable support, truthful information and a verbal and written apology

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

- Staff told us the practice held regular team meetings. Practice meetings were held twice a year; clinical meetings were held two monthly, multidisciplinary team meetings monthly.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. Social events for practice staff were held two to three times a year.
- 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. The PPG met regularly and submitted proposals for improvements, to the practice management team. For example, the group suggested to the practice that a health promotion activity at the practice would be beneficial. The practice, the PPG and other members of the health centre worked together to achieve this. A number of organisations were present, for example, Parkinsons UK. Patients were able to access health monitoring such as smoking cessation advice and blood pressure monitoring. The success of the event has meant plans have been made to hold it annually.

Are services well-led?

Good 

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

- The practice had gathered feedback from staff through: staff meetings, appraisals and general discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, when a member of the nursing team left the practice, it was suggested to the partners that a change in skill mix would be beneficial to meet the changing needs of the practice population. The partners were happy to respond to this. Staff told us they felt involved and engaged to improve how the practice was run.

In response to the high percentage of patients with long term chronic diseases the practice had worked with local practices to secure funding from the clinical commissioning group (CCG), to employ a full time practice pharmacist on a year's pilot scheme. The pharmacist was in addition to the CCG funded pharmacist and shared between three local practices. The pharmacist will review the medicines of patients with long term conditions, including those on multiple medicines and ensuring correct monitoring with regards to specific medicines in order to improve patient outcomes.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.