# University Medical Centre

## 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

## Contents



## Overall summary

**Letter from the Chief Inspector of General Practice**

We carried out an announced comprehensive inspection at University Medical Practice on 13 April 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting 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 one area of outstanding practice:

- The practice had successfully participated in public health initiatives such as for sexual and reproductive health. This has led to the practice being recognised by the local public health department as the largest deliverer of chlamydia testing to 15-24 year olds across

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all primary care services in the Bath and North East Somerset area. This has successfully reduced the impact of this sexually transmitted infection in the locality.

The areas where the provider should make improvement are:

- The provider should follow the recommendations of the external health and safety audit so the outstanding actions are responded to and met.
- The provider should consider minor changes to the application form used to reflect potential employees full work history and any gaps in employment explained.
- The provider should review aspects of safety. This in order to identify if there are any risks to emergency equipment and medicines being tampered with when a member of staff was not in attendance.

**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.
- The provider should ensure that the outstanding issues from recently commissioned health and safety audit from an external company are met.
- Minor changes to the application form used were needed to ensure that applicants provided their full work history and any gaps in employment explained.
- The provider should review aspects of safety where was a potential, although low that the emergency equipment and medicines could be tampered with when a member of staff was not in attendance.

**Are services effective?**

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were in line with or below average for some areas compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

**Are services caring?**

Good

The practice is rated as good for providing caring services.

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- Data from the national GP patient survey (January 2016) showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

**Are services responsive to people's needs?**

Good

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.
- Patients said they found it easy to make an appointment with a named GP and there was excellent continuity of care, due the use of personalised lists, 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.

**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

# Summary of findings

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 virtual patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels. The practice participated in research projects.

# 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 patients in its population.

The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

**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.
- 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.
- 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.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

We saw positive examples of joint working with mental health services, health visitors and school nurses.

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**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.
- 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.
- There were effective working relationships with other organisations, such as the University Student Services to provide appropriate support and team approach to providing care for students.

**People whose circumstances may make them vulnerable**

Good

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

- The practice held a register of patients living in vulnerable circumstances and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability, complex needs and those with enduring mental health needs.
- 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.

**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 patients experiencing poor mental health, including those with dementia.
- Multi-disciplinary care planning was in place for patients with significant mental health needs.

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

# Summary of findings

## What people who use the service say

The National GP patient survey results were published on January 2016. The results showed the practice was performing above local and national averages. Survey forms were distributed to 411 patients and 33 were returned. This was an 8% response rate.

- 94% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 93% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 89% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 92% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received 27 comment cards which were all positive about the standard of care received. Three commented on the delays in either obtaining an appointment or delays in going in for appointment as the GPs were running over time. Patients told us they had observed that staff treated them as individuals and staff were kind.

We spoke with seven patients including members of the virtual patient participation group during the inspection. All seven patients said they were satisfied with the care they received and they had experienced that staff took the time to listen, were friendly and caring. Patients who had their care shared between the practice and their own medical practitioner, such as students from overseas, told us that the practice staff were very thorough about contacting and communicating about their treatment plans. Patients expressed they were confident they were cared for appropriately and they experienced good continuity of care.

## Areas for improvement

**Action the service SHOULD take to improve**

- The provider should follow the recommendations of the external health and safety audit so the outstanding actions are responded to and met.
- The provider should consider minor changes to the application form used to reflect potential employees full work history and any gaps in employment explained.
- The provider should review aspects of safety. This in order to identify if there are any risks to emergency equipment and medicines being tampered with when a member of staff was not in attendance.

## Outstanding practice

- The practice had successfully participated in public health initiatives such as for sexual and reproductive health. This has led to the practice being recognised by the local public health department as the largest deliverer of chlamydia testing to 15-24 year olds across all primary care services in the Bath and North East Somerset area. This has successfully reduced the impact of this sexually transmitted infection in the locality.

# University Medical Centre

**Detailed findings**

## Our inspection team

**Our inspection team was led by:**

Our inspection team was led by a CQC lead inspector**.** The team included a GP specialist adviser and a nurse specialist adviser.

## Background to University Medical Centre

University Medical Centre is located in the city of Bath. They have approximately 12,335 patients registered.

The practice operates from one location:

University Medical Centre, Quarry House, North Road, Bath, Somerset, BA2 7AY.

University Medical Practice is situated in an adapted residential building on the edge of the grounds of the University of Bath campus. The practice shares the building with the University of Bath dental service The main patient areas of the practice are situated on the ground floor of the building with one consulting room on the first floor. There is no lift in the building. There is limited parking at the side of the practice.

The practice is made up of two GP partners (One male and one female). and employs regular locums. They have one nurse prescriber, a treatment room nurse and one health care assistant. They are supported by a practice manager and administration team. The practice is a teaching practice for medical students. There were no medical students at the time of this inspection.

The practice opening hours were from 8am until 6pm, Monday to Friday. Doctor's surgeries were from 9am until 12.30midday and then from 2pm until 5pm. Nurse clinics were from 9am until 12 noon and then 1.30pm until 5pm. On Saturday the practice was open for pre-bookable appointments from 8am until 1.30 pm.

The practice has a Personal Medical Services contract with NHS England. The practice is contracted for a number of enhanced services including extended hours access, patient participation, immunisations and unplanned admission avoidance.

The practice does not provide out of hour's services to its patients, this is provided by B&NES Urgent Care (BDUC). Contact information for this service is available in the practice and on the practice website.

Practice profile(information supplied by the practice):

- 123 of patients were up to and included 16 years of age.
- 9566 of patients were aged between 17 and 24.
- 2073 of patients were aged between 25 and 34.
- 273 of patients were aged between 35 and 44.
- 142 of patients were aged between 45 and 54.
- 79 of patients were aged between 55 and 64.
- 56 of patients were aged between 65 and 74.
- 22 patients were over the age of 75.

Other Population Demographics:

Over 8,300 patients were White British and the rest were either of mixed ethnicity, Asian or Chinese.

25.9% of Patients with a long standing health condition (the national average 54%)

92.4% of Patients in paid work or full time education (the national average 61.5%)

Practice List Demographics / Deprivation:

# Detailed findings

Index of Multiple Deprivation 2015 (IMD): 9.4% (the national average 21.8%)

Income Deprivation Affecting Children (IDACI): 9.5% (the national average 19.9%)

Income Deprivation Affecting Older People (IDAOPI): 11.8% (the national average 16.2%)

Approximately 3,000 to 3,500 new students register with the practice each year, a 32% turn over in the practices registered list in 2014/2015.

## Why we carried out this inspection

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

## How we carried out this inspection

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

- Spoke with a range of staff including administration, management and clinical and spoke with patients including those from the patient participation group who used the service.
- We spoke with a representative of the University Student Services.
- Observed how patients were being cared for.
- 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 Care Quality Commission 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 detailed 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 individual significant events. The practice system was to deal with events as they occurred or at weekly meetings. We saw several examples of how the system worked well, lessons learnt and actions put in place. We also saw a good example of staff using their initiative and taking action when they thought a patient who was at home was at a particular risk. They did this by calling paramedics to gain urgent assistance before the clinician on duty responded to the patient's telephone call.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. There was a system in place for receiving, sharing and responding to safety alerts from external organisations. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following receipt of blood test results a request for further tests was made from the pathology laboratory. A review of the request by a clinician identified that there had been some confusion about the initial blood test requested. This meant that the patient had to return to repeat the initial blood test. The outcome was the practice changed the system of patient test requests to ensure that the detail of requests should be clearly recorded to prevent this reoccurring.

**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 and the nurse practitioner were trained to child protection or child safeguarding level 3. The other nurse and healthcare assistant were trained to child safeguarding level 2. Staff and a patient we spoke with were able to tell us how the system for safeguarding worked well. Staff responded quickly, liaised with external service such as the Police and social services and greatly supported the individuals concerned.
- 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
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection control 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 nursing staff told us they had either completed training updates or had them booked in the future. Annual infection control audits were undertaken and the practice provided a copy of the most recent audit carried out during March 2016. We saw minor areas to monitor, such as surface areas of trolleys, painted areas and couches were identified as potential of concern. However, there were no areas of significant risk or concern.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing,

recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored centrally before they were distributed and there were systems in place to monitor their use. However, we did see during the inspection that monitored use prescription paper was stored with the regular prescription paper and pads. The practice no longer used this paper and administration staff had not alerted clinicians to its presence at the practice. The clinicians immediately sought advice from the pharmacy team of the CCG. A significant event investigation was raised and appropriate records and steps were taken to destroy these documents. No further action was required. 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 GPs for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific direction from a prescriber.

- We reviewed three personnel files, including a recently employed bank nurse. We also looked at information sought for locums who were engaged to work at the practice. We found appropriate recruitment checks had been undertaken prior to employment for new staff, such as proof of identification, references, qualifications, registration with the appropriate professional body. Minor changes to the application form used were needed to ensure applicants provided their full work history and any gaps in employment explained.

**Monitoring risks to patients**

Risks to patients were assessed and there were systems in place to monitor they were managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. Health and safety policies were available to staff electronically and in hardcopy. One member of staff was designated lead for health and safety. The practice had recently taken over all aspects of health and safety in the building including those previously the responsibility of the landlord. On the 30 March 2016 the practice commissioned an external company to undertake a thorough health and safety audit. The report received the day before the CQC inspection identified one immediate action and six further actions to be completed in six to 12 weeks. The one action for immediate implementation was in regard to making staff aware of any new risk assessments in place and sharing the outcome of the risk assessments with them. Risk assessments could be found in the shared electronic documents and available to staff. The practice had 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. The practice had a risk assessment in place for legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Some of these risk assessments had been identified as requiring development or a little more detail such as manual handling, hazardous substances, and moving and handling.
- 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. Administration staff had been trained and had flexible skills to meet the demands and needs of the practice.

**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.

Good

# Are services safe?

- There was a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff and all staff knew of their location. The location and public access to the equipment and medicines were discussed during the day of the inspection. This was because there was a potential, although a low risk, the equipment could be tampered with when a member of staff was not in attendance. All the medicines we checked were in date.

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 and key information for maintenance and services such as water and electrical services.

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 patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

**Management, monitoring and improving outcomes for people**

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes as part of their processes 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 89% of the total number of points available. This was lower than average QOF points with low exception reporting for some aspects of care and higher exception reporting for others. 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.

Data from 2014/2015 showed:

- Performance for diabetes related indicators was better than the national average. The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 97.9%; the national average was 88%.
- The percentage of patients with hypertension having regular blood pressure tests was 88.6% which was higher than the national average of 83.6%.
- Performance for mental health related indicators was better than the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in their records, in the preceding 12 months was 100%; the national average was 88.4%. Further details given by the practice was 339 (3%) of the practice patients had been diagnosed with depression.

We looked at other information provided by the practice and the QOF data. From reviewing the patient list at the practice it was evident that some aspects of patient care that are monitored under this system were not routinely required at the practice because of the patient demographics. For example, there were a low number of patients with long term health needs such as Coronary Heart Disease (CHD) or Chronic Obstructive Pulmonary Disease (CPD).

- The practice ratio of reported versus expected prevalence for CHD was 0.21 in comparison to the national 0.71.
- The practice ratio of reported versus expected prevalence for COPD was 0.06 in comparison to the national 0.63.

There was evidence of quality improvement including clinical audit.

- There had been a series of clinical audits completed in the last two years including those carried out with by the clinical commissioning group pharmacist lead relating to prescribing and repeat prescribing of medicines. We reviewed information from three audits that had taken place from July 2013 onwards. One was a an audit in regard to the treatment and care for patients identified with a low-risk basal cell carcinomas(BCC) who had surgical removal and provisional diagnosis. The audit looked the effectiveness of the initial assessment, surgical invention and actual diagnosis. We saw there was a high level of diagnostic accuracy (80%) and there was a low level of complications (2%). The GP who leads with the care of patients with skin lesions also identified from this audit that there were areas to improve around recording details with outcomes and has implemented a new template to use with greater effect. A survey was undertaken with the patients who had received treatment during the period the audit for BCC was carried out. Patients experience was positive, and they were made to feed comfortable, reduced or pain free and the procedures were explained well. We looked at an audit which related to the cervical screening carried out by one of the nursing staff. The

Good

# Are services effective?

## (for example, treatment is effective)

audit showed that 100% were satisfactorily carried out and there were no incidents of inadequate samples taken. The nurse undertaking this audit did highlight there remained some possible areas of which they wished to improve when they attended their next training update.

- The practice participated in local audits, national benchmarking, accreditation, and research.

**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, the practice nurses had a high number of skills between them to provide treatment and care for patients. For example, sexual health, asthma and diabetes And additional training relevant to the patient groups they cared for such as sports injuries, alcohol and immunisation. The lead nurse was able to offer particular skills in regard to, clinical assessment; gynaecological care, family planning and the insertion of inter uterine contraceptives. 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. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. Staff told us they had been provided with good access to training to develop their roles.

**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.
- 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.

For example, the practice staff worked in conjunction with the counselling services and student support services at the university in the mental healthcare of students. We heard from a representative of the student services support at the university who highlighted the very positive lines of communication, shared support and the team approach to assist students whether it was an anxiety problem or where a more intensive care programme was required for patients experiencing poor mental health. A member of the primary care mental health team told us they had experienced that the staff had a good understanding of their patient group and appropriate referrals were made in a timely way. They had found that patients were informed by the practice staff effectively of what they could expect from treatment with the primary care service which helps them engage with the service. When patients moved between services, when they were referred, or after they were discharged from hospital the practice maintained appropriate links such as with the district nursing team. Meetings took place with other health care professionals caring for older patients, those with long term health conditions or particularly vulnerable patients on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. There were monthly meetings with the health visiting team to discuss families and children of concern. Feedback from a member of an external organisation involved in these

Good

# Are services effective?

## (for example, treatment is effective)

multi- disciplinary team meetings stated that the practice demonstrated there was a good team approach and sharing of information which led to a shared plan of care for patients with long term conditions.

Other comments from health care professionals or services who came into contact with the practice reported that all staff were helpful, responsive and they were always listened to when discussing patients.

Patients who had their care shared between the practice and their own medical practitioner, such as students from overseas, told us that the practice staff were very thorough about contacting and communicating about their treatment plans. Patients expressed they were confident they were cared for appropriately and they experienced good continuity of care.

**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 practice always used a written consent document for minor surgery or clinical intervention such as insertion of a contraceptive device.

**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. Patients were provided with support within the practice, for example, weight management including for patients with anorexia or when required signposted to a specialist service.
- The practice worked with the university to provide education and empower students with knowledge to care for themselves. The practice participated in 'fresher's week' in providing talks and access to relevant information such sexual health drug and breast awareness, alcohol and smoking advice. The practice staff also provided information, advice and support in response to issues that arose such as Swine Flu and Ebola.

The practice's uptake for the cervical screening programme was 80%, which was similar to than the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also supported its patients to attend national screening programmes for bowel and breast cancer screening.

For example:

- Persons, 60-69 years old, screened for bowel cancer within six months of invitation was 64% in comparison to the clinical commissioning group (CCG) average which was 57%.
- Females, 50-70 years old, screened for breast cancer within six months of invitation was 52% in comparison with the CCG average which was 73%.

Childhood immunisation rates for the vaccines given were above or comparable to the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 85% to 100%, the CCG was from 83% to 98% and five year olds from 40% to 80%, CCG were from 90% to 97%. These statistics must be taken in view with the actual low numbers of children (seven) within these age groups registered at the practice.

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 and during 2015 there was a 100% take up (78 patients). A process for annual health checks was in place for patients living with learning disability should it be required. No patients living with a learning disability were currently registered at the practice. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

# Are services effective?

## (for example, treatment is effective)

Other services hosted at University Medical Practice included a Talking Therapies service available at the practice once a week.

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.

- 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 27 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 and treated them with dignity and respect. Patient also told us they had observed that staff were always caring, considerate and friendly.

We spoke with seven patients including members of the virtual patient participation group during the inspection. All seven patients said they were satisfied with the care they received and they had experienced that staff took the time to listen, were friendly and caring. Patients also said their dignity and privacy was respected.

Results from the national GP patient survey published January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was varied for its satisfaction scores on consultations with GPs and nurses. For example:

- 84% 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 88.6%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 86.6%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95.2%.
- 83% 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%.
- 96% 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%.
- 98% of patients said they found the receptionists at the practice helpful compared to the CCG average of 92% 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 (January 2016) showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were comparable or above local and national averages. For example:

- 83% of patients said the last GP they saw was good at explaining tests and treatments compared to the national average of 86%.
- 86% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 96% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff 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. Staff told us they used the service regularly particularly to gain patients consent. We saw that the 'Welcome to the practice' leaflet had been produced in different languages. They

obtained translations of health education information such as an explanatory leaflet for cervical smear testing to assist with providing the necessary guidance of the procedure and services available.

**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. 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 and they were provided with a bereavement pack of information. This call was either followed by a patient consultation at a flexible time and to meet the family's needs and/or by giving them advice on how to find a support service.

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 offered surgeries on a Saturday morning for booked appointments for working patients or those who could not attend during normal opening hours.
- There was a rapid turnover of patients, due to the student population and temporary patients visiting the area. The practice had effective and responsive registration systems in place which did not impact upon patients receiving the care and support they needed in a timely way.
- There were longer appointments available for patients with a learning disability, complex needs or for those who need support with their mental health.
- The practice had a focus on patient's mental health, through assessment and was working well to provide support in conjunction with other mental health and counselling services.
- Home visits, although rarely required, were available for older patients and patients with complex needs which resulted in difficulty attending the practice.
- Patients were encouraged to make appointments with the same GP or nurse for continuity of care.
- The practice provided minor injuries clinics for cuts, lacerations, minor fractures and injuries.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- Practice staff were flexible and responsive to cultural needs and expectations of foreign national patients who were unfamiliar with health care in the United Kingdom enabling them to obtain their healthcare they needed.
- The practice staff had a focus in regard to promoting and responding to public health issues within the university population this included patients with unknown immunisation status and responding to potential communicable diseases appropriately. The practice had successfully participated in public health initiatives such as for sexual and reproductive health. This has led to the practice being recognised by the local public health department as the largest deliverer of chlamydia testing to 15-24 year olds across all primary care services in the Bath and North East Somerset area. This has successfully reduced the impact of this sexually transmitted infection in the locality.
- There were accessible facilities and translation services available.

**Access to the service**

The practice opening hours were from 8am until 6pm, Monday to Friday. Doctor's surgeries were from 9am until 12.30midday and then from 2pm until 5pm. Nurse clinics were from 9am until 12 noon and then 1.30pm until 5pm. On Saturday the practice was open for pre—bookable appointments from 8am until 1.30 pm. Results from the national GP patient survey (January 2016) showed that patient's satisfaction with how they could access care and treatment was better than national averages.

- 88% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 94% of patients said they could get through easily to the practice by phone compared to the national average of 73%.There were generally good comments about obtaining appointments from patients. Patients told us on the day of the inspection that they were able to get on the day appointments if their need was urgent and if at times they were later going in to see the GP they were happy to wait.

**Listening and learning from concerns and complaints**

The practice had a system in place for handling complaints and concerns.

- Its complaint 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 which was on display at the practice and included in information available on the practice website.

We looked at four recorded complaints received in the last 12 months and found the complaints were satisfactorily

Good

# Are services responsive to people's needs?

## (for example, to feedback?)

handled and lessons learned as a result of the complaints investigation ensured that improvements were made to prevent them reoccurring. Themes of complaints ranged from some aspects of clinical care and the system regarding emergency appointments. We saw that there was a process for when a complaint was made whereby aspects were raised as a significant event and likewise if a significant event was identified, issues effecting individual patients were responded to as if a complaint had been made. For example, another health care organisation sent details and information about a patient they had treated and their ongoing care. The practice staff responded accordingly to the information and called the patient for further tests where it was found that it was the incorrect patient. The practice identified after investigation that although there was a patient with a similar name that the information had been incorrectly forwarded to the practice as the patient was not registered there. The practice wrote to the patient concerned and apologised for error and incorrect information was removed from their patient record.

The percentage of respondents to the GP patient survey who described the overall experience of their GP surgery as fairly good or very good was 89% compared to the national average of 85%.

# 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 aimed to ensure comprehensive high quality and effective medical care services were provided to patients in a safe, clean and appropriate environment. They wished to provide a caring, confidential and efficient healthcare service which was monitored and audited for continual review and improvement and remained committed to their patients' needs. In addition they wanted to create a partnership of dignity and respect between patient and healthcare professional to ensure good communications were maintained between the practice and patients, particularly the main student population group they served. In doing this they aimed to maintain a close working relationship and understanding between the medical centre, student support departments and the university counselling service helping to ensure appropriate pathways are followed to support students in crisis and enable a seamless provision of medical care to the student population.Through discussion with staff, staff knew and understood the vision.
- The practice had a strategy and supporting business plans which reflected the vision and values and the plans to develop the service.

**Governance arrangements**

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. There were structures and procedures in place to provide governance of the service. For example:

- 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 and were reviewed and updated to meet the changes in regulations and guidance.
- A comprehensive understanding of the clinical performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

**Leadership and culture**

The partners 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). The partners encouraged a culture of openness and honesty. This was reflected in discussions with all members of the staff team we spoke with during the inspection. The practice had systems in place to ensure that when things went wrong with care and treatment and they were aware there were areas to improve in responding to significant events or complaints made to the practice They endeavored to ensure that :

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

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

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

# Are services well-led?

Good

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

**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. They reviewed information given by patients on NHS Choices and from the national GP patient survey. The PPG was a virtual group and opinion was sought regularly via email and other forms of communication such as various student support groups. The patients submitted suggestions and support for improvements to the practice management team. For example, improving the patient waiting area through redecoration. Another example was the patient access to booking appointments on line.
- 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. Staff told us they felt involved and engaged to improve how the practice was run.
- There was regular dialog with the university support department, student union and counselling services which enabled the practice to obtain feedback about the services they provided.

**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. For example:

- The practice was continuing to look at how they could encourage patients to take responsibility of their own health and wellbeing through working with the university support department in health promotion and wellbeing events such as providing information for breast awareness, immunisation and sexual health.
- The practice has been involved public health initiatives, working with the Bath and North East Somerset Council with sexual and reproductive health. This has led to the practice being recognised by the local public health department as the largest deliverer of chlamydia testing to 15-24 year olds across all primary care services in the Bath and North East Somerset area. This has successfully reduced the impact of this sexually transmitted infection in the locality.
- The practice continues to look at improving outcomes for patients with concerns about their mental wellbeing. Such as working with talking therapies and student services to improve patient access to NHS services when they need it.