

St Augustines Medical Practice

Quality Report

4 Station road

Keynsham

Bristol

BS31 2BN

Tel: 0117 9862343

Website: www.st-augustinessurgery.co.uk

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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?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at St Augustines Medical Practice on 27 January 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 except for those in relation to prescription security, ensuring disclosure and barring checks are in place for chaperones, and completing regular fire evacuation drills.
- 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.

- Patient's individual social and emotional needs and preferences were part of the decisions about care and treatment options.
- The practice identified patients who may be in need of extra support.
- These included patients in the last 12 months of their lives, carers and the cared for, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and patients who have been recently bereaved or experienced an event which may make them in need of extra support. 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.

Summary of findings

- 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.
- There was a strong focus on continuous learning and improvement at all levels.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvement are:

Ensure the safety and security of prescriptions.

The areas where the provider should make improvements are:

Ensure all action is taken to mitigate risks in relation to fire evacuation procedures.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- 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 except for the security of prescriptions and the need to ensure all staff undertaking chaperone duties have a Disclosure and Baring check.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- We also saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients.
- Data showed that the practice was performing highly when compared to practices nationally and in the Clinical Commissioning Group. For example:
- The percentage of patients with diabetes on the register whose blood sugar level targets were within the target range (2014/2015) was 84% which was higher than the national average of 78%.
- The percentage of patients with diabetes on the register whose blood pressure was in the target range (2014/2015) was 81% which was higher than the national average of 78%.
- The percentage of patients with diabetes on the register who had their flu immunisation (2014/2015) was 98% which was higher than the national average of 94%.

Summary of findings

- The percentage of patients with high blood pressure whose blood pressure was in the target range was 81% which was in line with the national average of 84%.
- The percentage of patients with a serious mental health problem who have a comprehensive, agreed care plan (2014/2015) was 91% which was higher than the national average of 88%. Patients with a serious mental health problem were all invited to an annual health check.
- The practice used innovative and proactive methods to improve patient outcomes and working with other local providers to share best practice.
- The practice held a weekly educational/professional meeting to discuss clinical topics, this had included guest speakers. Topics included new cancer referral guidelines, managing complex patient groups, mindfulness and updates on NICE guidelines. All clinical staff had protected learning time.

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 in line with the local and national averages for the level of care however patients we spoke to rated their care as excellent 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.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. For example the GPs applied for special dispensation to provide a medicine to a patient from the practice to save multiple visits to hospital.
- We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on.
- We observed a strong patient-centred culture.
- 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.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs.

Good



Summary of findings

- 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. For example the practice had purchased two medical devices for patients with certain lung conditions to save patients having to attend a hospital for diagnosis and monitoring.
- 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.
- The practice had reviewed the duty doctor system and divided the day into shorter sessions, to allow the duty doctor to focus on the urgent calls, to share the demand across the GPs. This had resulted in greater availability for urgent home visits throughout the day, for older patients and patients who would benefit from these.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

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

Good



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a focus on continuous learning and improvement at all levels.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.

Summary of findings

The six population groups and what we found

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

Older people

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

- 27% of the registered practice population were aged over 65 (national average 17%). They also had the highest number of patients in the local clinical commissioning group of patients prescribed anticoagulant medicines which required regular blood tests. The practice had kept 94% of these patients in the target range by testing at the surgery which was significantly higher than the expected standard of 80%.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population. 15% of all those aged over 75 had a personalised care plan.
- The practice looked after approximately 150 patients in local nursing homes, and conducted weekly ward rounds to monitor and review the patient's needs. In one local nursing home all the patients looked after by the practice had a personalised care plan.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

Good



People with long term conditions

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

- The practice had a very high prevalence of chronic diseases 63.4% compared to the national average of 54%, for example 70% more than the national average of patients with heart failure, 20% more than the national average of patients with a atrial fibrillation (a heart condition) which for the majority of patients requires regular blood monitoring and 60% more than the national average of patients who have experienced a stroke.
- Nursing staff had lead roles in chronic disease management and led clinics for patients with lung disease, asthma and diabetes.
- Patients at risk of hospital admission were identified as a priority and the practice had developed care plans for those at risk of admission for just over 2.2% of their population over the age of 18. One example we saw was a care plan with steps to manage a patient's chronic lung condition which had helped the patient manage their condition through the winter avoiding a hospital admission.

Good



Summary of findings

- The practice offered an in house test for the diagnosis and monitoring of respiratory conditions (spirometry) at both practice locations which reduced the need for those patients to travel to a hospital. This was also taken to housebound patients to monitor their condition.
- The percentage of patients with diabetes on the register whose blood sugar level targets were within the target range (2014 to 2015) was 84% which was higher than the national average of 78%.
- The percentage of patients with diabetes on the register whose blood pressure was in the target range (2014 to 2015) was 81% which was higher than the national average of 78%.
- The percentage of patients with diabetes on the register who had their flu immunisation (2014 to 2015) was 98% which was higher than the national average of 94%.
- The percentage of patients with diabetes on the register whose cholesterol was in the target range was 87% which was higher than the national average of 81%.
- 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. This included weekly meetings with the community and specialist teams including community matrons, health visitors for the actively ageing. The practice met daily with the palliative care nurses and district nurses for those at the end of life.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young patients who had a high number of A&E attendances. Immunisation rates were high for all standard childhood immunisations.
- The percentage of patients with asthma who had their asthma reviewed in the last 12 months (2014 to 2015) was 76% in line with the national average of 75%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.

Good



Summary of findings

- The percentage of patients aged 25 to 64 who had their cervical screening within the last five years was 82% in line with the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice offered an additional 24 week antenatal check for women to improve continuity of care.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered a 7.45am blood test appointment for patients who were unable to attend during the traditional working day.
- The practice offered extended hours on a Monday evening until 8pm and alternate Saturday mornings to increase access outside of traditional working hours.
- The practice offered a daily triage service so those at work could access care by phone when urgently needed.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those socially isolated, who were dependant on others and those with a learning disability.
- The practice offered longer appointments and yearly health checks for patients with a learning disability, and last year completed 84%. All these patients had a care plan with a copy kept in their home.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.

Good



Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations and held food bank vouchers.
- 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.
- The practice had been proactive in undertaking training in increasing awareness and skills for identifying domestic violence in their patients.
- The practice had set up a system to refer patients who may be socially isolated to groups and local activities which had been shared across the local clinical commissioning group due to its success.

People experiencing poor mental health (including people with dementia)

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

- The practice looked after approximately 170 patients with dementia and worked closely with the older persons psychiatric services to care for this group of patients. All the patients with dementia in a nursing home had a personalised care plan to avoid unnecessary hospital admissions as they recognised these patients are distressed by an unfamiliar environment. One of the GPs had specialist knowledge and could undertake memory tests which meant some of these patients did not have to attend a hospital.
- The practice had developed an electronic template which provided information, on local support groups, support for carers, dementia advice websites, information on lasting power of attorney and prompts to ensure all the appropriate blood tests had been completed.
- 80% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average of 84%.
- The percentage of patients with a serious mental health problem who have a comprehensive, agreed care plan (2014 to 2015) was 91% which was higher than the national average of 88%. Patients with a serious mental health problem are all invited to an annual health check.

Good



Summary of findings

- The percentage of patients with a serious mental health problem whose alcohol consumption has been recorded in the preceding 12 months (2014 to 2015) was 94% which was higher than the national average of 90%.
- 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.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had arranged for the local eating disorder service based at a local hospital to use a room at the practice to see a patient. The practice had a talking therapies service counsellor based at the practice. The practice had seen one patient on a weekly basis when they would not engage with the specialist mental health team to ensure continued care.
- The practice would see patients on an opportunistic basis with mental health needs and dementia as they recognised these patients may be unable to engage with the appointment system.
- 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 published on 7 January 2016. The results showed the practice was performing in line with local and national averages. Two hundred and thirty-five survey forms were distributed and 118 were returned. A return rate of 50%. This represented 1.2% of the practice's patient list.

- 83% found it easy to get through to this surgery by phone compared to a clinical commissioning group (CCG) average of 91% and a national average of 73%.
- 91% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 90% and a national average of 85%.
- 92% described the overall experience of their GP surgery as fairly good or very good compared to the CCG average of 92% and the national average of 95%.

- 81% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to the CCG average of 88% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 39 comment cards which were all positive about the standard of care received. The main themes from the comment cards expressed care that was first class, excellent and caring.

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

Areas for improvement

Action the service **MUST** take to improve

The areas where the provider must make improvement are:

Ensure the safety and security of prescriptions.

Action the service **SHOULD** take to improve

The areas where the provider should make improvements are:

Ensure all action is taken to mitigate risks in relation to fire evacuation procedures.

St Augustines Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to St Augustines Medical Practice

St Augustines Medical Practice is located in the town of Keynsham between Bristol and Bath, with a branch surgery in Saltford. The practice has a registered population of approximately 9,750 patients. The practice serves an area of low social deprivation. The practice has the second highest population of over patients over 65 years old in the local clinical commissioning group (CCG). 98% of the population is white British.

The main site in Keynsham is situated in a building over 110 years old.

The staff work across both sites and patients can be seen at either location. The premises in Keynsham is a building over three floors, there is no lift. Treatment rooms are located on the ground floor with level access. There are consulting rooms and a waiting area on the second floor accessible only via a staircase. Patients who cannot manage the stairs are seen in the ground floor rooms or at the Saltford branch.

During our inspection we visited the site in Keynsham and did not visit the branch site in Saltford

The practice has four partners, two male and two female, four salaried GPs, two senior nurses including one nurse practitioner, two further practice nurses and two health care assistants and a team of management administration and reception staff. The practice is currently supporting two GP trainees.

The practice is a teaching practice with three GP trainers, and supports medical students from Bristol University. The practice has undertaken research projects and has a research base at the practice. For example a nurse had recently been involved in research on asthma management plans which had been used to help care for patients.

The practice was open between 8am and 6pm Tuesday to Friday and until 8pm on Mondays. Appointments were from 8.30am to 11.40am every morning and 2.30pm to 5.50pm daily except Mondays when appointments continued until 8pm. Telephone consultations were available every day. Extended surgery hours were offered Mondays until 8pm and alternate Saturday mornings from 8am to 11am, and blood test appointments were available from 8am daily. In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent appointments were also available for patients that needed them. Online access to appointments and online repeat prescriptions were available.

Overnight from 6pm to 8am and at weekends the out of hours cover is provided by NHS 111 and Bath Doctors Urgent Care.

The regulated activities the practice provides are delivered at the main St Augustines Medical Practice at;

Detailed findings

4 Station Road, Keynsham, Bristol, BS31 2BN.

The branch practice address is;

495 Bath Rd. Saltford, BS31 3HQ

The practice had plans underway to move their Keynsham main site to purpose built premises in early 2017.

During the planning for the inspection we noted the registered manager and partner information had not been updated to CQC Registrations however the practice had submitted the relevant forms by the time of the inspection.

Why we carried out this inspection

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

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 27 January 2016. During our visit we:

- Spoke with a range of staff including seven GPs, four of the nursing team, eight of the management, reception and administration team.
- We also met a representative of the patient's participation group and spoke with ten 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. Staff confirmed they had feedback and shared learning from previous incidents.
- The practice carried out a thorough analysis of the significant events. The practice held two monthly significant event review meetings and any new events reported were discussed on the day and at weekly meetings as they arose.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, following concerns raised relating to patient care by a third party, the GP set up a safeguarding meeting. This was attended by the appropriate parties, to fully review the concerns, ensure all the appropriate actions were in place, and that any learning was identified.

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

When there were unexpected or unintended safety incidents:

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology and they were told about any actions to improve processes to prevent the same thing happening again.
- They kept written records of verbal interactions as well as written correspondence.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead nurse and a lead GP for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. The lead nurse had recently attended safeguarding training and local clinical commissioning group (CCG) meetings and cascaded the learning to the rest of the team. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs and the lead nurse for safeguarding were trained to safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role however the administration staff that acted as chaperones had received training but had not undertaken a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).The practice had completed a comprehensive risk assessment to mitigate against any potential risks.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe in relation to obtaining, prescribing, recording and handling. However clinical rooms were not locked when not in use, this meant the practice could not guarantee the security of blank prescriptions.
- 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

Are services safe?

safe prescribing. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. We noted that not all the PGDs had been signed which the practice addressed immediately. The practice had a system for production of Patient Specific Directions to enable health care assistants to administer vaccines after specific training, when a doctor or nurse was on the premises. The practice had systems in place for reviewing high risks medicines before repeat prescriptions could be authorised. The practice ensured medication reviews were conducted by the GP who knew the patient best.

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

Monitoring risks to patients

The main practice location in Keynsham was situated in a building which was over 110 years old; this led to constraints upon the ability of the practice to comply with the Equality Act 2010 and reduced the ability of the practice to reduce all the risks to patients. For example there was only one staircase to exit the premises and the rear door to the practice could not be accessed by patients in wheelchairs in the event of a fire. The practice had assessed and managed these risks to reduce the risk where practicable. This included weekly alarm testing, fire evacuation plan displayed, fire marshals, and staff knew their responsibilities in the event of a fire. However, the practice had not undertaken regular fire drills.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available which identified local

health and safety representatives. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff was on duty. Staff worked across both the practice locations and had an annual leave policy to ensure staff were available to cover each other's annual leave.

Arrangements to deal with emergencies and major incidents

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

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The practice held a weekly educational/professional meeting to discuss clinical topics, this had included guest speakers. Topics included new cancer referral guidelines, managing complex patient groups, mindfulness and updates on NICE guidelines. All clinical staff had protected learning time.

Management, monitoring and improving outcomes for people

All staff were given protected learning time and engaged in activities to improve outcomes for patient care and treatment. Staff development was valued as integral to care, and sharing learning was part of the practice culture and staff were proactively sharing learning across the practice team.

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 99.9% of the total number of points available, with 10.3% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The local clinical commissioning group (CCG) exception rate was 9.9% and the national exception rate was 9.2%. This practice was not an outlier for any QOF (or other national) clinical targets but had a higher than average incidence of cancers. Data from January 2016 showed;

- Patients at risk of hospital admission were identified as a priority and the practice had developed care plans for those at risk of admission for 2.2% of their population over the age of 18. One example we saw was a care plan with steps to manage a patient's chronic lung condition which had helped the patient manage their condition through the winter avoiding a hospital admission.
 - The practice offered an in house test for the diagnosis and monitoring of respiratory conditions (spirometry) at both practice locations which reduced the need for those patients to travel to a hospital. This was also taken to housebound patients to monitor their condition.
 - The percentage of patients with diabetes on the register whose blood sugar level targets were within the target range (2014 to 2015) was 84% which was higher than the national average of 78%.
 - The percentage of patients with diabetes on the register whose blood pressure was in the target range (2014 to 2015) was 81% which was higher than the national average of 78%.
 - The percentage of patients with diabetes on the register who had their flu immunisation (2014 to 2015) was 98% which was higher than the national average of 94%.
 - The percentage of patients with diabetes on the register whose cholesterol was in the target range was 87% which was higher than the national average of 81%.
 - The percentage of patients with high blood pressure whose blood pressure was in the target range was 81% which was in line with the national average of 84%.
- Performance for mental health related indicators was better than the national averages for example;
- The percentage of patients with a serious mental health problem who have a comprehensive, agreed care plan (2014 to 2015) was 91% which was higher than the national average of 88%. Patients with a serious mental health problem are all invited to an annual health check.
 - The percentage of patients with a serious mental health problem whose alcohol consumption has been recorded in the preceding 12 months (2014 to 2015) was 94% which was higher than the national average of 90%.
- Clinical audits demonstrated quality improvement.

Are services effective?

(for example, treatment is effective)

- There had been seven clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. For example the practice had recently been involved in research into long term catheter problems, asthma management plans, and chronic pain.
- Findings were used by the practice to improve services. For example the practice conducted an audit of adherence to current guidance on prescribing of hormone replacement therapy and evidence of improved prescribing was seen in the repeated audit. For example the first audit cycle identified eight patients in the category for this review; the second cycle found all those eligible who had chosen to participate had already had the changes made.

Information about patients' outcomes was used to make improvements for example the practice had introduced a wide range of templates to ensure that all the elements of a patient's condition were covered during a review. One example of a template for patients living with dementia included ensuring all the appropriate blood tests had been completed, but also included links to best practice guidelines, support services, information for families about lasting power of attorney. In addition the practice developed a template for patients with asthma; this included a video on inhaler technique to ensure patients were managing their inhalers to the maximum effect and benefit.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff

shared learning across the teams for example a nurse had recently updated on current best practice for safeguarding and had shared the updates with the administration and reception staff.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs and could be self-identified by staff for their own personal and professional development, for example the practice had supported the nursing team to undertake diplomas in diabetes and chronic obstructive pulmonary disease (COPD a range of chronic lung conditions) and nurse prescribing. All the nursing team and the salaried GPs had a specific GP mentor for support and supervision and protected learning time. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. For example one of the partners had undertaken a training plan to teach another GP how to administer joint injections, including teaching, training, observed then supervised practice.
- All staff except one had had an appraisal within the last 12 months. We were satisfied that the member of staff concerned received appropriate supervision and support. They told us they had had regular appraisals over the years and were supported in their practice and development.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules, in-house training and external training sources.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets was also available.
- Care plans were uploaded to the system accessed by the out of hour's provider. Copies were available in the

Are services effective?

(for example, treatment is effective)

nursing homes for any visiting health professionals to access. We saw one example of a patient at the end of life having their wishes honoured due to the detailed care plan evidence.

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

The practice met daily where required with palliative and district nursing teams to ensure care needs were met.

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 patients, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was documented in the patients care record.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers and the cared for, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and

patients who have been recently bereaved or experienced an event which may make them in need of extra support. For example a patient was identified by the practice as may be in need of extra support when their partner was seriously unwell in hospital. Patients were then given extra support and signposted to the relevant service.

- The practice offered access to complimentary practitioners available from the surgery including homeopath, podiatry, physiotherapy, and hypnotherapy. A counselling service was available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 82%, which was the same as the national average of 82%. There was a policy to offer telephone and written reminders for patients who did not attend for their cervical screening test.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The percentage of eligible patients who had been screened for bowel cancer in the last 30 months was 64% compared to the CCG average of 61%. The percentage of eligible patients screened for breast cancer in the last 36 months was 78% compared to the CCG average of 75%.

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 79% to 100% compared to the CCG range of 82% to 98% and five year olds from 97% to 99% compared to the CCG range of 91% to 97%.

Flu vaccination rates for the over 65s were 74% in line with the national average of 73%, and at risk groups 50% comparable to the national average of 48%.

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

The practice values promoted an individualised model of health care, and the needs of patients to be an active part of their care. The practice ethos recognised the wider view of patient's health needs to ensure patients' needs were met with compassion and care. For example the practice promoted 'the need to extend the boundaries of thinking and exploration, and to work with others who think differently to ourselves'. Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. For example the GPs applied for special dispensation to provide a medicine to a patient with complex needs from the practice to save multiple visits to hospital.

The practice developed an electronic template for patients with dementia which provided information, on local support groups, support for carers, dementia advice websites, information on lasting power of attorney and prompts to ensure all the appropriate blood tests had been completed.

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 39 patient Care Quality Commission comment cards we received were very positive about the care and service they 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 one member of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff

responded compassionately when they needed help and provided support when required, and gave very personalised care. Seven commented on their care as 'first class/above and beyond'.

We were told of an example of one of the GPs looking after a seriously unwell child gave their own contact number for the family to call, during the out of hours period, so the family could access continuity of care at a critical time.

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

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 93% of patients say the last nurse they saw or spoke to was good at giving them enough time compared to the CCG average of 94% and the national average of 92%.
- 94% 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%.
- 98% of patients had confidence and trust in the last nurse they saw or spoke to compared to the CCG of average of 98% and the national average of 97%.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 85%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 90% of patient's 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

We saw that the staff considered the whole range of patients' needs as part of their care, for example patient's

Are services caring?

social circumstances and personal preferences were part of decisions about care and treatment options. Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 88% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 84% 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%.
- 87% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.
- 91% said the last nurse they saw or spoke to was good at explaining tests and treatments compared to the CCG average of 91% and the national average of 90%.

Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 2% of the practice list as carers and 1% as cared for. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

The practice had introduced a template to provide support to those recently bereaved which included information about what would happen next. The practice had systems from this template to ensure all the appropriate community, hospice, secondary care providers and the patient's records were updated. This included identifying those at the practice recently bereaved so staff could ensure they were offered extra support if required. The practice had shared the template with local practices.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice continually reviewed the individual needs of the patients and recognised the need to provide flexibility and respond to the changing needs of patients. The practice recognised that patients' needs are varied and that complex needs can only be met by an integrated approach, working with the individual, the range of social and health services and the wider community.

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice had been part of a research project two years before the inspection to assess the benefits of a nurse triage system to manage the daily demand on services, and the availability of on the day urgent appointments. From the research findings and feedback from the patients this was then implemented as a daily triage system. The practice implemented an upgrade to their telephony system to increase the availability of access by telephone and increased the staff to ensure at least five staff could answer the telephone for the busiest first hour of the day.

- The practice offered an extended hour's clinic on a Monday evening until 8.00pm for working patients who could not attend during normal opening hours, and alternate Saturday morning appointments.
- There were longer appointments available for patients with a learning disability and complex health needs.
- The practice had reviewed the duty doctor system and divided the day into shorter sessions, to allow the duty doctor to focus on the urgent calls, to share the demand across the GPs and this had resulted in greater availability for urgent home visits throughout the day, for older patients and patients who would benefit from these. The practice recognised that for those patients who needed to be seen in the hospital setting, an early home visit would provide greater access to hospital clinics which may reduce the need for an overnight admission.
- Same day appointments were available for children and those with serious medical conditions.

- The practice had purchased two medical devices for patients with certain lung conditions to save patients having to attend a hospital for diagnosis and monitoring.
- The practice had arranged for the local eating disorder service based at a local hospital to use a room at the practice to see a patient. The practice had a talking therapies service counsellor based at the practice. The practice had seen one patient on a weekly basis when they would not engage with the specialist mental health team to ensure continued care.
- The practice would see patients on an opportunistic basis with mental health needs and dementia as they recognised these patients may be unable to engage with the appointment system.
- There were limited disabled facilities at the Keynsham practice due to the building limitations, the staff were aware of the constraints and ensured patients who could not manage the stairs were seen on the ground floor consultation rooms. There were text talk and translation services available. Patients could be seen at either location depending on their preference.
- The practice was planning to move to a purpose built building in the spring of 2017.

Access to the service

The practice was open between 8am and 6pm Tuesday to Friday and until 8pm on Mondays. Appointments were from 8.30am to 11.40am every morning and 14.30pm to 17.50pm daily except Mondays when appointments continued until 8pm. Telephone consultations were available every day. Extended surgery hours were offered Mondays until 8pm and alternate Saturday mornings from 8am to 11am, and blood test appointments were available from 8am daily. In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent appointments were also available for patients that needed them. Online access to appointments and online repeat prescriptions were available.

When the practice was closed the practice had a local arrangement with the local nursing home patients to access the practice between 6pm and 6.30pm for continuity of care. Overnight from 6pm to 8am and at weekends the out of hours cover is provided by Bath Doctors Urgent Care accessed via NHS 111.

Are services responsive to people's needs?

(for example, to feedback?)

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

- 81% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group average of 80% and the national average of 75%.
- 83% patients said they could get through easily to the surgery by phone compared to the CCG average of 91% and the national average of 73%.
- 69% patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 67% and the national average of 59%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them, although five patients told us it can be difficult to get through by telephone first thing in the morning. The practice had increased its phone lines to five to cover the busiest first hour of each morning.

The practice offered a 7.45am blood test appointment for patients who were unable to attend during the traditional working day.

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 for example information in the waiting room and the website.

We looked at three complaints received in the last 12 months and found these were dealt with in a timely way, and with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, we saw evidence of a written apology to a patient over a complaint relating to a diagnosis, and that the GP shared the learning from this with the rest of the team including the appropriate referral pathways for any future occasions.

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 on the website and staff knew, shared and understood the values to provide high quality care, and provide an approachable, supportive environment and a learning and development organisation. The whole practice shared an ethos to put the patient first and offer personalised care.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. The practice was working to move to new premises in early 2017 and had involved their population in the discussion and plans.

Governance arrangements

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

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

Leadership and culture

The partners in the practice prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were very approachable and always took the time to listen to all members of staff. The

staff told us they felt part of the team and that there was a very positive team culture within the practice. Staff told us they had high levels of job satisfaction as part of the practice team, and were proud to be part of the team.

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

- Staff told us the practice held regular team meetings for all groups of staff, and that the GPs met every day at lunchtime and were accessible to anyone for advice and support and to reduce isolation.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did. The practice held an away day every year and all those attending contributed to the agenda.
- 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. The staff told us it was a positive friendly supportive working environment.
- The practice had been involved in the apprentice scheme developing reception/administration staff and had retained two of the three previous apprentices. The practice had a stable nursing, administration and management team.

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 feedback and complaints received. There was an active PPG which met regularly and submitted proposals for improvements to the practice management team. For example, the PPG had asked the practice to make changes at the branch surgery to improve patient confidentiality which had been implemented.

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 away days and generally 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 and that the culture of the practice supported and valued input from the whole team. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice and the practice continued to be involved in research projects. For example the practice was recently involved in research in asthma management plans, depression and emergency hospital admissions and is currently involved in further projects.

The practice was part of a local collaboration between the local practices and a pharmacist to ensure that local and national guidelines and medicines were up to date and current best practice.

The practice was aware that the local population was expected to grow by approximately 30% over the next ten years and was working with the local clinical commissioning group and NHS England to consider the impact of the increasing challenges to primary care. For example, one of the partners had met with the medical director at a local hospital to discuss the future of community services. In addition the practice looked to consider new ways of working to manage the wider holistic range of patients health needs and had set up links with complementary practitioners from the Saltford practice in osteopathy, physiotherapy, counselling, acupuncture, podiatry, homeopathy, hypnotherapy and a medical herbalist.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Safe care and treatment</p> <p>12.—(1) Care and treatment must be provided in a safe way for service users.</p> <p>(2) Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include—</p> <p>(g) the proper and safe management of medicines;</p> <ul style="list-style-type: none">• Systems in place to ensure security of prescriptions were not operated effectively. <p>The provider was in breach of Regulation 12(2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>