

Drs Prees, Wernham, Weldon & Hogg

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Drs Prees, Wernham, Weldon and Hogg on 24 February 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

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

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



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

Are services effective?

The practice is rated as good for providing effective services.

Good



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

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rated the practice higher than others for all aspects of care.
- Feedback from patients about their care and treatment was consistently and strongly positive.
- 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.

Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice had implemented a new system to increase the amount of telephone consultation appointments, increase the number of morning sessions available and increase the availability in core times of high demand for example Monday mornings.
- The practice had introduced a telephone access remote booking appointment system so patients could access appointment bookings 24/7.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- 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

Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice conducted weekly ward rounds for patients in four local nursing homes. A home is always visited on the same day each week by the same GP for continuity for patients and so families would know when a GP would be attending.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had increased the multidisciplinary meetings to weekly to ensure the practices higher than average numbers of complex older patients had the correct care plans and reviews in place.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators were better than the national averages, for example:
- The percentage of patients with diabetes whose cholesterol was in the target range in the last 12 months (2014 to 2015) was 84% which was higher than the national average of 81%.
- The percentage of patients with diabetes, on the register, who have had influenza immunisation in the last 12 months (2014 to 2015) was 98% which was higher than the national average of 97%.
- The percentage of patients with diabetes, on the register, whose last blood pressure reading (measured in the preceding 12 months) was in the target range (2014 to 2015) was 87% which was higher than the national average of 81%.
- Longer appointments and home visits were available when needed.

Summary of findings

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

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, young people who had any possible or known mental health problems, including depression or eating disorders were regularly monitored by the GPs.
- Immunisation rates were relatively high for all standard childhood immunisations.
- The percentage of patients with asthma who had had care reviews within the last 12 months (2014 to 2105) was 85% which was higher than the national average of 78%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 81%, which was comparable to the national average of 83%.
- 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 and health visitors.
- Appointments were available outside of school hours.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example weekly Saturday morning appointments and access to appointment booking 24/7 by an automated telephony system.
- 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.

Good



Summary of findings

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

Good



- Performance for mental health related indicators were mostly above the national averages, although for dementia reviews the average was slightly lower.
- The percentage of patients with serious mental health problems whose alcohol consumption has been recorded in the preceding 12 months (2014 to 2015) was 94% which was higher than the national average of 91%.
- The percentage of patients with serious mental health problems who had an agreed care plan documented in their record, in the preceding 12 months (2014 to 2015) was 94% which was higher than the national average of 92%.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months (2014 to 2015) was 82% which was lower than the national average of 86%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

- 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 above local and national averages. From the national GP survey 236 forms were distributed and 117 were returned. This represented 1.9% of the practice's patient list.

- 99% found it easy to get through to this surgery by phone compared to a CCG average of 91% and a national average of 73%.
- 87% usually wait 15 minutes or less after their appointment time to be seen compared to the CCG average of 69% and the national average of 65%.
- 88% feel they don't normally have to wait too long to be seen compared to the CCG average of 64% and the national average of 58%.
- 99% described the overall experience of their GP surgery as fairly good or very good compared to the CCG average of 92% and the national average of 85%.

- 98% 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 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 18 comment cards which were all positive about the standard of care received. Comments we received noted care to be excellent and friendly staff.

We spoke with eight patients during the inspection. All eight patients said they were happy with the care they received and thought staff were approachable, committed and caring. Recent data from the friends and family test showed 98% of patients would be happy to recommend the practice to their family and friends.

Drs Prees, Wernham, Weldon & Hogg

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 practice nurse specialist adviser and a practice manager specialist adviser.

Background to Drs Prees, Wernham, Weldon & Hogg

Drs Prees, Wernham, Weldon and Hogg are also known as Batheaston Medical Centre. Batheaston Medical Centre is situated in the village of Batheaston two miles east of the city of Bath.

The practice serves a population of 6300 patients and has lower than average numbers of patients under 40 and a higher percentage of over 55 than the local and national averages. The practice population is an area of low social deprivation.

The practice has four GP partners, two male and two female, and two associate part time GPs.

The GPs are supported by three practice nurses and three health care assistants and a team of management, administration and reception staff. The practice is a training practice and currently supports one GP registrar.

The practice is open between 8am and 6pm Monday to Friday. Appointments are from 8.30am to 12.30pm which is often extended due to demand, and 3pm to 6pm daily. Extended surgery hours are offered from 8am to 11am every Saturday.

When the practice is closed the out of hours care from 6pm overnight until 8am and at weekends is provided by Bath Doctors Urgent Care accessed via NHS 111.

The practice has a Personal Medical Services contract. (PMS contract is a contract between NHS England and general practices for delivering primary medical services). The practice provides its services at the following address:

Batheaston Medical Centre.

Coalpit road, Batheaston. BA1 7NP.

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.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 24 February 2016. During our visit we:

- Spoke with a range of staff including four GPs, two of the nursing team, seven of the administration and management team, five members of the patient participation group and spoke with patients who used the service. We also spoke to a district nurse linked to the practice.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?

- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

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

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

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 a recent incident where the 'call for help' button did not work due to an issue with the IT system, all the staff were updated on the factors which had caused the event to occur to prevent the incident reoccurring. This had been shared across the whole team to reduce any future risk.

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding who was proactive in supporting the whole team for any advice or support. The lead GP for safeguarding met regularly with the health visitors to discuss any patients or families who may be vulnerable or in need of extra help or support. The GPs attended safeguarding meetings when possible and always

provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level three.

- A notice in the waiting room and each clinical room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received the relevant Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, the practice had introduced a regular cleaning schedule for keyboards following an audit.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable health care assistants to administer vaccinations after specific training when a doctor or nurse was on the premises.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Are services safe?

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

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills including two within the last 12 months. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. For example during periods of annual leave the teams would increase their sessions to cover the patient's needs, and staff in the administration teams told us how they could increase cover at short notice in times of short term absences.

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

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The practice had ensured that this was also accessible from staff away from the premises in case of any problem with IT systems or access to the building.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available, with 9.2% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from February 2016 showed;

- Performance for diabetes related indicators were better than the national averages, for example:
- The percentage of patients with diabetes whose cholesterol was in the target range in the last 12 months (2014 to 2015) was 84% which was higher than the national average of 81%.
- The percentage of patients with diabetes, on the register, who have had influenza immunisation in the last 12 months (2014 to 2015) was 98% which was higher than the national average of 97%.
- The percentage of patients with diabetes, on the register, whose last blood pressure reading (measured in the preceding 12 months) was in the target range (2014 to 2015) was 87% which was higher than the national average of 81%.

- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (2014 to 2015) was 96% which was higher than the national average of 92%.
- The percentage of patients with high blood pressure whose blood pressure was in the target range was 85% which was comparable to the national average of 84%.
- Performance for mental health related indicators were mostly above the national averages, although for dementia reviews the average was slightly lower.
- The percentage of patients with serious mental health problems whose alcohol consumption has been recorded in the preceding 12 months (2014 to 2015) was 94% which was higher than the national average of 91%.
- The percentage of patients with serious mental health problems who had an agreed care plan documented in their record, in the preceding 12 months (2014 to 2015) was 94% which was higher than the national average of 92%.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months (2014 to 2015) was 82% which was lower than the national average of 86%.

Clinical audits demonstrated quality improvement.

- There had been ten clinical audits completed in the last two years, four of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, a recent audit conducted by the practice to ensure the correct management of patients with a heart condition which causes an irregular heart beat, found 71 patients who needed a review. This led to all these patients receiving a review. The audit was repeated to recheck the correct medicines had been considered, and ensure any new patients were identified for review.

Information about patients' outcomes was used to make improvements; for example the practice conducted a joint GP and nurse led audit into patient experience relating to a certain procedure. The audit identified a need to adjust the

Are services effective?

(for example, treatment is effective)

booking system to ensure the patients had the correct length appointment and correct information in advance of the procedure. The practice implemented the changes and the repeated audit showed a positive impact.

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 had also taken on staff under the apprenticeship scheme and two staff we spoke to confirmed a supportive induction and training process was in place, and staff were all approachable for any help and support.
- 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 administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. For example we saw diabetes updates and insulin initiation courses for a nurse involved in diabetes management. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. We spoke to a district nurse who confirmed good communication across the teams and that GPs were accessible and supportive for patient queries.
- The nursing team worked with the local diabetes specialist nurse to review diabetic patients as required.

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

The practice had undertaken regular multi-disciplinary team meeting, but due to their larger than average population of complex older people they had increased them to weekly to ensure that care plans were routinely reviewed and updated.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

Are services effective?

(for example, treatment is effective)

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking, alcohol cessation and weight management. Patients were then signposted to the relevant service.
- Support services were available on the premises including smoking cessation advice and access to a local counselling service.
- The practice had set up a local art therapy support group which had then been continued by the group themselves for ongoing support.
- The practice's uptake for the cervical screening programme was 81% which was comparable to the national average of 83%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

The practice's uptake for the breast screening programme was 75% in line with the CCG average of 75% and higher than the national average of 72%. The uptake for bowel screening programme was 63% which was higher than the CCG average of 61% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 86% to 97% and five year olds from 89% to 100%.

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

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

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

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

- 98% said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and national average of 89%.
- 93% said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 99% 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% had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 98% and the national average of 97%.
- 98% say the last GP they saw or spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 85%.
- 93% say the last nurse they saw or spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 95% said they found the receptionists at the practice helpful compared to the CCG average of 93% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback 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 all higher than local and national averages. For example:

- 95% 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%.
- 93% say 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%.
- 96% 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%.
- 92% say the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

Are services caring?

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

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The website contained supporting information for legal and financial advice as well as information about care and support groups.

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. Written information was available to direct carers to the various avenues of support available to them. Including a carer's corner in the waiting room with good information available.

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 website contained information on what to do in the event of bereavement and useful advice on what would happen next.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice had undertaken a detailed review and audit into the access and availability of appointments. From this data, the practice had implemented a new system to increase the amount of telephone consultation appointments, increase the number of morning sessions available and increase the availability in core times of high demand; for example Monday mornings. This had also led to the Saturday morning extended hours offered weekly. Additionally from this feedback the practice had introduced a telephone access remote booking appointment system so patients could access appointment bookings 24/7.

- The practice offered a Saturday morning surgery for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability or complex health needs.
- Any young people who had any possible or known mental health problems, including depression or eating disorders were regularly monitored by the GPs to ensure they had the appropriate care and support in place.
- The practice offered depression and alcohol screening through the website and would follow up any concerns this identified.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for most cases following an appointment access review and were always available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- Patients with no fixed address and any transient population groups, such as patients who lived on boats/barges, could be registered.

- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open between 8am and 6pm Monday to Friday. Appointments were available from 8.30am to 12.30pm which is often extended due to demand, and 3pm to 6pm daily. Extended surgery hours were offered from 8am to 11am every Saturday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were higher than the local and national averages.

- 86% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and national average of 75%.
- 99% 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%.
- 85% 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%.
- 100% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 90% and the national average of 85%.

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

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. However, not every verbal complaint was logged to learn from any themes identified.
- 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, including information on the website.

Are services responsive to people's needs?

(for example, to feedback?)

We looked at three complaints received in the last 12 months and these were dealt with in a timely way, 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.

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 to put patients first.

- All the staff we spoke to in the practice knew and understood the practice values.
- The practice had regular review of the practice needs and future challenges and changes in the wider health and local community. They had developed business plans which reflected the vision and values which were regularly monitored.

Governance arrangements

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

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

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of written correspondence.

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

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

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, the PPG discussed surveys and had contributed to changes to wording to help reach a wider audience. The PPG had submitted proposals for improvements to the practice management team. For example, the PPG had influenced a redesign of the waiting room to provide an information screen and streamline the paper literature. The PPG had been involved in feedback to the recent changes to the appointment access systems. Additionally following PPG feedback the practice had undertaken a training event on first aid for PPG members. The PPG told us the practice was very responsive to feedback from the community and valued the patient voice and patient experience feedback.
- 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.

Are services well-led?

Good 

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

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice had been proactive in undertaking the clinical

commissioning group training in increasing awareness of identifying domestic violence. The practice had strong links with the local commissioners and community providers. The practice had two GP trainers and were involved in the GP development programme for the future training and development of GPs.