St Chads Surgery

Quality Report

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

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at St Chads Surgery on 23 November 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. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 83% of patients said they could get through easily to the practice by phone compared to the national average 73%.
- 93% of patients were able to get an appointment to see or speak to someone the last time they tried compared with the national average of 85%.
- The patient participation group (PPG) was well engaged and represented across a diverse range of ages and backgrounds. The PPG suggestions for changes to the practice management team had been acted upon and the group had raised awareness to patients about the practice' services.
- The practice participated in a social prescribing scheme to support people who attend their GP surgery but did not necessarily require medical care. Social

Summary of findings

prescribing supported patients with issues such as social isolation and coping with caring responsibilities, to connect to services and groups that could help improve their wellbeing and meet their wider needs.

- Results from the NHS Friends and Family Test showed that 467 respondents (94%) would recommend the practice to family and friends.
- Staff had lead roles that improved outcomes for patients such as a carer's lead.
- 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.
- 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.
- The practice hosted a talking therapy service for patients who had experienced bereavement, were carers, or were experiencing mental health issues. The service was funded by the local clinical commissioning group (CCG) and was available on referral.

We saw three areas of outstanding practice:

- There was a proactive approach to understanding the needs of different groups of people and to deliver care in a way that met these needs and promoted equality. St Chads Surgery identified patients at risk of developing diabetes who were not on the diabetes register, and implemented changes that could help to delay or prevent the progression of this health condition. Changes offered to patients included lifestyle interventions and annual blood testing. The practice identified 138 patients who were not on the diabetes register and the practice developed a new information technology template to record their needs.
- The practice developed a 'tiered letter recall system' so that patients need only attend one annual review to address multiple health concerns. For example, 783 patients with diagnoses of diabetes, chronic kidney disease and hypertension had these health issues addressed in a single annual review in the last year.
- In 2015 and 2016, the practice received an award from the National Institute for Health Research (NIHR). The reward recognised the practice for developing innovative models of recruitment, and for consistently delivering its research findings to time and on target.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

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

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework for April 2015 to March 2016 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.
- We saw a programme of clinical audits that included improvements for patient care.
- 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?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey (July 2016) showed patients rated the practice as comparable with other local practices for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified patients who were carers and alerted them whenever a local carers group met. This provided an opportunity for carers to gain support and raised awareness of carer's services locally.
- Vulnerable patients who did not attend their scheduled appointments were contacted by a practice nurse, to check their welfare.
- A member of staff acted as a carer's lead. The carer's lead had a direct link with the local care forum and referred suitable patients for specialised advice and guidance.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. For example, the practice was participating in a social prescribing scheme to support people who attend their GP surgery but did not necessarily require medical care. Social prescribing supported people with issues such as social isolation and coping with caring responsibilities, to connect to services and groups that could help improve their wellbeing and meet their wider needs.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with regular appointments available the same day.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of patient feedback.
- 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 the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.
- The practice worked with other health professionals to minimise unnecessary hospital admissions.
- Patients were able to access the practice in ways to suit their needs. For example:
  - Patients could access the practice by telephone, and face-to-face.
  - The practice sent text reminders for appointments.

  - Telephone appointments were offered where appropriate, as an alternative to face-to-face consultations.
  - The practice offered extended morning and evening appointments during the week and on one Saturday morning a month, with a GP and nurse.
- The practice increased the length of individual appointment times for patients with complex medical conditions.
- The practice liaised with the local carer's centre to help vulnerable patients book transport to the practice and the local hospital.
- The practice hosted a talking therapy service for patients who had experienced bereavement, were carers, or were experiencing mental health issues. The service was funded by the local clinical commissioning group (CCG) and was available on referral.
- The practice initiated the use of a recognised clinical measure of fitness and frailty in older people to assess their health needs.
- The practice identified patients at risk of developing diabetes and implemented changes that could help to delay or prevent the progression of this health condition.
- The practice worked to provide inclusive services for younger patients, such as being a centre for the C Card Scheme, which enabled teenagers to access free methods of contraception.
- The practice was a registered location for the Breastfeeding Welcome Scheme, which aims to facilitate greater acceptance and promotion of breastfeeding.
- The practice developed a 'tiered letter recall system' so that patients need only attend one annual review to address multiple health concerns.
- The practice referred patients to local community health improvement schemes. For example:
  - A scheme to help people with medical conditions such as diabetes and coronary heart disease (who are not normally active) to access a supported 12-week exercise programme. The scheme was run by Bath and North East Somerset Council in partnership with other local GP practices.
  - The Wellbeing College, to help with the management of their physical and mental health, and prevent long term conditions in the future.

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

Good

Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The provider encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on.
- Practice partners held an away day twice-yearly, to discuss issues such as management structure and partner responsibilities.
- There was a strong focus on continuous learning and improvement at all levels within the practice. The practice received an award from the National Institute for Health Research (NIHR), for consistently delivering its research findings to time and on target.
- The practice was observed by a team of experts by experience of disability, who use GP services, to improve the experience of patients with learning and other disabilities. The practice developed a quality check following the team's recommendations.
- St Chads Surgery helped to form a local organisation that works across the community to improve patient care through providing clinical (treatment and diagnostic) services to patients in a community setting.
- The practice participated in a study to understand patient's experiences of medically unexplained symptoms (MUS). Nine patients were referred to the practice's symptom management clinic and following clinical and psychological review, some reported improvements and changes to their daily routines.
- The practice collaborated with seven practices, to support patients who had been diagnosed with diabetes, heart failure or depression.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- Older patients with complex care needs or those at risk of hospital admissions had personalised care plans which were shared with local organisations to facilitate continuity of care.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- A carer's lead worked closely with district nurses, occupational therapists and social services agencies to avoid unplanned hospital admissions for older patients.
- The practice initiated the use of a recognised clinical measure of fitness and frailty in older people to assess their health needs.
- The practice offered home visits to review personalised care plans for older patients.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for patients with long-term conditions compared with national averages. For example, 79% of patients with asthma, on the register, had had an asthma review in the preceding 12 months, compared to the national average of 75%. The review included three patient-focused outcomes that act as a further prompt to review treatment.
- 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.
- The practice routinely offered longer appointments for patients with complex medical needs.

Summary of findings

- The practice identified patients at risk of developing diabetes and implemented changes that could help to delay or prevent the progression of this health condition.
- The practice developed a recall system so that patients need only attend one annual review to address multiple health concerns.
- The practice collaborated with seven practices, to support patients who had been diagnosed with diabetes, heart failure or depression.
- The practice referred patients to a scheme to help with medical conditions such as diabetes and coronary heart disease. The scheme enabled these patients (who are not normally active) to access a supported 12-week exercise programme.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. The practice assessed the capability of young patients using Gillick competencies. These competencies are an accepted means to determine whether a child is mature enough to make decisions for themselves.
- The percentage of women aged 25-64 whose notes record that a cervical screening test had been performed in the preceding five years was 85%, which was comparable to 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 worked to provide inclusive services for younger patients. For example, the practice was a centre for the 'C Card Scheme', which enabled teenagers to access free methods of contraception.
- The practice was a registered location for the Breastfeeding Welcome Scheme, which aims to facilitate greater acceptance and promotion of breastfeeding.

Summary of findings

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered extended hours appointments in the morning and evening with a GP and nurse, as well as Saturday appointments for one morning a month.
- Patients were able to book appointments and order repeat prescriptions online.
- The practice offered text reminders for appointments.
- Telephone appointments were offered where appropriate, as an alternative to face-to-face consultations.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice was proactive in ensuring that vulnerable patients who did not attend their scheduled appointments were contacted by the practice nurse, assessed and if necessary, booked for a same day appointment at the practice.

People experiencing poor mental health (including people with dementia)

Good

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

Summary of findings

- 80% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which compared with both the clinical commissioning group (CCG) average of 86% and national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their records in the preceding 12 months was 95%, which exceeded the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- Patients were referred to specialist mental health services that offer assessment and treatment when children and young people have emotional, behavioural or mental health difficulties.

Summary of findings

What people who use the service say

The latest national GP patient survey results were published in July 2016. The results showed the practice performance exceeded national averages. 220 survey forms were distributed and 122 were returned, representing around 1% of the practice's patient list. Results from the survey showed;

- 83% of patients found it easy to get through to the practice by telephone compared with the national average of 73%.
- 93% of patients were able to get an appointment to see or speak to someone the last time they tried compared with the national average of 85%.
- 95% of patients described the overall experience of their GP practice as good compared with the national average of 85%.
- 88% of patients said they would recommend their GP practice to someone who has just moved to the local area, compared with the national average of 80%.

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our visit. We reviewed 24 comment cards that we had received which were positive about the service provided by the practice. Patients described GPs and reception staff as being caring and respectful and also stated that staff had taken time to listen to their concerns. Patients told us they were given advice about their care and treatment which they understood and which met their needs. We spoke with four patients during the inspection who told us they were happy with the care they received and thought staff were approachable, committed and caring.

We looked at the latest submitted NHS Friends and Family Test results, where patients were asked if they would recommend the practice. The practice submitted data in 2016 which showed that 467 of 497 respondents (94%) would recommend the practice to family and friends, and 15 of 497 respondents (3%) would not recommend the practice.

Outstanding practice

We saw three areas of outstanding practice:

- There was a proactive approach to understanding the needs of different groups of people and to deliver care in a way that met these needs and promoted equality. St Chads Surgery identified patients at risk of developing diabetes who were not on the diabetes register, and implemented changes that could help to delay or prevent the progression of this health condition. Changes offered to patients included lifestyle interventions and annual blood testing. The practice identified 138 patients who were not on the diabetes register and the practice developed a new information technology template to record their needs.
- The practice developed a 'tiered letter recall system' so that patients need only attend one annual review to address multiple health concerns. For example, 783 patients with diagnoses of diabetes, chronic kidney disease and hypertension had these health issues addressed in a single annual review in the last year.
- In 2015 and 2016, the practice received an award from the National Institute for Health Research (NIHR). The reward recognised the practice for developing innovative models of recruitment, and for consistently delivering its research findings to time and on target.

St Chads Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and included a GP specialist advisor, and a second CQC inspector.

Background to St Chads Surgery

St Chads Surgery, known locally as St Chads and Chilcompton Surgery, is located in Midsomer Norton, a Somerset town around 10 miles south west of Bath. The practice has occupied its current, purpose-built facility since 1988 and is arranged over two floors. There are 14 GP consulting rooms on the ground floor along with two rooms for phlebotomy, two nurses rooms and a phone room situated away from the front reception desk. An administration office is located on the first floor, which can be accessed by stairs.

St Chads Surgery is one of 26 GP practices in the NHS Bath and North East Somerset Clinical Commissioning Group (CCG) area. The practice has around 12,572 registered patients, most of whom live within a two to three mile radius of the practice. The practice patient populations do not align with the England average for some age groups, thus giving an indication of the area's demographic profile. These deviations are most noticeable for all patient age groups between 20 and 39 years, which are below the England average; and all patient age groups from 65 years and upwards, which are above the England average.

96% of the practice population describes itself as white British, and around 2% as having a Black, Asian and Minority Ethnic background. A measure of deprivation in the local area recorded a score of 9, on a scale of 1-10. A higher score indicates a less deprived area. (Note: an area itself is not deprived, it is the circumstances and lifestyles of the people living there that affect its deprivation score. Not everyone living in a deprived area is deprived and not all deprived people live in deprived areas).

St Chads Surgery is the main site. There is a local branch practice around three miles away at Carter's Way. The branch practice was not inspected during this inspection. This report relates to the main location at Gullock Tyning. Most of the practice patients live within a five mile radius of the main or branch locations, and around 80% of the practice's patients are seen at the main site.

The practice team consists of seven GP partners (four male, three female) and two salaried GPs (both female). The nursing team consists of two nurse team leads, two research nurses and one senior nurse. There are two health care assistants (HCAs) and two phlebotomists, one of whom is working towards their Care Certificate.. The clinicians are supported by a practice manager and teams of receptionists, administrators and medical secretaries. The practice has a Personal Medical Services contract with NHS England (a locally agreed contract negotiated between NHS England and the practice).

The main practice (Gullock Tyning. BA3 2UH) is open from 8am to 6pm, Monday to Friday and the practice will take calls during these times. Routine GP appointments are available from 8.30am to 11am and from 2.30pm to 5.30pm, Monday to Friday. The practice provides extended hours appointments one morning per week, with a GP and a nurse from 7.30am to 8am. Extended hours appointments are provided on two evenings per week from 6.30pm to 7.30pm. The practice is open on one Saturday per month from 8am to 12pm, for pre-booked appointments. All appointments can be pre-booked up to six weeks in advance.

Detailed findings

The branch practice (Carter's Way. BA3 4XH) is open from 8am to 6pm, Monday to Friday and the practice will take calls during these times. Routine GP appointments are available from 8.30am to 11am and from 3pm to 5.30pm, Monday to Friday. The practice provides extended hours appointments one morning per week, with a GP and a nurse from 7.30am to 8am. Extended hours appointments are provided on two evenings per week at the branch practice from 6.30pm to 7.30pm. The practice is open on one Saturday per month from 8am to 12pm at the main location, for pre-booked appointments.

St Chads Surgery is a training and research practice. The practice currently has two registrars in their final year of a postgraduate medical training programme.

The practice has opted out of providing Out Of Hours services to its own patients. Outside of normal practice hours, patients can access NHS 111, and an Out Of Hours GP service is available. Information about the Out Of Hours service was available on the practice website, on the front door, in the patient registration pack, and as an answerphone message.

St Chads Surgery provides regulated activities from its main and branch locations. The main location address is Gullock Tyning, Midsomer Norton, Radstock BA3 2UH. The branch location address is Carter's Way, Chilcompton, Radstock BA3 4XH.

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

We reviewed a range of information we hold about the practice in advance of the inspection and asked other organisations to share what they knew. We carried out an announced visit on 23 November 2016. During our visit we:

- Spoke with a range of staff including three GPs, six nurses, two health care assistants, three administrative staff, and six patients who used the service;
- Observed how patients were being cared for and talked with carers and family members;
- Reviewed an anonymised sample of the personal care or treatment records of patients;
- Reviewed 24 Care Quality Commission comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. Discussions took place immediately following a significant event, at one of the regular clinical meetings. Information was cascaded to staff through circulated minutes. We saw evidence that lessons learnt were shared and action was taken to improve safety in the practice. For example, a patient who was seen by a GP then asked staff at the reception desk to check the practice's record of their personal details, because they believed that these were inaccurate. When the practice investigated the matter, it was discovered that another patient should have been booked to attend the previous appointment. The incident was discussed and the correct patient was added to the GP's list. The practice emphasised to staff the importance of checking a patient's name and date of birth at each stage of the booking and appointment process.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Practice staff had designed a template to record any concerns they may have about a patient's welfare. The completed template was then referred to the GP safeguarding lead, and acted as an additional assurance process.
- All staff had received the appropriate safeguarding training. A GP was the lead member of staff for safeguarding adults and children. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and adults relevant to their role. All GPs were trained to safeguarding level three and nursing staff to safeguarding level two. All non-clinical staff were trained to level one.
- A notice at the reception desk and in all the consulting rooms advised patients that chaperones were available if required. All staff who acted as chaperones had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A lead nurse was the infection control lead who, assisted by a practice GP with an interest in this area, liaised with the local infection prevention teams to keep up-to-date with current practice. There was an infection control protocol in place and staff had received up-to-date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical

commissioning group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.

- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs, and we saw evidence of this in a log book.
- We reviewed five 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.
- The practice occasionally used locum GPs due to holiday cover and sickness absences. We found that appropriate recruitment checks were in place.

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 which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

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

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98%, with 8% exception reporting overall. (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 exception rate for the clinical commissioning group was 11% and nationally was 10%).

This practice was not an outlier for any other QOF (or other national) clinical targets. Data from 2015-2016 showed:

- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 94%. This compared with the clinical commissioning group (CCG) average of 92% and exceeded the national average of 88%.
- The percentage of patients with high blood pressure having had regular blood pressure tests compared with local and national averages. For example, the percentage of patients with high blood pressure whose last blood pressure reading (measured in the preceding 12 months) was a satisfactory level was 89%, compared to the CCG average of 84% and national average of 84%.
- Performance for mental health related indicators was either better than or comparable with local and national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record in the preceding 12 months was 95%, compared to the CCG average of 92% and national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been seven clinical audits completed in the last year, two of which were completed second-cycle 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, the practice conducted an audit to review the numbers of patients with diabetes who attended the practice for an annual review of their medication, with the aim to ensure that all were seen at least once per year. The audit found that out of a total of 691 patients with diabetes, 24 had not been seen for over one year and that some of these patients had been difficult to engage for a variety of reasons. The practice now places an alert on patient records to increase the chances of an opportunistic review, telephones patients at different times of the day during extended hours surgeries, and reduces the time span of repeat medication scripts with a warning letter beforehand. Following re-audit, the practice found that 14 of the 24 patients had now been seen, with the practice anticipating a further reduction as some of the patients were booked in for their review.

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. They 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.

Good

Are services effective?

(for example, treatment is effective)

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes. For example, by accessing on-line resources and discussion at practice nurse 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.
- The practice nurses regularly attended multi-disciplinary team meetings to review patients' care.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way. For example, when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, those requiring advice on their diet, smoking and alcohol cessation and those aged over 75 years. Patients were then signposted to the relevant service.
- The practice nurses offered support with health and well-being issues for patients. We saw evidence that this support included self-managing a long term health condition or changing health behaviours.
- The percentage of women aged between 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was 85%, which was comparable with both the clinical commissioning group (CCG) average of 83% and the national average of 82%. The practice demonstrated how they encouraged uptake of the screening programme by using a system of alerts for those patients with an identified learning disability, by using information in different languages, and by ensuring that a female sample taker was available whenever possible. 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 following abnormal results.
- The practice also encouraged patients to attend national screening programmes for bowel and breast cancer screening. Bowel cancer screening rates in the

Good

Are services effective?

(for example, treatment is effective)

last 30 months for those patients aged between 60 and 69 years of age were 66%, which exceeded both the clinical commissioning group (CCG) average of 61% and the national average of 58%.

- Childhood immunisation rates were comparable with CCG averages. For example, vaccines given to under two year olds at the practice ranged from 94% to 98% compared with 94% to 97% for the CCG. Vaccines given to under five year olds at the practice ranged from 97% to 100% compared with the CCG range from 91% to 98%.

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. We saw evidence that 60% of patients (447) on the practice's register had had a health check in the last year, from a total of 748.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patient 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 and could offer them a private room to discuss their needs.
- Vulnerable patients who did not attend their scheduled appointments were contacted by a practice nurse, to check their welfare.
- We noted that the practice had installed an electronic booking-in system to speed up the process and help maintain patient privacy.

All of the 24 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful and caring, and treated them with dignity and respect. The practice proactively sought feedback from staff and patients, which it acted on. For example, following patient feedback, the practice increased the number of staff who answered the phones first thing in the morning. Staff remained logged on until peak demand had diminished.

Results from the national GP patient survey (July 2016) also showed patients felt they were treated with compassion, dignity and respect. The practice either compared with or exceeded local clinical commissioning group (CCG) and national averages for their 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 CCG average of 93% and national average of 89%.
- 88% of patients said the GP gave them enough time (CCG average 91%, national average 87%).
- 98% of patients said they had confidence and trust in the last GP they saw (CCG average 98%, national average 95%).
- 90% of patients said the last GP they spoke to was good at treating them with care and concern (national average 85%).
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern (national average 91%).
- 97% of patients said they found the receptionists at the practice helpful (CCG average 94%, national average 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 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 positive and aligned with these views.

Results from the national GP patient survey (January 2016) showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results either compared with or exceeded local and national averages. For example:

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the clinical commissioning group (CCG) average of 91% and national average of 86%.
- 86% of patients said the last GP they saw was good at involving them in decisions about their care (national average 82%).
- 95% of patients said the last nurse they saw was good at involving them in decisions about their care (national average 85%).

Staff told us translation services were available for patients who did not have English as a first language. As well as a hearing loop, interpreting and translation services were available for patients who were either deaf or had a hearing impairment. Practice leaflets could be made available in large print and Easy Read format, which makes information easier to access for patients with learning disabilities or visual impairments.

Patient and carer support to cope emotionally with care and treatment

Good

Are services caring?

- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 258 patients as carers (around 2% of the practice list). A member of staff acted as a carer's lead. The carer's lead established a direct link with the local care forum, and referred suitable patients for specialised advice and guidance.

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 or by giving them advice on how to find a support service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. For example, the practice was participating in a social prescribing scheme to support people who attend their GP surgery but did not necessarily require medical care. Social prescribing supported people with issues such as social isolation and coping with caring responsibilities, to connect to services and groups that could help improve their wellbeing and meet their wider needs.
- Home visits were available for patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- The practice system alerted staff to patients with a learning disability who would benefit from flexibility around length and times of appointments.
- Patients were able to receive travel vaccines available on the NHS. Those vaccines only available privately were referred to other clinics.
- Receptionists dealt with all queries both in person and on the phone, and were responsible for booking appointments.
- Patients with a long term condition were offered an annual review.
- We saw evidence that the practice was working to the Gold Standards Framework for those patients with end of life care needs. TheFramework is a model of good practice that is concerned with helping people live well until they die. The practice showed us examples of patients with completed advanced care plans and patients dying in their preferred place.
- The practice worked with other health professionals to minimise unnecessary hospital admissions.
- Patients were able to access the practice in ways to suit their needs. For example:
  - Patients could access the practice by telephone, and face to face.
  - The practice sent text reminders for appointments.
  - Telephone appointments were offered where appropriate, as an alternative to face-to-face consultations.
  - The practice offered extended morning and evening appointments during the week and on one Saturday morning a month, with a GP and nurse.
- The practice had a hearing loop and offered an interpreting service for patients who were either deaf, or had a hearing impairment. The practice also offered an interpreting service for patients whose first language was not English.
- The practice initiated the use of a recognised clinical measure of fitness and frailty in older people to assess their health needs.
- The practice worked to provide inclusive services for younger patients, such as being a centre for the 'C Card Scheme', which enabled teenagers to access free methods of contraception.
- The practice was a registered location for the Breastfeeding Welcome Scheme, which aims to facilitate greater acceptance and promotion of breastfeeding.
- The practice developed a 'tiered letter recall system' so that patients need only attend one annual review to address multiple health concerns. For example, 783 patients with diabetes, chronic kidney disease and hypertension had these health issues addressed in a single annual review in the last year.
- There was a proactive approach to understanding the needs of different groups of people and to deliver care in a way that met these needs and promoted equality. The practice identified patients at risk of developing diabetes who were not on the diabetes register, and implemented changes that could help to delay or prevent the progression of this health condition.
- The practice referred patients to local community health improvement schemes. For example:
  - A scheme to help people with medical conditions such as diabetes and coronary heart disease (who are not normally active) to access a supported 12-week exercise programme. The scheme was run by Bath and North East Somerset Council in partnership with other local GP practices.
  - The Wellbeing College, to help with the management of their physical and mental health, and prevent long term conditions in the future.
- The practice worked to provide inclusive services for younger patients. For example, Patients were referred to specialist mental health services that offer assessment and treatment when children and young people have emotional, behavioural or mental health difficulties.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- The practice was proactive in tailoring services to meet patients' needs. For example, the practice hosted a talking therapy service for patients who had experienced bereavement, were carers, or were experiencing mental health issues. The service was funded by the local clinical commissioning group (CCG) and was available on referral.

Access to the service

The main practice (Gullock Tyning. BA3 2UH) was open from 8am to 6pm, Monday to Friday and the practice took calls during these times. Routine GP appointments were available from 8.30am to 11am and from 3pm to 5.30pm, Monday to Friday. The practice provided extended hours appointments one morning per week, with a GP and a nurse from 7.30am to 8am. Extended hours appointments were provided on two evenings per week at the branch practice from 6.30pm to 7.30pm. The practice was open on one Saturday per month from 8am to 12pm at the main location, for pre-booked appointments. All appointments could be pre-booked up to six weeks in advance.

The branch practice (Carter's Way. BA3 4XH) was open from 8am to 6pm, Monday to Friday and the practice took calls during these times. Routine GP appointments were available from 8.30am to 11am and from 3pm to 5.30pm, Monday to Friday. The practice provided extended hours appointments one morning per week, with a GP and a nurse from 7.30am to 8am. Extended hours appointments were provided on two evenings per week from 6.30pm to 7.30pm. The practice was open on one Saturday per month from 8am to 12pm, for pre-booked appointments. All appointments could be pre-booked up to six weeks in advance.

The practice had opted out of providing Out Of Hours services to its own patients. Outside of normal practice hours, patients could access NHS 111, and an Out Of Hours GP service was available. Information about the Out Of Hours service was available on the practice website, on the front door, in the patient registration pack, and as an answerphone message.

Results from the latest national GP patient survey (July 2016) showed that patient satisfaction with how they could access care and treatment was either comparable with or exceeded local and national averages. For example:

- 80% of patients were satisfied with the practice's opening hours compared to the national average of 76%.
- 83% of patients said they could get through easily to the practice by phone (national average 73%).
- 75% of patients said they usually get to see or speak to the GP they prefer (CCG average 64% and national average 59%).
- 93% of patients were able to get an appointment to see or speak to someone the last time they tried compared with the national average of 85%.

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

Listening and learning from concerns and complaints

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

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the 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, through feedback forms available at reception and in the waiting area, and comment cards on the practice website. A Friends and Family Test suggestion box and a patient suggestion box were available within the patient waiting area which invited patients to provide feedback on the service provided, including complaints.

We looked at the four complaints received by the practice in 2016. These were discussed and reviewed, and learning points shared with relevant staff. We saw that they were handled and dealt with in a timely way. Complaints were a standing agenda item at monthly staff meetings. We saw evidence of lessons learnt from patient complaints and action taken to improve the quality of care. For example, a patient who had spent some time waiting for a nurse appointment was eventually informed that the nurse was absent due to illness. The patient believed that they should have been informed about the absence prior to their arrival at the practice. The practice spoke to the patient and explained that contact had been attempted without success. As well as a formal apology to the patient, the practice has now changed its processes. If a patient is not contactable for whatever reason, they will be unable to

Good

Are services responsive to people's needs?

(for example, to feedback?)

self-check themselves in and must come to the reception desk to rearrange their appointment or be assigned to another nurse. The practice also made assurances to the patient regarding improving processes when staff are taken ill at short notice.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. The practice mission was 'to deliver holistic care.'
- The practice had a strategy and supporting business plans which reflected the vision and values and was 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:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were 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 prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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

When there were unexpected or unintended safety incidents:

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

There was a clear leadership structure in place and staff felt supported by management. The practice manager was described as engaged, professional, dynamic and extremely competent in their role.

- Staff told us that partners meetings and multi-disciplinary team meetings were held weekly.
- Practice partners held an away day twice-yearly, to discuss issues such as management structure and partner responsibilities.
- 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. 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. For example, staff redesigned forms that patients complete at the reception desk and set up a data log to record fridge temperatures.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. PPG members raised funds to pay for display boards for the practice and has organised a series of biennial lectures on medical issues. We also looked at the latest submitted NHS Friends and Family Test results, where patients were asked if they would recommend the practice. The practice submitted data in

Are services well-led?

Good

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

2016 which showed that 467 of 497 respondents (94%) would recommend the practice to family and friends, and 15 of 497 respondents (3%) would not recommend the practice.

Continuous improvement:

There was a strong focus on continuous learning and improvement at all levels within the practice.

In 2015 and 2016, the practice received an award from the National Institute for Health Research (NIHR). The reward recognised the practice for developing innovative models of recruitment, and for consistently delivering its research findings to time and on target.

St Chads Surgery acts as a teaching and training practice for junior doctors and currently had two registrars in their final year of a postgraduate medical training programme.

Innovative approaches were used to gather feedback from people who use services and the public, including people in different equality groups. For example, the practice was observed by a team of experts by experience of disability, who use GP services, to improve the experience of patients with learning and other disabilities. The practice developed a quality check following the team's recommendations.

A systematic approach was taken to working with other organisations to improve care outcomes, tackle health inequalities and obtain best value for money. For example:

- St Chads Surgery is among a number of GP practices that formed the Bath Enhanced Medical Services (BEMS) group. BEMS is a local not-for-profit organisation that works across the community to improve patient care through providing clinical (treatment and diagnostic) services to patients in a community setting. The service aims to offer patients a choice of locations and a shorter waiting time.
- The practice participated in a study to understand patient experiences of medically unexplained symptoms (MUS). The study recognised that patients with MUS were frequent attenders at GP practices and sought to investigate the cost and impact on patients and GPs. Nine patients were referred to the practice's symptom management clinic and following clinical and psychological review, some reported improvements and changes to their daily routines.
- The practice collaborated with seven practices in the locality under the banner of the Bath Area Research Organisation Network (BARONET). BARONET works with and supports patients who have been diagnosed with diabetes, heart failure or depression.