

Westfield Surgery

Quality Report

Waterford Park
Radstock
Bath and North East Somerset
BA3 3UJ
Tel: 01761436333
Website: www.westfieldsurgery.co.uk

Date of inspection visit: 7 April 2016
Date of publication: 07/06/2016

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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	11
Background to Westfield Surgery	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	23

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Westfield Surgery on 7 April 2016. Overall the practice is rated as requires improvement.

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

- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- 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.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, reviews and investigations were discussed but lessons learnt were not shared to support improvement.
- The practice had a number of policies and procedures to govern activity, but some were overdue a review.
- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not robust, for example a legionella assessment had not been completed.
- Not all staff had received mandatory training, for example, fire safety training and information governance.
- There was a limited approach to obtaining the views of people who use the services and other stakeholders.
- To promote team working and an appreciation of total practice working the GPs had initiated a day where the administrative staff attended an away day and the GPs ran the practice for the day. This had led to the GPs appreciating the challenges that reception staff faced and changing practice systems around appointments.

Summary of findings

The areas where the provider must make improvements are:

- Ensure risk assessments across a number of areas are completed and reviewed to ensure the identification, recording and management of risks.
- Ensure all staff receive mandatory training and that all staff have had an appraisal.
- Review governance arrangements for policies and procedures, to include storage of blank prescriptions,

the sharing of learns following significant events to support, the management of risks, improvement, seeking and acting on the views of service users and a business continuity plan for major incidents.

In addition the provider should:

- Review and update procedures and guidance with regard to training and policies of chaperone duties.
- The practice should ensure more effective identification of patients who are also carers.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. When things went wrong we saw evidence that these were discussed, however lessons learned were not communicated widely enough to support improvement.
- Risks to patients who used services were not always assessed, for example risks associated with legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings). The systems and processes to address these risks were not implemented well enough to ensure patients and staff were kept safe.
- The practice did not have a robust system for the security of handwritten blank prescriptions. They were kept in an unlocked cupboard and there was no system in place to track prescription movement and serial numbers.
- Administrative staff were performing chaperone duties but had received no training and were not following recommended guidelines.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Staff delivered effective care and treatment, however governance arrangements did not ensure staff had received up to date training in some areas, for example, the Mental Capacity Act.
- Not all staff had received regular appraisals.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

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

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 (CCG) to secure improvements to services where these were identified. For example, a GP in the practice had worked with other local practices and the CCG and initiated a forward weekend planning initiative to avoid hospital admission.
- 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.
- Patients could get information about how to complain in a format they could understand.

Are services well-led?

The practice is rated as requires improvement for being well-led.

Requires improvement



- The practice had systems in place for notifiable safety incidents; however there was no evidence of shared learning and actions taken, for the complaints and significant events we looked at.
- There was a limited approach to obtaining the views of people who used the services and other stakeholders.
- The practice had a number of policies and procedures to govern activity, but some of these were overdue a review.
- All staff had received inductions but not all staff had received regular performance reviews.
- The governance arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not robust. For example the practice had failed to ensure that the nurses had adequate indemnity insurance.
- Not all staff had received mandatory training on a regular basis, for example, fire safety training and information governance.

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.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.

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 provider was rated as requires improvement for safety and for well led and good for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- All patients in this group had a named GP.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice worked effectively with a health visitor for older people and Age UK to ensure needs were met.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for safety, well-led and good for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (04/2014 to 03/2015) was 93% compared to a national average of 88%.
- 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.

Requires improvement



Families, children and young people

The provider was rated as requires improvement for safety, well-led and good for effective, caring and responsive.. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

Requires improvement



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 89% which was comparable to the CCG average of 82% and the national average of 74%.
- 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.

Working age people (including those recently retired and students)

The provider was rated as requires improvement for safety, well-led and good for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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.

Requires improvement



People whose circumstances may make them vulnerable

The provider was rated as requires improvement for safety, well-led and good for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Requires improvement



Summary of findings

- 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 provider was rated as requires improvement for safety, well-led and good for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had 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.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line or above local and national averages. Three hundred and one survey forms were distributed and 122 were returned. This represented 41% response rate and 2.7% of the practice's patient list.

- 88% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 94% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 73%.
- 92% of patients described the overall experience of this GP practice as good compared to the national average of 92%.

- 90% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards which were positive about the standard of care received. Many commented on the polite and professional staff at the practice and the excellent service they had received.

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

Areas for improvement

Action the service **MUST** take to improve

- Ensure risk assessments across a number of areas are completed and reviewed to ensure the identification, recording and management of risks.
- Ensure all staff receive mandatory training and that all staff have had an appraisal.
- Review governance arrangements for policies and procedures, to include storage of blank prescriptions,

the sharing of learns following significant events to support, the management of risks, improvement, seeking and acting on the views of service users and a business continuity plan for major incidents.

Action the service **SHOULD** take to improve

- Review and update procedures and guidance with regard to training and policies of chaperone duties.
- The practice should ensure more effective identification of patients who are also carers.

Westfield Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Westfield Surgery

Westfield Surgery is located in Radstock which is close to Bath. The practice is part of the Bath and North East Somerset Clinical Commissioning Group and has approximately 4,500 registered patients.

The practice has a higher than average patient population in the age groups 40 to 55 years and 15 to 25 years. It has a lower than average population in the over 55 years age group. The area the practice serves has relatively low numbers of patients from different cultural backgrounds and is in the low range for deprivation nationally.

The practice is managed by three GP partners, two male and one female and supported by one female salaried GP, as well as two practice nurses, a healthcare assistant and an administrative team led by the practice manager. Westfield Surgery is a training practice providing placements for GP registrars and medical students.

The practice is open between 8am and 6pm Monday to Friday. Appointments are available from 9am to 11am every morning and from 3.50pm to 5.50pm every afternoon. Extended surgery hours are offered 5.50pm to 6.50pm once a week, on either a Tuesday, Wednesday, Thursday or Friday, on a rotational basis and Saturday

mornings between 8.30am and 10.30am once a month. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments are also available for patients that need them.

When the practice is closed patients are advised, via the practice website and an answerphone message, to ring the NHS 111 service for advice and guidance. Out of hours services are provided by Bath and North East Somerset Doctors urgent care (BDUC).

The practice has a Primary Medical Services contract to deliver health care services; the contract includes enhanced services such as minor surgery and childhood vaccines. This contract acts as the basis for arrangements between the local NHS Commissioning Board and providers of general medical services in England.

Westfield Surgery is registered to provide services from the following location:

Waterford Park, Radstock, Bath and North East Somerset, BA3 3UJ.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 7 April 2016. During our visit we:

- Spoke with a range of staff, including three GPs, a healthcare assistant, the practice manager, three members of the administrative team and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports and patient safety alerts. We saw evidence that these were discussed in minutes of GP meetings; however we saw no evidence that lessons learned were shared widely and that actions were taken to improve safety in the practice.

Overview of safety systems and processes

- Administrative staff were performing chaperone duties but had received no training and were not following recommended guidelines as they stood outside of the curtained area.
- The practice did not have a robust system for the security of handwritten blank prescriptions. They were kept in an unlocked cupboard in the reception and GPs carried prescription pads in their medical bags. The practice had no system in place to track prescription movement and serial numbers.

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended

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

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (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 pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific direction or prescription when a doctor or nurse were on the premises.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of

Are services safe?

identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were not always assessed and well managed.

- 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. However we found a number of these were not dated and had not been reviewed, for example, storage of liquid nitrogen. Risk assessments had not been completed for, mercury spills, non cleaning products governed by the control of substances hazardous to health (CoSHH) legislation or legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings).

However:

- 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.
- Electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

- GPs and nurses had received annual basic life support training but not all administrative staff had received training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. We were told this was checked on a regular basis but the practice had no evidence of this. A first aid kit and accident book were available.
- The practice did not have a comprehensive business continuity plan in place for major incidents such as power failure or building damage.

The practice had 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.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For example, the practice had audited patients on a medicine, which if used in combination with a medicine used to treat urinary infections could cause kidney problems. Patients who were at potential risk were identified, had their medicines changed and a protocol put in place to ensure these combinations of medicines were not used in the future.

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% of the total number of points available. We found some areas to have higher exception reporting when compared to local and national figures. (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).

- Diabetes exception reporting for 2014 - 2015 was 21%, compared to a clinical commissioning group (CCG) average of 12% and a national average of 11%. This was discussed with the practice during the inspection. The practice had recognised the high exception rating and had been proactive in addressing the issue over the last 12 months. Data from the practice showed that the number of patients diagnosed with diabetes excepted

had reduced from 27 patients (2014-2015) to nine patients (2015-2016). This meant that the latest exception rating had been reduced to 5.6% by the practice.

- Dementia exception reporting for 2014 - 2015 was 25% compared to a CCG average of 10% and a national average of 8%. We saw evidence that there were coding issues relating to dementia which the practice was working to resolve.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed:

- Performance for diabetes related indicators was similar to the CCG and national average. The percentage of patients with diabetes, on the register, in whom the last blood test was within the target range in the preceding 12 months (04/2014 to 03/2015) was 79% compared to a national average of 76%.
- Performance for mental health related indicators was similar to the national average. The percentage of patients with a serious mental health condition who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (04/2014 to 03/2015) was 100% compared to the national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits completed in the last two years. Two of these were a completed audit 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 audited registered patients with a diagnosis of coeliac disease (a disease which leads to difficulty in digesting food) to assess the level of care they were receiving. A decision was taken to provide training for the nurse in coeliac disease and invite all patients for an annual review of their condition.

Effective staffing

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

- The governance arrangements in place did not ensure the learning needs of staff were identified through a

Are services effective?

(for example, treatment is effective)

system of appraisals, meetings and reviews of practice development needs. Nurses had received regular appraisals but no administrative staff had received appraisals. There were a number of areas where staff had not received training appropriate to their roles including: fire safety awareness, basic life support, mental capacity act and information governance. The practice were aware of this and were in the process of initiating the use of e-learning training modules and in-house training.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. The nurses had undertaken additional training in diabetes and respiratory conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

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 regular basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation .Patients were signposted to the relevant service. For example, the practice was proactive in identifying patients with weight problems and referred them for three months of free weight loss classes.
- Smoking cessation advice and a physiotherapy service was available on the premises.

The practice's uptake for the cervical screening programme was 89% which was above the CCG average of 82%. and the national average of 74%. 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. Uptake of breast cancer screening in the last 36 months was 77% compared to a CCG average of 75%.

Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccines given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 90% to 100%, compared to a CCG average of 82% to 96%, and five year olds from 96% to 100% compared to a CCG average of 92% to 97%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 20 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.

The practice had an online patient participation group. We were able to speak with two members on the telephone. 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 comparable to the clinical commissioning group (CCG) and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

For example:

- 91% of patients said the GP was good at listening to them compared to the CCG average of 92% and the national average of 88%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 92% and the national average of 87%.

- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 93% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 90%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 93% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the national average of 86%.
- 86% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 23 patients as carers (0.5% of the practice list). This was lower than the national average, however the practice had a lower than average population of the over 55 years age group. To identify carers, all new patients registering were asked if they were a carer. Written information was available to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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. A GP in the practice had worked with other local practices and the CCG and initiated a forward weekend planning initiative. If GPs had concerns regarding deterioration of a patient's health over the weekend when the practice was closed, appointments could be made for them at the local hospital with the Bath Emergency Medical Service for their health to be reviewed. This had meant that patients who otherwise would have needed admission to hospital could remain at home.

- The practice offered a 'Commuter's Clinic' between 5.50pm and 6.50pm once a week, on either a Tuesday Wednesday, Thursday or Friday evening on a rotational basis and Saturday mornings between 8.30am and 10.30am once a month for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, 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 9am to 11am every morning and 3.50pm to 5.50pm daily. Extended hours appointments were offered at the following times; 5.50pm

to 6.50pm once a week, on either a Tuesday Wednesday, Thursday or Friday and Saturday mornings between 8.30am and 10.30am once a month. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 83% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 88% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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 a system in place for handling complaints and concerns.

- We saw that information was available to help patients understand the complaints system on the practice's website. However, there was no information regarding this in the practice leaflet or displayed within the practice.
- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

We looked at two complaints received in the last 12 months and found these were satisfactorily dealt with in a timely way, with openness and transparency. However, there was no evidence of a discussion or shared learning around either of these complaints.

Are services well-led?

Requires improvement 

(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 and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values.

Governance arrangements

The arrangements for governance and performance management did not always operate effectively. There had been no recent review of governance arrangements.

- Practice specific policies were available to all staff; however these were not reviewed on a regular basis.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not robust. For example:

- Administrative staff were performing chaperone duties but had received no training and were not following recommended guidelines.
- The practice did not have a robust system for the security of handwritten blank prescriptions.
- Risk assessments had not been completed for, mercury spills, non cleaning products governed by the control of substances hazardous to health (CoSHH) legislation or legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The cleaner who was privately employed by the practice had received no training in the control of hazardous substances such as cleaning products and the practice had not taken steps to ensure the cleaner was protected from infectious diseases, for example hepatitis B.

- The practice had failed to ensure that the nurses had adequate indemnity insurance. We received post inspection evidence that this had now been put into place.
- All staff had received inductions but not all staff had received regular performance reviews.
- Not all staff had received recommended training. For example, fire safety training and information governance.
- The practice had only identified 0.5% of its patient population as carers which was significantly lower than the national average.
- The practice did not have a comprehensive business continuity plan in place for major incidents such as power failure or building damage.

Leadership and culture

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

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

The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology. The practice kept written records of verbal interactions as well as written correspondence. However there was no evidence that lessons learnt from significant events and complaints were shared widely to drive improvement.

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

- Staff told us the practice held regular team meetings.

Are services well-led?

Requires improvement 

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

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
 - Staff said they felt respected, valued and supported, particularly by the partners in the practice. The partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. For example, the GPs had initiated a day where the administrative staff attended an away day and the GPs ran the practice for the day. This had led to the GPs appreciating the challenges that reception staff faced and changing practice systems around appointments.
 - All staff had received inductions but not all staff had received regular performance reviews.
 - The practice had gathered feedback from patients through the patient participation group (PPG). We spoke with two members of the PPG group who told us that they had been a member of the online group for two years. In that time the group had been contacted three times asking for a short survey to be completed.
 - The practice had gathered feedback from staff through meetings and general discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example a member of staff identified that referrals were not being processed as quickly as they could be because the referral service required up to date blood pressure and weight readings to be recorded. GPs were asked to ensure that this was in place prior to asking the administrative team to make the referrals. This was implemented promptly. Staff told us they felt involved and engaged to improve how the practice was run.
- Seeking and acting on feedback from patients, the public and staff**

There was a limited approach to obtaining the views of people who use the services and other stakeholders. Feedback was not always reported on or acted on in a timely way.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users.</p> <p>Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include:</p> <p>Assessing the risks to the health and safety of service users of receiving the care and treatment.</p> <p>Doing all that is reasonably practicable to mitigate any such risks.</p> <p>How the regulation was not being met:</p> <p>The registered provider had failed to identify, manage and review risks relating to legionella and hazardous substances, such as cleaning products and mercury spillage.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed.</p> <p>The things a registered person must do to comply with the regulation include :</p> <p>Persons employed by the service provider in the provision of a regulated activity must receive such appropriate training professional development, supervision and appraisal as is necessary for them to carry out the duties they are employed to perform.</p>

Requirement notices

How the regulation was not being met:

The registered provider had failed to ensure that all staff had received training in fire safety, basic life support and information governance.

The registered provider had failed to ensure that all staff had received appraisals.

This was in breach of regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include:

Assess, monitor and improve the quality and safety of the services provided in the carrying on of a regulated activity (including the quality of the experience of service users in receiving those services)

How the regulation was not being met:

The registered provider had failed to:

- Maintain and monitor the security of blank prescriptions.
- Ensure lessons learnt from significant events and complaints were shared to drive improvement.
- Actively seek the views of a wide range of stakeholders including service users and to use information to make improvements and demonstrate they have been made.
- To have a comprehensive business continuity plan in place.
- Monitor and implement mandatory training for staff.
- Ensure risk assessments were completed and monitored.

This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.