

Dr Vera Austin

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Vera Austin on 27 April 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with a very caring personalised service, 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.
- There was a clear leadership structure and staff felt supported by management. The practice had been through some uncertainty as negotiations had been held relating to mergers. These discussions were ongoing which had impacted on the practice over the previous year. The practice valued the personalised service they delivered and were working to maintain this ethos and sustain this while meeting the changes required to continue to provide a primary care service.
- 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.

The areas where the provider should make improvement are:

- Ensure all staff have regular appraisals.

Summary of findings

- The practice should seek to improve the support of patients with mental health related conditions.
- The practice should seek to improve the number of patients having health screening.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- 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 systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were mostly in line with local and national average.
- The practice team reviewed the patient outcomes and had addressed areas where data showed areas that were lower than local averages, for example an audit with improved outcomes relating to antibiotic prescribing had been undertaken. Areas for action had been identified for the current year.
- Performance for diabetes related indicators were mixed compared to the national average. The practice was aware of this and working with the diabetic specialist nurse to ensure these patients were reviewed this year.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



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.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example the practice was working with a pharmacist and a diabetes specialist nurse to review treatment options and ensure best practice was in place for patients.
- The practice offered extended hours every Thursday evening and three Tuesday evenings a month from 6pm to 7pm for working patients who could not attend during normal opening hours.
- There were longer appointments available daily for patients with complex health needs and/or a learning disability.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff across the whole team.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- The practice had a culture and ethos to provide a family style, personalised GP service and all staff valued this culture.

Good



Summary of findings

- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored. The practice had been involved in negotiations to merge with other local practices.
- The practice had a governance framework which supported the delivery of the strategy and good quality care.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of 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.
- 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offered a personalised caring service.
- We saw care plans were in place and shared as appropriate with the relevant agencies to ensure continuity of care.

Good



People with long term conditions

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

- GPs had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with high blood pressure whose blood pressure was in the target range (2014/15) was 76% which was below the national average of 84%.
- The percentage of patients with COPD (a range of chronic lung conditions) who had a review of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (2014/15) was 93% which was higher than the national average of 90%.
- Performance for diabetes related indicators were mixed compared to the national average. The practice was aware of this and working with the diabetic specialist nurse to ensure these patients were reviewed this year.
- The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March (2014 /15) was 100% which was higher than the national average of 94%.
- The percentage of patients with diabetes, on the register, in whom the blood test was in the target range in the preceding 12 months (2014/15) was 74% which was lower than the national average of 78%
- Longer appointments and home visits were available when needed.

Good



Summary of findings

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

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young patients who had a high number of A&E attendances. Immunisation rates were high for all standard childhood immunisations for the under 2 year olds, but lower than the local average for the under 5s. The practice had appropriate measures in place to address this.
- Patients told us that children and young patients 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 88%, which was higher than 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 and health visitors.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered telephone consultations and telephone automated appointment bookings. The practice offered extended hours appointments.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

Good



Summary of findings

- 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 complex needs and those 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

People experiencing poor mental health (including people with dementia)

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

- Performance for mental health related indicators were mixed in comparison to the national averages:
- The percentage of patients with a serious mental health problem who have a comprehensive, agreed care plan documented in their record in the preceding 12 months (2014/15) was 82% which was lower than the national average of 88%.
- The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (2014/15) was 98% which was higher than the national average of 94%.
- 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. 89% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was higher than the national average of 84%.
- 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.

Good



Summary of findings

- The practice had a good individual knowledge of their patients and those that did not attend for an appointment were followed up with a phone call.

Summary of findings

What people who use the service say

The national GP patient survey results were published on January 2016. The results showed the practice was performing in line with local and national averages. The GP survey distributed 299 survey forms and 109 were returned. This represented 3.3% of the practice's patient list.

- 98% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 91% and the national average of 73%.
- 95% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 90% and the national average of 76%.
- 93% of patients described the overall experience of this GP practice as good compared to the CCG average of 92% and the national average of 85%.
- 85% 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 38 patient Care Quality Commission comment cards all of which were extremely positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, very caring and treated them with dignity and respect.

Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Many of the cards commented on how supported they felt and that they were listened to.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The friends and family test data from the last 12 months also showed high levels of patient satisfaction for example: 92% of patients were extremely likely to recommend the practice, 7% were likely to recommend the practice to friends and family, (1% were extremely unlikely). This was supported by 94% felt the practice was good at listening, 95% felt the practice was good at explaining care and treatment and 95% rated their overall experience of making an appointment as good.

Areas for improvement

Action the service SHOULD take to improve

- Ensure all staff have regular appraisals.
- The practice should seek to improve the support of patients with mental health related conditions.
- The practice should seek to improve the number of patients having health screening.

Dr Vera Austin

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.

Background to Dr Vera Austin

Dr Vera Austin is known locally as Monmouth Surgery. The practice has a registered population of approximately 3,300 patients. The practice is close to the centre of the city of Bath, its proximity to the centre of the city means good transport links but very limited parking. The practice moved in to its current building in 2011. The practice was originally (approximately 30 years ago) formed when a GP from the west of Bath moved to work in the city centre and a cohort of patients followed the GP and registered with the new practice.

The practice works hard to retain a family friendly personalised service.

The practice has some areas of higher than average social deprivation. The practice population reflects the local and national average in demographics except for a higher than average number of patients between the ages of 25 to 35 and slightly lower than average number of under 20 year olds.

The practice has two GPs both female; one full time and one part time (two thirds of a whole time equivalent). The practice has a current long term male locum. The practice has tried to ensure access to a male GP is available.

The GPs are supported by two part time practice nurses who provide a nursing service over the five days, and a management, administration and reception team of six

part time staff, providing the equivalent of four whole time equivalents. Due to the size of the team the reception and administration team provide a dual role for cover and resilience.

The practice is open between 8am and 6pm Monday to Friday, although open until 7 pm when extended hours are available. Appointments are available from 8.30am to 12pm every morning and 15:30 to 5.10pm daily although this varied slightly per day. Extended hours appointments are offered from 6pm to 7pm for 3 Tuesdays a month and from 6pm to 7pm every Thursday. 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.

The Bath and North East Somerset area have a local agreement for the out of hours cover to commence at 6pm.

When the practice is closed the out of hours care is provided by Bath Doctors Urgent Care accessed via NHS 111.

The regulated activities the practice provides are located at;

8 Monmouth place,

Bath.

BA1 2AU

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

Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

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

- Spoke with a range of staff including the two GPs, one of the practice nurse team and five of the practice management reception and administration team.
- We spoke with patients who used the service and a member of the patient participation group.
- 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, 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. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a patient's referral to a service for assessment was delayed as an alternative provider had taken over the service. The practice reviewed the incident and learning was shared across the team. The practice also conducted an audit of referrals to ensure the correct process and procedures were in place.

Overview of safety systems and processes

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

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

provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs 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 were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (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 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 (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (A PGD is a written instruction, from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis).
- 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 assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the staff area which identified local health and safety representatives. The practice had up to date fire risk assessments and all the staff were aware of their actions in the event of a fire. 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). A number of these risk assessments were being reviewed due to the recent change in practice management. This had meant some policies were not easily accessible for staff on the computer system, however all staff knew where to access the information or who to ask if support was needed.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice team all provided cover for each other where required.

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.
- Emergency medicines had recently been reviewed and a wider range had been ordered. We saw an appropriate range of emergency medicines had been ordered, and we saw the secure location that they would be stored within.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.
- The practice had arrangements with other local health providers to support care for patients in the event of any interruption to the care at the surgery.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes 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 91.1% of the total number of points available for 2014/2015.

We had noted the practice had higher than average exceptions (from the 2014/15 data) in the clinical domains of asthma, depression, blood pressure and in the use of certain antibiotics. We looked into this during the inspection, we found the practice had already identified the issues relating to antibiotics and had audited their prescribing in this area. This had already resulted in a reduction, which had been sustained across this current year (2015/16). The higher exception in blood pressure had also been identified and was an ongoing action for the current year. As part of the inspection we looked into the other areas which showed higher than average exception reporting and found that the care in place was safe and appropriate and the correct follow up was in place to engage with non-attenders.

Data from 2014/15 showed:

- Performance for diabetes related indicators were mixed compared to the national average. The practice was aware of this and working with the diabetic specialist nurse to ensure these patients were reviewed this year.

- The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March (2014 /15) was 100% which was higher than the national average of 94%.
- The percentage of patients with diabetes, on the register, in whom the blood test was in the target range in the preceding 12 months (2014/15) was 74% which was lower than the national average of 78%
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was in the target range (2014/15) was 82% which was higher than the national average of 78%.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (2014/15) was 93% which was higher than the national average of 88%.
- The percentage of patients with high blood pressure whose blood pressure was in the target range (2014/15) was 76% which was below the national average of 84%.
- The percentage of patients with COPD (a range of chronic lung conditions) who had a review of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (2014/15) was 93% which was higher than the national average of 90%.

Performance for mental health related indicators were mixed in comparison to the national averages:

- The percentage of patients with a serious mental health problem who have a comprehensive, agreed care plan documented in their record in the preceding 12 months (2014/15) was 82% which was lower than the national average of 88%.
- The percentage of patients with a serious mental health problem whose alcohol consumption has been recorded in the preceding 12 months (2014/15) was 67% which was significantly lower than the national average of 90%.
- The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (2014/15) was 98% which was higher than the national average of 94%.

Are services effective?

(for example, treatment is effective)

- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months (2014/15) was 89% which was higher than the national average of 84%.

There was evidence of quality improvement including clinical audit.

- We saw four clinical audits undertaken in the last two years; one of these was 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, monitoring data high lighted a variation in the type of antibiotic the practice prescribed. The practice worked hard to improve its antibiotic preference prescribing and is now in line with other practices within the locality.

Information about patients' outcomes was used to make improvements.

The practice reviewed the care and any learning from any significant events that occurred, to ensure the best practice was in place and share any changes needed. For example one review noted a need to liaise with a specialist hospital consultant to ensure the most recent clinical guidelines are followed, the learning from this was shared across the clinical team.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- 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 local group practice forums and meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and facilitation and support for revalidation of nurses and GPs. Most of the staff had received an appraisal within the last 12 months; two which were overdue had been planned for the week before our inspection but had been rescheduled.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- 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 patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young patients, staff carried out assessments of capacity to consent in line with relevant guidance.

Are services effective?

(for example, treatment is effective)

- 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. Patients were signposted to the relevant service.
- Smoking cessation advice was available from the practice nurse team and a local support group.

The practice's uptake for the cervical screening programme was 88%, which was higher than the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

The practice's percentage of eligible women who had breast cancer screening in the last 36 months was 67%

which was lower than the CCG average of 76%. The percentage of eligible patients who had bowel screening in the last 30 months was 60% which was lower than the CCG average of 75%. However uptake for those women invited for breast screening who undertook the screening within six months was 100% compared to the CCG average of 74%. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages for the under two year olds. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 86% to 97% compared to the CCG range of 83% to 98%. However the rates for under five year olds were below the CCG averages, the practice range for under five year olds was from 67% to 88% compared to the CCG range from 91% to 97%. We noted the rates for under five year olds was lower than average and looked into this during our inspection, we found the practice had good systems in place for following up those that did not attend, referrals were made were appropriate to the health visitors.

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

We spoke with one member of the patient participation group (PPG). They also told us they were highly satisfied with the care provided by the practice and said their dignity and privacy was respected, care was excellent and very friendly and personalised. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Many of the cards commented on how supported they felt and that they were listened to.

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

- 89% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 97% say the last nurse they saw or spoke to was good at listening to them compared to the CCG average of 93% and the national average of 91%.

- 96% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 96% say the last nurse they saw or spoke to was good at giving them enough time compared to the CCG average of 94% and the national average of 92%.
- 97% 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%.
- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 85%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 94% 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. All the patients we spoke to felt they had good time given to them in appointments and never felt rushed. 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:

- 83% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 85% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 82%.

Are services caring?

- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%

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

- Staff told us that translation services were available for patients who did not have English as a first language. The practice provided care for many of Bath's Portuguese speaking patients as one of the GPs spoke Portuguese.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 42 patients as carers (1.3% of the practice list). Any identified carers were signposted to carer's centres or support services as required and information leaflets were 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 sent them a sympathy card and contacting them to offer care and support. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs if required, 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

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 working with a pharmacist and a diabetes specialist nurse to review treatment options and ensure best practice was in place for patients diagnosed with diabetes.

- The practice offered extended hours every Thursday evening and three Tuesday evenings a month from 6pm to 7pm for working patients who could not attend during normal opening hours.
- There were longer appointments available daily for patients with complex health needs and/or 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.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had received feedback from patients that it valued the personalised service the patients received from the practice. The practice ethos and culture were considered, including the impact on the staff team and the patients when considering options for the future. The practice was looking at ways to sustain the personalised service in the future in light of the challenges to the provision of primary care.

Access to the service

The practice was open between 8am and 6pm Monday to Friday, although open until 7 pm when extended hours were available. Appointments were from 8.30am to 12pm every morning and 15:30 to 5:10pm daily (although this varied slightly per day). Extended hours appointments were offered from 6pm to 7pm for 3 Tuesdays a month and from

6pm to 7pm every Thursday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

When the practice is closed the out of hours care is provided by Bath Doctors Urgent Care accessed via NHS 111.

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 for opening hours, but higher than the averages for access by phone.

- 80% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 98% of patients said they could get through easily to the practice by phone compared to the CCG average of 91% and the national average of 73%.

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

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

The practice had not received any complaints received in the last 12 months. We looked at the last complaint received in 2014 and found it had been dealt with in a timely way, with openness and transparency, the complainant had had written feedback, been offered meetings.

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 vision to deliver high quality care and promote good outcomes for patients.

- The practice had a culture and ethos to provide a family style, personalised GP service and all staff valued this culture.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored. The practice had been involved in negotiations to merge with other local practices; hence the strategy was being regularly reviewed. The practice was engaged in trying to ensure continuity of care for the staff and patients though the on-going changes in the wider local health community and the challenges to the current provision of primary care.

Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care. There had been some policies which had been in the process of being aligned with other local practices due to some of the local practices looking at ways to share some administration and office functions. This meant that some of these policies were still in the process of being updated at the time of our inspection. However staff within the practice were all aware of their own roles and responsibilities.

- Practice specific policies were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- 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. The practice's health and safety risks assessments were being reviewed and updated.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

They told us they prioritised safe, high quality and compassionate care. Staff told us the GPs were very approachable with an open door policy, 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 patients reasonable support, truthful information and a verbal and written apology
- The practice was updating their systems to keep written records of verbal interactions as well as written correspondence, to identify any themes. However the practice had always met with any patient with any informal concern at the time to discuss any issues.

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

- The practice held regular meetings between the GPs, and was piloting a meeting structure to try to capture all the staff as many staff worked on different days across the practice team. The practice was introducing a buddy system so staff who could not attend the meetings would have the information cascaded to them.
- The staff had used informal messaging and meetings historically due to the small numbers in each team.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues and felt confident and supported in doing so. The whole team met informally or socially on a monthly basis.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were encouraged to identify opportunities to improve the service delivered by the practice.

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

Are services well-led?

Good 

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG had not always met regularly, but had been involved virtually and involved in feedback and submitted proposals for improvements to the practice management team. A recent meeting in March 2016 had been well attended, the PPG had discussed the recent introduction of the 24 hour a day automated appointment booking service, all the PPG members noted how they still preferred the personal touch the practice offered and appreciated patients could choose to still speak to the reception team, which they valued. The PPG were looking to develop a newsletter, and had been instrumental in a recent reception adjustment to improve confidentiality which was reported to be

working well. The PPG reported good effective communication with the practice, and that the practice was open and responsive to the patient feedback and input.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the practice was working with other local practices with a diabetic nurse specialist to review the care and treatments for current patients with diabetes. They were also in the process of identifying those who may be at risk of developing diabetes to ensure they were offered the right health promotion and care advice.