

St James's Surgery

Quality Report

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Date of inspection visit: 4 August 2016
Date of publication: 19/09/2016

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	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 St James's Surgery on 4 August 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, with the exception of fire escape signage not being clear.
- 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 compassion, dignity and respect and they were involved in their care and decisions about their treatment.

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

We saw areas of outstanding practice:

- The practice had initiated a walking group called "Walk away from Medicine". GPs and other members of staff joined patients on a walk around the local area on the

Summary of findings

first Wednesday of each month. The practice reported that this had had a positive impact on the mental health of some patients, had strengthened links with their community and enhanced patient relationships.

- Receptionists from the practice had initiated and produced information packs for patients that could benefit from additional support to prevent potential medical problems related to social isolation. Examples of these included those new to the UK and newly retired men. The packs contained information such as social groups and activities in the local area as well as health and wellbeing information.

The areas where the provider should make improvements are:

- Ensure fire escape signage in the practice is clear for service users.

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. Significant event meetings were held quarterly and all staff were invited and encouraged to participate.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed, with the exception of fire escape signage not being clear.
- The practice had recently had to implement their business continuity plan when they had not been able to enter the practice premises and found the plan to be robust and effective.

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 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 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.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

Good



Summary of findings

- 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, a GP from the practice had worked with the CCG Mental Health care pathways group and had been instrumental in designing a pathway for patients with borderline personality disorder for the local area.
- "Walk away from Medicine" was a walking group set up by the practice. GPs and other members of staff joined patients in a walk on the first Wednesday of each month. The practice reported that this had had a positive impact for some patient's mental health and had strengthened, links with their community and enhanced patient relationships.
- Receptionists from the practice had worked together and with a local group called Well Aware to produce information packs for patients in need of support, for example those new to the UK or the elderly. The packs contained information such as social groups and activities in the local area as well as health and wellbeing information.
- The practice had proactively engaged with undertaking domestic abuse training for all staff members. Staff told us that following the training they had a greater awareness and improved confidence to appropriately raise the issue of domestic abuse with patients.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Summary of findings

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.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for 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 strong focus on continuous learning and improvement at all levels.

Good



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 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 had proactively engaged with a clinical commissioning group (CCG) initiative called the Active Aging Health Visiting service, a programme aimed at identifying and managing older patients unknown to the surgery with underlying problems.
- The practice provided medical services for two nursing homes. A GP visited the nursing homes weekly. Feedback received from the care home manager highlighted the exemplary care that residents received and the support given to the staff by the practice.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was better than local and national averages. The percentage of patients with diabetes, on the register, in whom the last blood test was within target range in the preceding 12 months (2014 to 2015) was 83% compared to a local average of 81% and a national average of 78%.
- 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.
- Patients with a number of chronic diseases were able to have their conditions reviewed at a single visit to the practice to save patients having to attend on several occasions.

Good



Summary of findings

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 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 81%, compared to the local average of 85% and the national average of 82%. The practice had recognised the lower than average uptake of cervical screening and had been proactive in educating and encouraging patients to attend screening programmes.
- 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.

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 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.
- Extended hours surgeries were offered both on Monday evenings and on a Saturday morning.

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.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

Good



Summary of findings

- The practice offered longer appointments for patients with a learning disability. A nominated GP and nurse undertook the learning disability health checks to ensure continuity of care and familiarity for the patient.
- 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.
- All staff had undertaken training to raise awareness and confidence in dealing with domestic violence.

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).

- The percentage of patients with a serious mental illness who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (2014 to 2015) was 92% compared to a local average of 91% and a national average of 90%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice were proactive in identifying patients with dementia and this had resulted in the practice having a higher diagnosis rate than the national target and a higher than average diagnosis rate within the CCG.
- 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

- A community psychiatric nurse attended multi-disciplinary team meetings. The practice had found this very effective in supporting patients with complex needs, where low level mental health issues were often a problem.

Summary of findings

What people who use the service say

- The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local averages and above national averages. Of the 288 survey forms that were distributed 114 were returned. This represented a 40% response rate compared to a national average of 38% and 1% of the practice population.
- 89% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 91% and a national average of 73%.
- 88% 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 a national average of 85%.
- 95% of patients described the overall experience of this GP practice as good compared to the CCG average of 94% and a national average of 85%.
- 88% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 89% and a national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 75 comment cards which were all positive about the standard of care received. Many commented on the caring, sympathetic and attentive attitude of all the staff at the practice.

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.

Areas for improvement

Action the service SHOULD take to improve

- Ensure fire escape signage in the practice is clear for service users.

Outstanding practice

We saw areas of outstanding practice:

- The practice had initiated a walking group called "Walk away from Medicine". GPs and other members of staff joined patients on a walk around the local area on the first Wednesday of each month. The practice reported that this had had a positive impact on the mental health of some patients, had strengthened links with their community and enhanced patient relationships.
- Receptionists from the practice had initiated and produced information packs for patients that could benefit from additional support to prevent potential medical problems related to social isolation. Examples of these included those new to the UK and newly retired men. The packs contained information such as social groups and activities in the local area as well as health and wellbeing information.

St James's Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to St James's Surgery

St James's Surgery is located close to the city centre of Bath with good transport links. The practice also has a branch surgery, Junction Road Surgery at Oldfield Park, providing medical services to patients on the south side of the city. During our inspection we visited St James surgery and did not visit the branch surgery.

The practice has a higher than average patient population in the age group 40 to 60 years. The practice is part of the Bath and North East Somerset Clinical Commissioning Group and had approximately 11,500 registered. The area the practice serves has relatively low numbers of patients from different cultural backgrounds and is in the low range for deprivation nationally; however there are pockets of high range deprivation within the practice boundaries.

The practice is managed by six GP partners, three male and three female. The partnership is supported by three female salaried GPs, three practice nurse and an administrative team led by the practice manager. St James Surgery is a training practice providing placements for GP registrars and medical and nursing students.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are available from 8.10am to 11.30am every morning and from 2.30pm to 6pm every afternoon.

Extended surgery hours were offered on Monday evenings from 6.30pm to 7.10pm and Saturday mornings between 9am and 12pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them.

When the practice is closed patients are advised, via the practice website and an answerphone message, to ring the NHS 111 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.

St James's Surgery is registered to provide services from the following locations:

Northampton Buildings, Bath BA1 2SR

and

8 Junction Road, Oldfield Park, Bath BA2 3NQ

This inspection is part of the CQC comprehensive inspection programme and is the first inspection of St James Surgery.

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 4 August 2016. During our visit we:

- Spoke with a range of staff including three GPs, two nurses, the practice manager, several 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, 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. All staff groups attended significant event meetings. We saw minutes that demonstrated all significant events were discussed, actions taken and learnings were reflected upon to prevent the same thing happening again.

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 had continued to receive a blood thinning medicine beyond the three months it should have been prescribed for. Changes were made to practice processes to ensure an end date was included in the patient notes for all blood thinning medicines.

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. Two of the nurses were also trained to level three and one to level two.

- 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 checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (A PGD is a written instruction for the supply or administration of medicines to groups of patients who may not be individually

Are services safe?

identified before presentation for treatment). Health care assistants were trained to administer vaccines and medicines against a patient specific prescription (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) or direction from a prescriber.

- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. However, fire escape signage was not clear. A recent assessment by the CCG had recommended that the signage was improved and the practice told us of their plans to address this.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of

substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The practice had recently had to implement their business continuity plan when they had not been able to enter the practice premises and found the plan to be robust and effective.

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 99.8% of the total number of points available. The data available at the time of the inspection showed the practices exception rating to be 0%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This was unusual and was investigated further on the day of the inspection. The practice were aware that their exception rates had always been low but knew that some patients had been excepted for that period and concluded that there was an error in the published data. We were shown evidence of this and saw that low numbers of patients had been excepted in line with guidelines.

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 better than local and national averages. The percentage of patients with diabetes, on the register, in whom the last blood test was within target range in the preceding 12 months (2014 to 2015) was 83% compared to a local average of 81% and a national average of 78%.

- Performance for mental health related indicators was better than the local and national average. The percentage of patients with a serious mental illness who have a comprehensive, agreed care plan documented in their patient record, in the preceding 12 months (2014 to 2015) was 94% compared to a local average of 93% and a 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, all of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, the practice had undertaken an audit to identify and review patients at high risk of suffering from a stroke. A follow up audit showed that actions taken had led to a reduction in the number of strokes expected in high risk patients from 56 to 47.

Information about patients' outcomes was used to make improvements such as: the practice audited whether quality guidelines had been followed during the assessment of feverish children under five years old. An initial audit highlighted areas that could be improved, specifically the documenting of vital signs and safety netting advice. A follow up audit demonstrated improvement in these areas.

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.
- 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. Nurses had undertaken diplomas in respiratory disease and diabetes. The practice was

Are services effective?

(for example, treatment is effective)

supportive in ensuring update study days could also be attended by their staff. Learnings from study days were shared at practice meetings to ensure all staff were aware of any recommended changes to practice.

- 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.
- 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 mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, and information governance. Staff had access to and made use of e-learning training modules and in-house training. Health professionals had received basic life support training but administrative staff had not. This was discussed at the inspection with the practice and we were shown evidence that this training had been booked for the following month.
- The practice invested significant time in training future health professionals. For example, GP registrars, junior doctors and medical and nursing students, as well as offering work experience for school age students.

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. Communication with the community nursing team had been made more effective and provided a safe audit trail since patient notes had been shared electronically between the services.

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services such as the out of hour's service.

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. A community psychiatric nurse attended multi-disciplinary team meetings. The practice had found this very effective in supporting patients with complex needs, where low level mental health issues were often a problem.

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 supported within the practice and signposted to the relevant service.
- Talking therapies was available on the premises for patients requiring psychological support.

Are services effective?

(for example, treatment is effective)

- Drug and alcohol support services were available for patients to consult at the practice premises.
- The practice had recognised that the numbers of patients over 45 years old who had no chronic conditions and had their blood pressure recorded was low. A blood pressure monitor was installed in the practice waiting room and patients were encouraged to measure their blood pressure and take the result into their consultation. This had a positive impact on the number of patients in this cohort who had received advice to reduce blood pressure.
- The practice had proactively engaged with a clinical commissioning group (CCG) initiative called the Active Aging Health Visiting service, a programme aimed at identifying and managing older patients unknown to the surgery with underlying problems.
- The practice's uptake for the cervical screening programme was 81%, compared to the local average of 85% and 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. For bowel cancer 50% of eligible patients had been screened compared to local average 61% and the national average of 58%. For breast cancer

65% of the eligible patients had received screening compared to a CCG average of 75% and a national average of 72%. 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. The practice had recognised the low uptake of cervical, bowel and breast cancer screening and had been proactive in encouraging patients to attend screening programmes. The practice had employed a member of staff to telephone patients in the evening to encourage uptake but this only had a minor impact. We saw evidence of notice boards in the waiting room giving patients information on the benefits of cancer screening. Alerts were evident on the patient notes and this issue was raised opportunistically with patients to ensure informed choices were being taken by patients.

- Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 85% to 98%, compared to a local average of 95% to 98% and five year olds from 85% to 96% compared to the local average of 91% 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.
- The practice provided medical services for two nursing homes. A GP visited the nursing homes weekly. Feedback received from the care home manager highlighted the exemplary care that residents received and the support given to the care home staff by the practice.

All of the 75 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. Seven cards also commented that sometimes their were long waits after their appointment time. The practice were aware of this and had been proactive by auditing and adjusting the length of appointments to decrease waits for patients.

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

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

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 93% and the national average of 89%.

- 94% of patients said the GP gave them enough time compared to the CCG average of 91% 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 96% and the national average of 95%.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 85%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 94% and national average of 91%.
- 96% of patients said they found the receptionists at the practice helpful compared to the CCG average of 94% 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:

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 91% and the national average of 86%.
- 90% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 82%.
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 89% and the national average of 85%.

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

Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- A blood pressure monitor for patient use was available in the waiting room.

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 266 patients as carers (2.3% of the practice list). Carers were invited to the practice for health checks. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. The practice ensured contact with the family was tailored to the individual needs of relatives. 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

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, a GP from the practice had worked with the CCG Mental Health care pathways group and had been instrumental in designing a pathway for patients' with borderline personality disorder for the local area.

- The practice offered extended hours on a Monday from 6.30pm to 7.30pm and Saturdays from 9am to 12pm for working patients who could not attend during normal opening hours. Telephone consultation appointments were also available.
- There were longer appointments available for patients with a learning disability. A GP and nurse led on learning disability health checks to provide continuity and familiarity for these patients'.
- 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.
- There were disabled facilities, a hearing loop and translation services available.
- Homeless patients were able to register at the practice.
- The practice had proactively engaged with undertaking domestic abuse training for all staff members. Staff told us that following the training they had a greater awareness and improved confidence to appropriately raise the issue of domestic abuse with patients' which had led to positive outcomes. For example, having the awareness and confidence to raise this issue as a potential problem with a patient, had led to collaborative working with health visitors which ensured the family as well as the patient gained the support they needed.
- Patients with a number of chronic diseases were able to have their conditions reviewed at a single visit to the practice to save patients' having to attend on several occasions.
- The practice were proactive in identifying patients' with dementia and this had resulted in the practice having a higher diagnosis rate than the national target and a higher than average diagnosis rate within the CCG.
- "Walk away from Medicine" was a walking group set up by the practice. GPs and other members of staff joined patients in a walk on the first Wednesday of each month and afterwards refreshments were offered at the practice. The practice reported that this had had a positive impact for some patient's mental health and had strengthened, links with their community and enhanced patient relationships.
- Receptionists from the practice had worked together and with a local group called Wellaware (a council led programme to support health and wellbeing) to produce information packs for patients in need of additional support, for example those new to the UK or the elderly. The packs contained information such as social groups and activities in the local area as well as health and wellbeing information. Working collaboratively with Wellaware, a council programme to support health and wellbeing, led to a representative attending the practice to talk to patients about services available, for example, "Men in Sheds" a social group in the area for retired men. Receptionists were able to signpost patients' to Wellaware for further support.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.10am to 11.30am every morning and 2.30pm to 6.30pm daily. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments and telephone consultations 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.

- 78% of patients were satisfied with the practice's opening hours compared to the CCG of 81% and the national average of 76%.
- 89% of patients said they could get through easily to the practice by phone compared to the CCG of 91% and 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.

Are services responsive to people's needs?

(for example, to feedback?)

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. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

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

- We saw that information was available to help patients understand the complaints system for example on the practice website, posters displayed, and leaflets.

We looked at four complaints received in the last 12 months and found that these were satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a complaint was received regarding the quality of a consultation. This had been due to an error when registering the patient which meant all the patient information was not available to the GP during the consultation. A review of the registration processes identified weakness that led to new standard operating procedures being implemented to prevent reoccurrence.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

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

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 partners were approachable and always took the time to listen to all members of staff. All staff we spoke to on the day of the inspection told us that the practice management team had an open door policy.

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.

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

- Staff told us the practice held regular team meetings. Quarterly significant event meetings were held, to which all staff groups attended and encouraged to participate in.
- 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. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- A recent merger with a local practice had been managed effectively by the leadership team. All staff members of the merged practice were employed by St James Surgery and integrated into the existing team. Two open days were held at the practice for new patients, providing the opportunity for questions and answers. A patient who was unable to attend on the nominated days was shown around the practice on a Saturday morning by a GP.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and

Are services well-led?

Good 

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

through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG requested that the practice install a self-check in system. The practice responded and implemented this.

- 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. For example, the secretaries suggested that receptionists transfer calls from patients making enquiries related to referrals that had been made for them, to them, rather than the GPs. This was implemented and has resulted in patient queries being answered in a more timely way. 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 leading a programme to merge with four further practices from the local area in order to improve services and efficiencies for patients.
- The practice was proactive in participating in pilot projects. For example working with the West of England Academic Health Science network the practice had undertaken a project to reduce patients having strokes as a result of abnormal heart rhythms called “Don’t wait to anticoagulate”