

# Care Quality Commission

## Inspection Evidence Table

### Bath Lodge Practice (1-545245443)

Inspection date: 13 March 2019

Date of data download: 05 March 2019

## Overall rating: add overall rating here

Please note: Any Quality Outcomes Framework (QOF) data relates to 2017/18.

## Safe

**Rating: Good**

### Safety systems and processes

**The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.**

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding.	Y
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Policies were accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Y
There was active and appropriate engagement in local safeguarding processes.	Y
There were systems to identify vulnerable patients on record.	Y
There was a risk register of specific patients.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y

<b>Recruitment systems</b>	<b>Y/N/Partial</b>
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Y
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff had any necessary medical indemnity insurance.	Y

<b>Safety systems and records</b>	<b>Y/N/Partial</b>
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: October 2018	Y
There was a record of equipment calibration. Date of last calibration: October 2018	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check: February 2019 (checked as part of updated fire risk assessment)	Y
There was a log of fire drills. Date of last drill: 11 March 2019	Y
There was a record of fire alarm checks. Date of last check: March 2019	Y
There was a record of fire training for staff. Date of last training: March 2019	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: updated February 2019	Y
Actions from fire risk assessment were identified and completed.	Y

<b>Health and safety</b>	<b>Y/N/Partial</b>
Premises/security risk assessment had been carried out. Date of last assessment: March 2019	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: March 2019	Y

## Infection prevention and control

### Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Date of last infection prevention and control audit: February 2019	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y

## Risks to patients

### There were adequate systems to assess, monitor and manage risks to patient safety.

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There was a process in the practice for urgent clinical review of such patients.	Y
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Y
There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y

## Information to deliver safe care and treatment

**Staff had the information they needed to deliver safe care and treatment.**

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
There was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y

## Appropriate and safe use of medicines

**The practice had systems for the appropriate and safe use of medicines, including medicines optimisation**

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) (NHS Business Service Authority - NHSBSA)	0.89	0.82	0.94	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2017 to 30/09/2018) (NHSBSA)	9.3%	10.0%	8.7%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection	6.71	6.54	5.64	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
(01/04/2018 to 30/09/2018) (NHSBSA)				
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/04/2018 to 30/09/2018) (NHSBSA)	2.21	2.36	2.22	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Partial
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were	Y

Medicines management	Y/N/Partial
regularly checked and fit for use.	
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Although blank prescriptions were kept securely locked away, the procedure for recording and distributing the blank prescriptions to the printers was incomplete.. For example, prescriptions were recorded when received from the printers at the end of each daybut were not logged out to the various printers in the practice.</p>	

### Track record on safety and lessons learned and improvements made

### The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	Eight
Number of events that required action:	Eight
<p>Explanation of any answers and additional evidence:</p> <p>We reviewed eight significant events. Although significant events were being discussed, actioned and reported on, the clinical lead had only recently started in post at Bath Lodge Practice after the previous clinical lead, who was also a partner, had left in September 2018. This meant that there had been no lead overseeing clinical governance for the practice since that time. The executive partners did not spend time at the practice to oversee significant events and this was left for the salaried GPs to deal with. For example, as shown below a theme was identified that GPs were not checking the practice documents systems properly and regularly. This had been identified and specific action taken to ensure it did not re-occur.</p>	

Example(s) of significant events recorded and actions by the practice.

Event	Specific action taken
GP switched a patient's prescription and gave a larger dose than required. Patient noticed this before taking the medicine and contacted practice to check.	Event discussed and GPs informed to take extra care when changing medicines to ensure dosage is correct.
Hospital requested GP to prescribe a	GPs instructed to check the practice document system

medicine. This was not actioned as GPs were not checking the practice document systems.	(Docman) in a timely manner as this had been identified as a reoccurring theme. The practice felt this had in part occurred due to the absence of a clinical lead at the practice since September 2018.
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Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y

## Effective

## Rating: Good

### Effective needs assessment, care and treatment

**Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.**

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) <small>(NHSBSA)</small>	0.36	0.78	0.81	No statistical variation

## Older people

## Population group rating: Good

## Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- A health care assistant had been given specialised training in caring for older patients.

## People with long-term conditions

## Population group rating: Requires Improvement

## Findings

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	63.4%	74.6%	78.8%	Variation (negative)
Exception rate (number of exceptions).	5.8% (41)	15.1%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12	62.3%	76.6%	77.7%	Variation (negative)



months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>				
Exception rate (number of exceptions).	7.3% (52)	12.2%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	64.9%	79.4%	80.1%	Variation (negative)
Exception rate (number of exceptions).	7.3% (52)	14.5%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	63.0%	74.0%	76.0%	Variation (negative)
Exception rate (number of exceptions).	2.8% (19)	9.3%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	67.2%	87.4%	89.7%	Significant Variation (negative)
Exception rate (number of exceptions).	0.8% (2)	12.6%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	71.3%	80.4%	82.6%	Variation (negative)
Exception rate (number of exceptions).	5.7% (92)	4.7%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or	86.8%	90.2%	90.0%	No statistical variation

more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QOF)				
Exception rate (number of exceptions).	2.5% (5)	7.3%	6.7%	N/A

### Any additional evidence or comments

The practice results for the 2017-2018 Quality and Outcome frame work (QOF) for long-term condition indicators show levels below clinical commissioning group (CCG) and National averages. These figures reflect what happened in that period whilst the practice had been placed in Special Measures. We noted that exception reporting figures were also in line with or lower than CCG and National averages. QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.

The practice produced unverified data for QOF results for the period 2018-2019. This showed that QOF figures for diabetes checks had improved to 77%. Figures for Chronic Obstructive Pulmonary Disease (COPD) had improved to 79%. Asthma had improved slightly to 64%. The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less was at 71% which was similar to prior achievement.

## Families, children and young people

## Population group rating: Good

### Findings

- Childhood immunisation uptake rates were in line with or above the World Health Organisation (WHO) targets.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- Young people could access services for sexual health and contraception.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) (NHS England)	92	95	96.8%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who	105	113	92.9%	Met 90% minimum (no variation)

have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)				
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	105	113	92.9%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	105	113	92.9%	Met 90% minimum (no variation)

## Working age people (including those recently retired and students)

Population group rating: Good

### Findings

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)	69.5%	67.5%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	72.4%	70.3%	70.0%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	58.8%	54.5%	54.5%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	64.3%	63.1%	70.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a	63.1%	56.9%	51.9%	No statistical variation

two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)				
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#### Any additional evidence or comments

The practice had increased the percentage of women eligible for cervical cancer screening for the 2018-2019 period to 74%. They were working to encourage more women to have this screening and reach the target of 80% uptake. We saw information displayed in the waiting areas to promote this screening process.

#### People whose circumstances make them vulnerable

**Population group rating: Good**

#### Findings

- End of life care was delivered in a coordinated way which took into account the needs of those 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.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.

#### People experiencing poor mental health (including people with dementia)

**Population group rating: Good**

#### Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	81.9%	91.3%	89.5%	No statistical variation
Exception rate (number of exceptions).	1.9% (2)	11.9%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	66.0%	88.3%	90.0%	Variation (negative)
Exception rate (number of exceptions).	0.9% (1)	14.8%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	85.5%	84.3%	83.0%	No statistical variation
Exception rate (number of exceptions).	5.2% (3)	9.2%	6.6%	N/A

#### Any additional evidence or comments

Recording of alcohol consumption was an indicator that the practice were having difficulty in raising scores for 2018-2019. At the time of this inspection, the practice had 21 patients that they were trying to encourage information from them with regards to alcohol consumption. With regards to Quality and Outcome Framework points they were 2.1 points short of the full numbers of points available for this domain. We noted that exception reporting for mental health indicators was lower than CCG and national averages. For this practice, 0.9% was equivalent to one person and some 10 points below the Clinical Commissioning Group and National averages.

#### Monitoring care and treatment

**The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.**

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	491.5	542.4	537.5
Overall QOF exception reporting (all domains)	3.7%	7.4%	5.8%

Y/N/Partial

Clinicians took part in national and local quality improvement initiatives.	Y
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Y

Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years:

In February 2018 and 2019, the practice conducted a two-cycle audit of patients prescribed Lithium.	
Cycle 1 Results: (February 2018)	
1. 4 out of 9 people were non-compliant with blood test monitoring.	
2. 1 out of 9 patients had bloods checked in hospital by a specialist	
3. 4 out of 9 patients had bloods checked in surgery	
4. 3 out of 9 patients resulted in abnormal lithium results.	
Recommendations:	
1. The practice changed their systems so that patients who required monitoring were identified on a monthly basis and contacted for recall.	
2. Alerts were added to the EMIS for all patients taking Lithium so they could be more easily identified;	
Cycle 2 Results: (February 2019)	
1. 10 out of 10 patients had blood tests within the recommended three months	
2. 10 out of 10 patient's bloods reported to have normal lithium results.	
Since February 2019, three patients out of the 10 patients were now due bloods and have been sent letters to remind them.	
All patients were up together with bloods monitoring. Only three patients needed a letter to remind them that it's due this month. In addition, all [100%] of patients on Lithium now have alerts on their EMIS records which remind users about the blood tests.	
The practice had discussed the audit findings with the Clinical and Practice teams - 2. All patients had been sent written information to ensure that they take Lithium safely.	

## Effective staffing

**The practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles.**

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y

There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Partial
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
Explanation of any answers and additional evidence: We saw that the Health Care Assistant was suitably qualified with a level 3 Diploma in Health and Social Care.	

### Coordinating care and treatment

#### Staff worked together and with other organisations to deliver effective care and treatment.

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Y
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y

### Helping patients to live healthier lives

#### Staff were consistent and proactive in helping patients to live healthier lives.

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health,	Y



for example, stop smoking campaigns, tackling obesity.	
Explanation of any answers and additional evidence: We saw information boards in the waiting area which provided patients with information about living healthier lives, for example leaflets about stopping smoking and healthier diets.	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	91.8%	93.8%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.3% (9)	1.0%	0.8%	N/A

### Consent to care and treatment

**The practice always obtained consent to care and treatment in line with legislation and guidance.**

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y
Explanation of any answers and additional evidence: The practice does not conduct minor operations apart from joint injections.	

## Caring

**Rating: Good**

### Kindness, respect and compassion

**Staff treated patients with kindness, respect and compassion. Feedback from patients was positive about the way staff treated people.**

	Y/N/Partial
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Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y

CQC comments cards	
Total comments cards received.	4
Number of CQC comments received which were positive about the service.	3
Number of comments cards received which were mixed about the service.	1
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Comment Card	Fantastic service by all. Greatly improved.
Comment Card	Advanced Nurse Practitioner is good and appointment very professional and conscientious.
Comment Card	Last two visits have been excellent. Difficulty in getting an appointment to see a GP.

## National GP Survey results

**Note:** The questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology changed in 2018.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
10328	260	112	43.1%	1.08%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)	77.8%	86.2%	89.0%	Variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	72.8%	84.1%	87.4%	Variation (negative)

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	91.0%	95.2%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	57.4%	78.2%	83.8%	Variation (negative)

Any additional evidence or comments
The practice had responded to figures from the NHS Patient survey carried out in 2018, by using the practice's Patient Participation Group to conduct their own patient survey. The survey results that took place in February 2019 showed that 84% of patients surveyed were extremely or quite satisfied with booking appointments. Satisfaction with GP, Nurse or Advanced Nurse Practitioner appointments showed that 70% were extremely or quite satisfied. Patients reported that 80% of them were satisfied with their most recent visit to the practice.

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	Y

### Involvement in decisions about care and treatment

**Staff helped patients to be involved in decisions about care and treatment.**

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y

Source	Feedback
Interviews with patients.	<p>Most patients we spoke to were still unhappy with the number of appointments available but reported that things were improving and staff appeared to be happier at the practice.</p> <p>We were told clinical staff were caring and listened to patients and explanations were clear.</p> <p>One patient was very happy with the way the practice had worked to make sure the patient was listened to and the practice understood the patient's needs.</p>

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## National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	85.3%	92.8%	93.5%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	

Carers	Narrative
Percentage and number of carers identified.	113 patients on the carers register which is 2% of practice population.
How the practice supported carers.	The practice had a carer's board and held carer's meetings. The practice also took on a project for a carer's coffee morning and worked to engage with more carers as the register grows within the practice.
How the practice supported recently bereaved patients.	The practice supports and assists bereaved families.

## Privacy and dignity

### The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y

## Responsive

**Rating: Good.**

### Responding to and meeting people's needs

**The practice organised and delivered services to meet patients' needs.**

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Y
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Y

Practice Opening Times	
Day	Time
Opening times:	
Monday	08:00am to 6:30pm
Tuesday	08:00am to 6:30pm
Wednesday	08:00am to 6:30pm
Thursday	08:00am to 6:30pm
Friday	08:00am to 6:30pm
	08:00am to 6:30pm
Appointments available:	
Monday	08:00am to 6:30pm
Tuesday	08:00am to 6:30pm
Wednesday	08:00am to 6:30pm
Thursday	08:00am to 6:30pm
Friday	08:00am to 6:30pm
<p>Southampton GPs introduced a new initiative to provide patients access to medical help from 8am to 8pm every weekday (including bank holidays) and 8am to 4pm on Saturday and 8am to 2pm on Sunday.</p> <p>Southampton Primary Care Ltd (which is owned by all Southampton GP practices) has been set up to provide these appointments, known as 'THE HUB' and is an important part of the practices resource to help provide appointments to the patient population.</p>	

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
10328	260	112	43.1%	1.08%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	89.8%	93.2%	94.8%	No statistical variation

### Older people

### Population group rating: Good

#### Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice had a Home Visiting Practitioner (HVP) who attended monthly multi-disciplinary meetings (MDT) at Bath Lodge Practice with various other agencies and care organisations such as the community matrons, health and social care coordinators and district nurses. The purpose of these meetings was to highlight any potential patients appropriate for the MDT patient list, discuss those already on it and create action plans to provide good quality holistic care. The practice also had an HVP who the practice referred patients to alongside running the frailty patient register.

### People with long-term conditions

### Population group rating: Good

#### Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.
- The practice now had two Practice Nurse who specialised in Diabetes.
- The practice had recently signed up to the WISDOM programme and hold multidisciplinary meetings with a GP to discuss cases which need extra care with dealing with their diabetes. The Hampshire WISDOM Project enables practice diabetes teams to meet monthly to discuss patients identified as requiring escalation in treatment and to develop a management plan.
- The practice also had a practice nurse who specialised in COPD/Asthma.

### Families, children and young people

### Population group rating: Good

## Findings

- We found there were systems 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 accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice nurses are proactive in promoting childhood immunisations and smears for women along with all types of screening from breast to bowel, with alert pop-ups on our clinical system
- The practice run nasal flu clinics for the young children groups each year.

### Working age people (including those recently retired and students)

Population group rating: **Good**

## Findings

- The needs of this population group 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 had a duty GP on every day, they triage patients, they offer telephone triage, advice and guidance and if necessary book these patients on the same day during the duty clinic for urgent cases.
- The practice also allowed booking for the last appointments of the day to accommodate this patient group. They offered telephone appointments most days for those working or unable to attend surgery.
- The practice had run flu clinics on a Saturday to enable more patient's better access to this service.

### People whose circumstances make them vulnerable

Population group rating: **Good**

## Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- The practice had a learning disability lead, the Advanced Nurse Practitioner ensured that patients who were on the learning disabilities register have an annual check, the practice had engaged with Southampton Clinical Commissioning Group who were happy with outcomes for the Learning disabilities checks.

### People experiencing poor mental health (including people with dementia)

Population group rating: **Good**

## Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.
- The practice is a Dementia friendly surgery.

## Timely access to the service

### People were able to access care and treatment in a timely way.

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	29.7%	N/A	70.3%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	40.4%	63.1%	68.6%	Variation (negative)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	46.6%	62.2%	65.9%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	61.7%	70.8%	74.4%	No statistical variation

## Any additional evidence or comments

The practice had responded to these figures of the NHS Patient survey carried out in 2018, by using the practice's Patient Participation Group (PPG) to conduct their own patient survey. The survey results that took place in February 2019 showed that 84% of patients surveyed were extremely or quite satisfied with booking appointments. Satisfaction with GP, Nurse or Advanced Nurse Practitioner appointments showed that 70% were extremely or quite satisfied. Patients reported that 80% of them were satisfied with their most recent visit to the practice. The practice continuously worked with the PPG to find ways to improve patient satisfaction and has improved the telephone system, employed more reception staff to be available to answer phones at busiest times. The practice has also increased the number of Advanced Nurse Practitioners and has brought in a new Clinical lead GP from a local practice.

The practice had brought in a system of "you said, we did". These were discussed at practice meetings and with the Patient Participation Group. The practice responded with upgrading of the telephone system and employing extra staff to answer them. They had then found a decline in the complaints about the system.

Source	Feedback
For example, NHS Choices	Patient feedback on NHS choice was mixed with improvements in appointment availability recognised. Patients comments were about the lack of appointments and need for more GPs. Also, several feedbacks were very positive regarding the practice doing the very best under challenging circumstances.

## Listening and learning from concerns and complaints

### Complaints were listened and responded to and used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	21
Number of complaints we examined.	5
Number of complaints we examined that were satisfactorily handled in a timely way.	5
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y

Example(s) of learning from complaints.

Complaint	Specific action taken
GP attitude and behaviour.	Discussed with GP about attitude and behaviour and how they made the patient feel. Not a formal complaint. Patient was happy with response and phone call.
Concerns around lack of recruitment of GP's	Explained the practice position and all the efforts that have been made so far to recruit salaried GP's. No further contact



	from patient.
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## Well-led

## Rating: Requires Improvement

### Leadership capacity and capability

**There was compassionate, inclusive and effective leadership.**

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Partial
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Partial
There was a leadership development programme, including a succession plan.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice had gone through several changes at the time of the inspection. The lead partner for the practice had left and that partner was responsible for clinical governance. The two remaining partners were not always visible at the practice. The practice told us they aimed to change this so the partners would have much involvement in the day to day running of the practice. At the time of the inspection, a new clinical lead had been appointed but had only been in position for a matter of days and was also clinical lead at another practice. The clinical governance of the practice needed to be embedded in the practice to ensure that salaried GPs at the practice and staff were better supported.</p> <p>Since the inspection the practice has made application to the Care Quality Commission to de-register the Registered Manager. Therefore, at the time of publication there was no Registered Manager in post at this practice. The practice must register a new Registered manager.</p>	

### Vision and strategy

**The practice had a clear vision and credible strategy to provide high quality sustainable care.**

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice had a vision for the future and were starting to work towards it. The Executive Partners were starting to have a more active role in the day to day running of the practice and working closely with</p>	

another local practice.

## Culture

### The practice had a culture which drove high quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
Explanation of any answers and additional evidence: The practice had recently worked with the local Clinical Commissioning Group (CCG) to check their progress. The CCG were assured that progress was being made and required actions had been implemented.	

### Examples of feedback from staff or other evidence about working at the practice

Source	Feedback
Members of staff	Very experienced team which benefits the patients. Management do not always keep all members of staff updated with events. Telephone systems have improved but appointments still need looking at. Work well as a team.

## Governance arrangements

### There were clear responsibilities, roles and systems of accountability to support good governance and management.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	N
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence: The practice had only recently replaced the clinical lead that had left the practice in September 2018. The new lead GP was working between two sites and had not yet had time to make a full review of the clinical governance at Bath Lodge Practice. There had been some governance structures in place but no proper oversight for salaried GP and	

Locum GPs at the practice.	
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## Managing risks, issues and performance

**There were effective processes for managing risks, issues and performance.**

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y

## Appropriate and accurate information

**There was a demonstrated commitment to using data and information proactively to drive and support decision making.**

	Y/N/Partial
Staff used data to adjust and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y

## Engagement with patients, the public, staff and external partners

**The practice involved the public, staff and external partners to sustain high quality and sustainable care.**

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y

Feedback from Patient Participation Group.

### Feedback

The Patient Participation Group were positive about the improvements made at the practice since our last inspection but were concerned about the future and what direction the practice might take. They had been involved in working with the practice to improve appointments and telephone access and had been involved with the patient survey and results in February 2019.

### Continuous improvement and innovation

**There were systems and processes for learning, continuous improvement and innovation.**

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y

### Examples of continuous learning and improvement

The practice had taken part in working with the local Clinical Commissioning Group (CCG) to check their progress. The CCG were assured that progress was being made and required actions had been implemented. The practice had received a report from the CCG and were working to implement recommendations in the report and the practice was working with the CCG to provide continuous improvement to the practice for the benefit of patients.

## Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practice's performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator, but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as no statistical variation to other practices.

N.B. Not all indicators in the evidence table are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for showing variation:

	Variation Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	No statistical variation	$-2 < Z < 2$
4	Variation (negative)	$2 \leq Z < 3$
5	Significant variation (negative)	$Z \geq 3$
6	No data	Null

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link:  
<https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

### Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.