

Courtside Surgery

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection April 2015 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) – Good

We carried out an announced comprehensive inspection at Courtside Surgery on 16 March 2018 as part of our inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation. Areas identified at the last inspection in 2015 where the practice should make improvements had been addressed.

We saw two areas of outstanding practice:

- The practice had developed IT based systems to improve medicines management and patient care.

Summary of findings

These included electronic repeat prescribing protocols; and electronic systems to share clinical information with other health care organisations to ensure appropriate end of life patient care.

- The practice carried out proactive screening of patients for alcohol misuse; and had used IT to improve prescription management in relation to substance misuse. Patients had access to an onsite drug and alcohol misuse support worker and a lead GP.

The areas where the provider **should** make improvements are:

- There was an effective system to manage infection prevention and control, however, arrangements should be reviewed.

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

Courtside Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Courtside Surgery

Courtside Surgery is located close to the centre of Yate near Bristol. The premises are purpose built with a privately run pharmacy adjacent to the practice. The practice has approximately 14,600 registered patients. The practice accepts patients from an area North of the M4 which includes, Yate, Chipping Sodbury, Westerleigh, Frampton Cottrell, Wickwar and Hawkesbury.

Regulated Activities are provided from one location:

Courtside Surgery,

Kennedy Way,

Yate,

Bristol

BS37 4DQ

There are 10 partners who are complemented by three salaried GPs and a team of clinical staff including practice nurses, phlebotomists, and health care assistants. Six partners are female and four are male. Collectively the GPs provide 7.9 whole time equivalent (WTE) employees and provide 63 clinical sessions each week. Additionally two urgent care nurses are employed providing 1.3 WTE employees; four nurses, including a nurse manager, are

employed providing 2.8 WTE employees; and four health care assistants/phlebotomists equal to 1.9 WTE employees. Non-clinical staff include a full time practice manager, reception staff, secretaries, IT and other support staff. A practice pharmacist employed by the Clinical Commissioning Group (CCG) supports the practice one day a week.

One of the practice GPs is a South Gloucestershire Clinical Commissioning Group (SGCCG) GP governing body member, with a clinical lead for information management and technology. The practice manager is the SGCCG governing body practice manager representative. The practice has been accredited by the Severn Deanery as a GP training practice; there are two GP trainers at the practice

The practice population ethnic profile is predominantly White British with around 2.5% of patients from black and minority ethnic groups. The index of multiple deprivation placed the practice in the ninth decile (the second least deprived classification). The age distribution of male and female patients is in line with national average figures. The national GP Patient Survey published in 2017 indicated 83% of patients said they would recommend the practice to someone new to the area, which was above the CCG average of 76% and national average of 77%.

The practice has a Personal Medical Services (PMS) contract with NHS England to deliver health care services, including enhanced services such as extended opening hours, online access and diabetes services. When the practice is closed patients can access Out Of Hours services provided by Brisdoc.

Detailed findings

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. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

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

How we carried out this inspection

The practice provided us with information to review before we carried out an inspection visit. We used this, in addition to information from their public website. We obtained information from other organisations, such as the local Healthwatch, the South Gloucestershire Clinical Commissioning Group (CCG), and the local NHS England team. We looked at recent information left by patients on the NHS Choices website.

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

- 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 looks like for them. The population groups were:

- older people
- people with long-term conditions
- mothers, babies, children and young people
- the working-age population and those recently retired
- people in vulnerable circumstances who may have poor access to primary care
- people experiencing poor mental health.

During our visit we spoke with GPs, members of the nursing team, the practice manager and reception and administration staff on duty. We spoke with eight patients and representatives of the patient participation group (PPG) on the day; but received no completed CQC comment cards from patients. On the day of our inspection we observed how the practice was run, such as the interactions between patients and staff and the overall patient experience.

Are services safe?

Our findings

We rated the practice, and all of the population groups, as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control (IPC). We saw that annual IPC audits had been carried out and actions identified and completed. We saw that systems could be improved to collate records of completed actions and we were told this was being incorporated into the new intranet system. However, we found that the infection control manual should be reviewed to include arrangements for the management of communicable diseases; and specify the type, level and frequency required for staff

training on IPC. All staff had a record of up to date training in IPC, however, the IPC lead was awaiting availability of a suitable course for refresher training in the IPC lead role.

- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.

Are services safe?

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.
- Patient Group Directions (PGDs) were in place to allow nurses to administer medicines. (A PGD is a written instruction for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). Authorised staff had been assessed as competent to use them and the directions were up to date so patients were treated safely. We saw that a template for Patient Specific Directions (similar to a PGD but for an individual patient only) had been developed by a Healthcare Assistant (HCA), approved by prescribers for use and had been adopted by another local practice.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a thorough electronic system for recording and acting on significant events and incidents that ensured required actions were recorded and completed. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, a GP had identified that outcomes for diabetic patients could be improved. This resulted in a new recall process being implemented, with input from specialist diabetic nurses; reviews of diabetic patients were included in monthly clinical meetings; further training was carried out by the nursing team, to provide additional capacity for insulin initiation; and a monthly patient support group meeting was established.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall and across all population groups.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- At the last inspection in 2015 we identified that the practice should review how the sharing of updated guidelines used to support consistent patient care could be evidenced. At this inspection we saw evidence of regular and effective communication through a GP partner taking a lead prescribing role and holding regular minuted meetings between GPs and with the pharmacist who supported the practice. We saw examples of audits carried out to identify and review patients' medicines or care where changes to guidance or alerts had occurred.
- The average daily quantity of Hypnotics prescribed per Specific Therapeutic group prescribing (STAR PU) data was comparable to other practices.
- The number of antibacterial prescription items prescribed per Specific Therapeutic prescribing (STAR PU) data was comparable to other practices.
- The percentage of antibiotic items prescribed that are Cephalosporins or Quinolones (less recommended anti-biotics) was comparable to other practices.
- We saw no evidence of discrimination when making care and treatment decisions.
- We saw a new intranet system had been introduced providing easy access to information for all clinicians and support staff.
- The practice had used technology to improve treatment and to support patients' independence. For example, an electronic repeat prescribing protocol had been developed by the practice and implementation had improved patient safety. The system caused automatic alerts to appear on electronic patient records if monitoring requirements were not met. This innovation had been recognised by an award in 2018 from the local

Community Education Providers Network (CEPN) who identified the system was a significant benefit to the workforce, mitigated risks to patients; and was easily scalable to benefit other local practices.

- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medicines.
- The practice had developed an anticipatory medicines chart for palliative patients to ensure that patients had appropriate treatment including pain relief at the end of life. This had been adopted across the locality.
- Older patients identified as frail were offered a comprehensive geriatric assessment. 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.
- The practice had been a significant contributor to the development and piloting of the Electronic Palliative Care Coordination System (EPaCCS). This captures appropriate information from the practice clinical records and shares them electronically, in a dynamic and secure system, with all health professionals. This enables advance care planning and improved communication and coordination at the end of life.

People with long-term conditions:

- Quality Outcomes Framework (QOF) data for 2016/17 indicated that practice performance relating to patients with long-term conditions, (for example, diabetes, asthma, COPD, hypertension and atrial fibrillation) was in line with the performance of other local and national practices.
- 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.

Are services effective?

(for example, treatment is effective)

- We saw that the process to improve outcomes for patients with diabetes had been reviewed and more effective arrangements had been implemented.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above standard for the target percentage of 90% or above, ranging from 93.6% to 98.2% for the four vaccination indicators.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. For example, the practice had reviewed the process for post-natal appointments and booking baby immunisations and implemented a seamless process. A single letter congratulated new mothers on the birth and invited them to a series of appointment dates for checks and immunisations. Positive feedback from patients had been received and the uptake of childhood vaccinations was above national standards.

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

- The practice's uptake for cervical screening was 85%, which was above the 80% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- The practice had provided additional training to a nurse and had developed a dedicated sexual health clinic, providing greater choice for patients. This offered patients contraceptive implants and coils and access to counselling for sexual health issues.

People whose circumstances make them vulnerable:

- 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.

- Patients had access to an onsite drug and alcohol misuse support worker and one GP had achieved an additional qualification in the management of substance misuse. We saw that the practice was undertaking a quality improvement project on methadone prescription management (methadone is a medicine prescribed to support people with opiate addiction), working closely with the substance misuse support worker and using IT to improve the process.

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

- 85% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is comparable to the national average.
- 95% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is comparable to the national average.
- The practice offered longer appointments to patients experiencing poor long term mental health. This enabled the GP to provide a comprehensive review including physical health, medicines, care plans and support networks. Patients on high risk medicines were reviewed to ensure blood testing was carried out in line with national clinical guidance.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was in line with local and national averages (practice 92%; CCG 92%; national 91%).

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. We saw evidence of completed two cycle audits to review and improve patient care and outcomes. For example, adult patients aged over 75 years with fragility bone fractures had been audited in 2017 and again in 2018. The result was improved coding of patient records, enabling GPs to offer appropriate medicines to more patients.

The practice was actively involved in quality improvement. Where appropriate, clinicians took part in local and

Are services effective?

(for example, treatment is effective)

national improvement initiatives For example, the practice worked with the One Care organisation to offer extended hours and weekend appointments; and with the local university to improve and develop training for clinicians including medical students, GPs in training and physician associates. We saw examples of IT based quality improvement projects that had improved management of medicines; and benefited end of life patient care.

The most recent (2016/17) published Quality Outcome Framework (QOF) results for were 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 98% and national average of 96%. The overall exception reporting rate was 10% compared with a national average of 10%. (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.)

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.
- Multi-disciplinary case review meetings were regularly held where all patients with a complex medical history, including those on the palliative care register, were discussed.

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- New cancer cases were referred, using the urgent two week wait referral pathway, in line with the performance of other practices.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.

Are services effective?

(for example, treatment is effective)

- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- At the last inspection in 2015 we identified that the practice should review the reception area to support patient confidentiality. We saw that reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. We saw many patients used the self-check facility; and patients told us they had no concerns regarding confidentiality.
- No Care Quality Commission comment cards were received. However, all eight patients we spoke to on the day were positive about the service experienced. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 255 surveys were sent out and 121 were returned. This represented about 1% of the practice population. The practice was in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 87% of patients who responded said the GP gave them enough time; CCG - 85%; national average - 86%.
- 93% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 95%; national average - 95%.
- 86% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 85%; national average - 86%.

- 95% of patients who responded said the nurse was good at listening to them; (CCG) - 92%; national average - 91%.
- 95% of patients who responded said the nurse gave them enough time; CCG - 94%; national average - 92%.
- 98% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 98%; national average - 97%.
- 90% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 92%; national average - 91%.
- 89% of patients who responded said they found the receptionists at the practice helpful; CCG - 87%; national average - 87%.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. We saw a dedicated area for carers in the main entrance with information and advice leaflets for carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 281 patients as carers (2% of the practice list).

- A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective.
- Staff told us that if families had experienced bereavement, their usual GP contacted them or sent

Are services caring?

them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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:

- 84% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 86% and the national average of 86%.
- 78% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 80%; national average - 82%.

- 90% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 91%; national average - 90%.
- 82% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 85%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example, the practice provided extended opening hours, online services such as repeat prescription requests, advanced booking of appointments and advice services for common ailments.
- The practice improved services where possible in response to unmet needs. We saw evidence that the practice had led the development and implementation of additional local services. For example, the practice had worked with the local clinical commissioning group (CCG) to develop and implement a frailty service that was now being piloted by two clusters of local practices. This provided a person centred approach to the identification and management of patients living with frailty, based on a comprehensive geriatric assessment. A template had been developed to enable initial assessment by a Healthcare Assistant (HCA). Patients identified as frail were given priority reviews of medicines and falls risk assessments. Patients benefited from improved functional capability, independence and living well for longer.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, we saw that the practice staff took time to understand and respond to the needs of patients with a hearing impairment. Positive feedback had been received and patients were encouraged to inform other patients with a similar need, resulting in more such patients registering at the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice used an urgent assessment clinic approach to ensure patients can be seen by a clinician promptly when they are acutely unwell.

Older people:

- The practice supported patients in local care homes and we saw evidence that all patients received reviews every three months.
- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

People with long-term conditions:

- The practice was participating in a pilot scheme with Age UK to improve support to patients with two or more long term conditions.
- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- 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.
- We saw evidence of thorough and effective protocols in use to safeguard children and examples of regular minuted meetings and sharing of information with practice staff and health visitors.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- 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

Are services responsive to people's needs?

(for example, to feedback?)

continuity of care. For example, extended opening hours (with appointments available from 7.30am to 7.30pm on weekdays) and weekend appointments through working with other local practices.

- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice was participating in a pilot scheme of community engagement to address social isolation felt by some patients.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. For example, a lead GP supported patients in two care homes for people with a severe learning difficulty.
- We saw evidence of proactive screening of patients for alcohol misuse and patients identified as being at risk were offered support. This included access to an on-site drug and alcohol misuse support worker who worked closely with the lead GP, who had an additional qualification in the management of substance misuse. For example, of 622 patients who registered with the practice in 2017/2018, 549 completed an initial screening tool and based on the results, 65 completed a comprehensive screening tool. Support and intervention, based on need, was provided by a specialist nurse who carried out 97 consultations with 22 patients in the three months before the inspection.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia. For example, the practice had provided additional training to a Healthcare Assistant (HCA) who then offered initial support to patients who reported low mood issues during other routine appointments. The HCA's competency in this area and patient outcomes were monitored by GPs.
- The practice offered an annual review to all patients experiencing significantly poor mental health. Patients were reminded by phone the day before to attend and those who did not attend were followed up. Annual reviews of all dementia care plans were carried out.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised. We saw evidence that the practice had improved access to urgent appointments by employing two additional nurses trained in urgent care. Reception staff worked with these nurses and GPs to ensure patients were offered the most appropriate treatment route.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations and comments from patients on the day of inspection.

- 80% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 75% and the national average of 76%.
- 58% of patients who responded said they could get through easily to the practice by phone; CCG - 64%; national average - 71%.
- 90% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 87%; national average - 84%.
- 81% of patients who responded said their last appointment was convenient; CCG - 82%; national average - 81%.
- 72% of patients who responded described their experience of making an appointment as good; CCG - 69%; national average - 73%.
- 44% of patients who responded said they don't normally have to wait too long to be seen; CCG - 53%; national average - 58%.

We spoke to the practice about phone access to the practice and waiting times (after the appointment time) for patients to be seen. The practice told us that they had invested in a new phone system that offered an improved call queuing system and hoped this would be reflected in the results of the 2018 GP patient survey. The practice had discussed delays in patients being seen and we witnessed an example of a patient being kept informed by reception

Are services responsive to people's needs?

(for example, to feedback?)

staff of delays. We were told that GPs sometimes had to prioritise seeing patients with urgent needs. However, patients told us that some delays were due to clinicians spending more than the standard appointment time with patients and this extra time was appreciated by patients.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.

- The complaint policy and procedures were in line with recognised guidance. Twenty complaints were received in the last year. We reviewed three complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends through a documented annual review. It acted as a result to improve the quality of care. We saw evidence that complaints were discussed at management meetings and partners meetings; and that patient feedback from the friends and family test was shared with the patient participation group.

Are services well-led?

Good 

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

Our findings

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and

complaints. We saw that operational and staff changes had been discussed with the patient participation group who told us they had a positive working relationship with the practice. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- The practice was a GP training practice and had been rated as excellent at the last re-approval by the Severn Deanery in 2016. The practice was participating in developments of the curriculum for medical students and was a training site for Physician Associates, in partnership with a local university.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control

Are services well-led?

Good 

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

- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.

- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example, the patient participation group had worked with the practice to plan and promote patient education events on topics including men's health, mindfulness, dementia and COPD.
- There was an active and enthusiastic patient participation group, which contributed to a wider local patient forum for South Gloucestershire.
- The service was transparent, collaborative and open with stakeholders about performance.
- At our last inspection in 2015 we identified that the practice should review how the practice's vision, business plan and whistleblowing policy could be promoted with staff and patients. At this inspection we saw that a new intranet system had been introduced providing easy access to information for all clinicians and support staff. Staff we spoke to were aware of information on the intranet.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the practice. For example, the practice had contributed to the development of the Electronic Palliative Care Coordination System (EPaCCS); had developed an anticipatory medicines chart for palliative patients that had been adopted across the locality; had led the establishment of a frailty service; and had won a local innovation award for the development of IT based prescribing protocols. The practice was currently participating in a pilot scheme to further develop and improve diabetic care in the locality.

Are services well-led?

Good 

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

- Staff knew about improvement methods and had the skills to use them.
- At our last inspection in 2015 we identified that the practice should review governance arrangements to ensure learning from significant events, complaints and audits is clearly documented and disseminated. At this inspection we saw evidence that the practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements. For example, we saw that in response to an incident in the car park, warning markings had been improved and a system of regular checks introduced to minimise future risks to patients
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.