

Bishopston Medical Practice - Logan Road

Quality Report

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Date of inspection visit: 6 August 2015

Date of publication: 12/11/2015

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Bishopston Medical Practice - Logan Road on 6 August 2015. Specifically, we found the practice to be good for providing safe, well led, effective, caring and responsive services. It was also rated as good for providing services for all of the population groups.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- There was a good focus on developing the facilities and services provided to patients by involvement in pilot schemes to improve the outcomes for patients.

We saw areas of outstanding practice including:

- The practice funded a care coordinator who contacted all patients after they had been discharged from hospital to make sure they had adequate support and to provide information for services.

Summary of findings

- As part of their service development for older people the practice had allocated time for a member of staff to act as a community resource lead and actively contact older patients and signpost them to community support services.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services. National data from NHS England showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Good



Are services caring?

The practice is rated as good for providing caring services. National data from NHS England showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Summary of findings

Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in supporting those patients with a diagnosis of a dementia and those requiring end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



Summary of findings

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. It had carried out annual health checks for patients with a learning disability and 95% of these patients had received a follow-up appointment. It also offered longer appointments for patients with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with a diagnosis of a dementia. It carried out advance care planning for patients with a diagnosis of a dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing in line with or above local and national averages. There were 117 responses to the survey and a patient response rate of 40%.

- 91% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 90% and the national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 80% and national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 85%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 90%.

- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and national average of 87%.

As part of our inspection we also asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received 7 completed comment cards which all contained positive feedback about the standard of care received. Comment cards highlighted that staff had responded compassionately when they needed help and provided support when required. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We also spoke with two members of the patient participation group (PPG) on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their own personal dignity and privacy was respected.

Outstanding practice

- The practice funded a care coordinator who contacted all patients after they had been discharged from hospital to make sure they had adequate support and to provide information for services.
- As part of their service development for older people the practice had allocated time for a member of staff to act as a community resource lead and actively contact older patients and signpost them to community support services.

Bishopston Medical Practice - Logan Road

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector, a second CQC Inspector and included a GP specialist advisor.

Background to Bishopston Medical Practice - Logan Road

Bishopston Medical Practice-Logan Road is a family practice, with nine GPs, two male and seven female. The practice provides services to approximately 11,700 patients, living in Bishopston, Horfield, St Andrews, Ashley Down and Henleaze. It operates as a partnership with three GP partners and a business manager partner. The practice provides a wide range of health services and clinics, over two sites at Logan Road and Nevil Road. The practices were formed by the merger of The Spence Group Practice and Nevil Road Surgery in 2013.

The practice patient population is made up of 49.5% male patients and 50.5% female. There were 83% patients of white British background with the remaining from other ethnic backgrounds. The largest proportion of patients are under 16 years of age (20.7%) with 20% of patients aged between the ages of 25-34 years. There are 9.5 % patients aged 17 to 24 years, 17% of patients were aged between 35 and 44 years, 14.5% of patients were aged 45 to 54 and

9.8% of patients were aged between 55 to 64 years. The smallest proportion of patients is older people with 5% aged 65 to 74 years and 3.5% of them were over the age of 75.

The Logan Road site is open from 8:30 am until 6:30 pm Monday to Friday. Twice monthly on a Saturdays there is a morning surgery. At both sites telephones are answered from 8am.

Patients are advised to telephone NHS 111 for treatment outside of practice opening hours.

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. We inspected this service as part of our new comprehensive inspection programme 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 (Regulated Activities) Regulations 2015, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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

Detailed findings

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 Bristol 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 three of the GPs, the lead nurse, and one practice health care assistant. We also spoke with the practice manager and the reception and administration staff on duty. We spoke with three patients in person during the day. We also spoke with two members of the Patient Participation Group. We received information from the 7 Care Quality Commission comment cards left at the practice and one comment made through 'share your experience' on the CQC website.

On the day of our inspection we observed how the practice was run, such as the interactions between patients, carers and staff and the overall patient experience.

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording of significant events. Patients affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and we saw that there was also a recording form available on the practice's computer system to monitor complaints received by the practice. All complaints received by the practice were entered onto the system and automatically treated as a significant event. The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, supporting a patient with erratic behaviour who regularly attended the practice, ensuring they received the healthcare they needed, lessons had been learnt, the sharing of information and a planned strategy implemented to manage any incidents had been put in place.

Safety was monitored using information from a range of sources, including the National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. The practice used the National Reporting and Learning System (NRLS) eForm to report patient safety incidents.

Overview of safety systems and processes

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

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

information, where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received safeguarding training relevant to their role.

- A notice was displayed in the waiting room, advising patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (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).
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with posters pertaining to this on display. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments and processes in place to monitor safety of the premises such as the management and control of substances hazardous to health, infection control and legionella.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The lead nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence at the practice that action was taken to address any improvements required which had been identified within the inspection control audit.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medicines audits were carried out with the support of the local Clinical Commissioning Group pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- Recruitment checks for staff employed at the practice were carried out and the three staff files we reviewed

Are services safe?

showed that appropriate recruitment checks had been undertaken prior to their employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks had been undertaken through the Disclosure and Barring Service.

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

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a

defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line relevant and current evidence based guidance and standards, including the National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored practice to ensure that these guidelines were followed; this was undertaken through risk assessments, protocols and audits.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice QOF data was aggregated across both sites Logan Road and Nevil Road. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results available to us from 2013/2014 were that the practice had obtained 99.1% of the total number of points available, with a 9.6 exception reporting rate. This practice was not an outlier for any QOF (or other national) clinical targets. Data showed:

- Performance for diabetes related indicators was at 96.7% and this was 5.6% above the Clinical Commissioning Group (CCG) and 6.6% above the national average
- The percentage of patients with hypertension having regular blood pressure tests was 100%.
- Performance for mental health related and hypertension indicators were 100%.
- Performance indicator for dementia diagnosis rate was 100%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. There had been several clinical audits completed in the last two years, two of these were a completed cycle of audits relevant to clinical care and demonstrated where the improvements had been made, implemented and

monitored. Other clinical audits were in regard to the management of infection control and long term conditions. The practice also participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services.

Information about patient's outcomes were used to make improvements, such as how the shared care/ medicines prescribing for a particular course of treatment with hospital consultants was monitored. An audit of how blood test results data were obtained from hospital or other health care providers was used effectively to follow up the patient's on-going care at the practice. The outcome for patients was that GPs were encouraging patients to provide their hospital treatment booklets at reviews of care so that information was shared across different service. Another example was that administration staff were reminded to use the repeat prescribing principles when a repeat request for medicines was made.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had completed an appraisal of their performance within the last 12 months.
- Staff received ongoing training that included: safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. The practice had a programme of training of the month so that all staff achieved the training required.

Coordinating patient care and information sharing

Are services effective?

(for example, treatment is effective)

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and the practice intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when patients were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis with weekly clinical meetings within the practice and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

Health promotion and prevention

Patients in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. The practice offered 'Teen Checks', where they discussed all aspects of teen health, smoking, alcohol and sexual health. Patients were then signposted to additional services to support them.

The practice had a comprehensive screening programme. Using data from Quality Outcomes Framework the practice's uptake for the cervical screening programme of 81% was above the CCG average of 74.5% and the national average of 77%. There was a policy to send up to three reminders through the post to patients to encourage them to make an appointment. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

There was a childhood immunisation programme for all the required vaccinations and there were dedicated reception staff who proactively contacted the parents of children who had missed immunisation appointments.

Patients had access to appropriate health assessments and checks. We were told and shown detail about the programme for health checks for patients with a learning disability, this was currently under review by the practice. NHS health checks for patients aged 40–74 were offered. Of the 737 patients invited to a health check appointment 35.7% attended. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Patients were also signposted to other health support such as the stop smoking service and weight management to promote patient awareness and self-care.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that patients were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 7 patient CQC comment cards we received all were positive about the service experienced. Patients said they felt the practice offered an excellent service and that staff were helpful, caring and had treated them with dignity and respect. We also spoke with two members of the patient participation group (PPG) on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their own personal dignity and privacy was respected. Comment cards highlighted that staff had responded compassionately when patients needed help and had provided support when required.

Results from the National GP patient survey showed patients were happy with how they were treated with the care and concern, dignity and respect shown to them. The National GP patient survey results published on July 2015 showed the practice was performing in line with or above local and national averages. There were 117 responses and a response rate of 40%.

- 91% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 90% and the national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 80% and national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%

- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 85%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 90%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views. Patients also added they had been impressed with the care and treatment they had had and that they had been invited to tell the GP their hopes for the outcome of their visit.

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

- 86% of patients said the last GP they saw was good at explaining tests and treatments which was comparable to the CCG and the national average of 86%.
- 86% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 81%

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all patients

Are services caring?

who were carers. The practice was involved in the North Bristol GP cluster joint working in providing a Care Coordinator role across the four practices to support patients on discharge from hospital. This role was for a six month pilot to ensure there is an integrated pathway for patients receiving care and treatment from the different health and social care organisations. We saw although this pilot was mid-way through and highlighted so far the need for patients to have a point of contact to answer queries

and direct them to the appropriate organisation to be able to answer those queries. The practice also offered carers health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them. A member of staff acted as a community resource lead and actively contact older patients and signpost them to community support services.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local Clinical Commissioning Group (CCG) to plan services and to improve outcomes for patients in the area. For example, the practice was recognised positively by the CCG for its winter planning to providing support to patients at risk through their comprehensive influenza vaccine programme, the anticipatory care and treatment plans put in place, and the positive impact of admission to hospital avoidance for patients with long standing lung conditions.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were some disabled facilities at the practice but the practice had recognised that this needed development due to restrictions of the building. A hearing loop for people with an impairment and translation services were available.
- In house diabetic retinopathy screening and dietician clinics.
- This practice is one of 16 in the CCG area chosen to participate in a pilot, as yet not started, called, H G Wells, to test an integrated model of care for patients with diabetes and other long term conditions.
- An all-day phone triage service for patients with access to a same day review of their care.

Access to the service

The Logan Road site is open from 8:30 am until 6:30 pm Monday to Friday. Twice monthly on a Saturdays there is a morning surgery. At both sites telephones are answered from 8am.

Patients are advised to telephone NHS 111 for treatment outside of practice opening hours.

Results from the National GP patient survey July 2015 showed that patient's satisfaction with how they could

access care and treatment was comparable to local and national averages and patients we spoke with on the day were able to get appointments when they needed them. For example:

- 75% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 77% and national average of 75%.
- 88% of patients said they could get through easily to the surgery by phone compared to the CCG average of 73% and national average of 73%.
- 77% of patients described their experience of making an appointment as good compared to the CCG average of 72% and national average of 73%.
- 75% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 62% and national average of 65%.

Listening and learning from concerns and complaints

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

We saw that information was available to help patients understand the complaints system. Information was available on the practices website, patient leaflets and posters displayed detail of the complaints process. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at a sample of the 22 complaints received in the last 12 months. It must be noted that these complaints were from both locations, Nevil Road and Logan Road and included verbal comments as well as formal written complaints. The records showed that these were satisfactorily handled and dealt with in a timely way. We saw there was openness and transparency with dealing with complaints and patients opinion was valued and responded to.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a complaint about confidentiality being breached at the reception desk because conversations

Are services responsive to people's needs? (for example, to feedback?)

could be overheard led to a review of staff attitude, the implementation of a procedure for providing information and the placement of a radio in the waiting room to muffle noise to patients waiting there.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. They also wanted to ensure that patients were confident of and satisfied with the standard of clinical care they received and that they were provided with an overall patient experience which met their expectations.

When we spoke with and observed staff as they demonstrated the ethos of the practice throughout their communication and actions with patients. The practice had a robust strategy and supporting business plans which reflected the vision and values, these were regularly monitored

Governance arrangements

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

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

Leadership, openness and transparency

The partnership in the practice had the experience, capacity and capability to run the practice and ensure high quality care. Members of the partnership had various skills and background including business management. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. Staff told us they felt well supported by the partnership.

Staff told us that regular team meetings were held and there was an open culture within the practice. Staff had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did. All staff were involved in discussions about how to run and develop the practice and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. Staff input to the development of the service was clearly shown in the minutes of meetings held at the practice.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys, compliments and complaints received. The newly formed PPG, an amalgamation of the two groups from the two locations had just commenced meeting on a regular basis. We saw from previous PPG involvement and patient feedback had led to changes in the appointment system and looking at supporting patients access the practice by the use of volunteer drivers.

Innovation

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example a pilot being carried out called HG Wells, to look at integrated care pathways for patients with diabetes or long term conditions. The practice worked with other local health care services, GP Practices in their cluster, to provide a shared Care Coordinator to support patients on discharge from hospital. There was a number of nurse led audits that were focussed on direct and indirect patient care. The outcomes of these audits had led to changes in how the care of patients receiving contraceptive implants are cared for during the procedure and appropriate recording in their patient records is undertaken. A patient information and guidance leaflet on post minor surgery was developed particularly focussing of skin reactions and actions patients were to take should there be any concerns.