Pembroke Road 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?	Outstanding
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 Pembroke Road Surgery on 19 January 2016. Overall the practice is rated as good with outstanding features.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Feedback from patients about their care was consistently and strongly positive.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient reference group (PRG). For example, they had introduced at the suggestion of the PRG, a 'next step' card which informed patients, who required further intervention after their initial consultation, what was happening subsequently.
- 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. For example, when a nearby practice had closed at short notice, patients receiving treatment for substance

Summary of findings

misuse, were transferred to the Pembroke Road Surgery where they were accommodated and treated on the same day. This meant there were no delays or interruptions in treatment for the patients.

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

We saw some areas of outstanding practice:

- The practice ran a series of pilot 'Memory Cafes' and invited patients living with dementia and their carers to the practice where the waiting room was turned in to a café for were refreshments. Patients living with dementia were engaged in 'fun' mental agility exercises, and education sessions were available for carers. The impact for the patients was being integrated into the practice, education about dementia for both a social and medical stance and the development of informal support networks for patients and carers.
- There was a Volunteers Group at the practice which helped patients with transport to and from the practice and hospital appointments. The members worked with the practice to offer a befriending service for lonely or isolated patients who could benefit from someone visiting them regularly at home or in hospital.
- The practice ran two 'Pulmonary Rehabilitation' courses in conjunction with the local community health partnership. The courses were two programmes for six weeks with two hours sessions of exercise and education held twice weekly. This was held in the waiting room at the practice as there were no public facilities available. The impact on patients was measured by the improvements in the four areas of the Chronic Respiratory Disease Questionnaire and improvements in patients' shuttle walking test. For example, patients were less reliant on walking aids and had continued with the exercises outside of the practice organised courses.

The areas where the provider should make improvement are:

- The practice should ensure all personnel files have the information as required by regulation.
- The practice should review the prescription security protocol to ensure there was an audit trail in the event of any security incident

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?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- We found some of the processes in place for the management of the practice could be more robust for example, the process which ensured prescription security should have provided an audit trail in the venet of any security breach.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality
- The practice ran a series of pilot 'Memory Cafes' to which invited patients living with dementia and their carers to the practice where the waiting room was turned in to a café for were refreshments. Patients living with dementia were engaged in 'fun' mental agility exercises, and education sessions were available for carers. The impact for the patients was being integrated into the practice and informal support networks.
- There was a Volunteers Group at the practice which helped patients with transport to and from the practice and hospital appointments. The members also offered a befriending service for lonely or isolated patients who would benefit from someone visiting them regularly at home or in hospital.

Are services responsive to people's needs?

Outstanding 

The practice is rated as outstanding for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified such as the Web GP online consultation service.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice ran two 'Pulmonary Rehabilitation' courses in conjunction with the local community health partnership. The courses ran for six weeks with two hours sessions of exercise and education held twice weekly. This was held in the waiting room at the practice as there were no public facilities available. The impact on patients was measured by the improvements in the four areas of the Chronic Respiratory Disease Questionnaire and improvements in patients' shuttle walking test. For example, patients were less reliant on walking aids and had continued with the exercises outside of the practice organised courses.
- We were told about a recent event whereby a nearby practice had closed at short notice. There were vulnerable patients receiving treatment for substance misuse, who had an appointment for that day who were transferred to the

Summary of findings

Pembroke Road Surgery where they were accommodated and treated. This meant there were no delays or interruptions in treatment for the patients. Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to 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 was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient reference group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older patients in its population. When allocating visit requests, the same doctor visited which promoted a continuity of care.
- The practice was responsive to the needs of older patients, and offered urgent appointments for those with enhanced needs.
- Older patients who were included in the Admission Avoidance enhanced service had care plans which were reviewed regularly.
- The practice participated in the care homes without nursing enhanced service and had a designated GP who made weekly visit to the care home.
- The practice had a dedicated professional telephone number for care homes, local hospitals, the ambulance service and community services.

People with long term conditions

Good

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

- Nursing staff had specialist training for the management of chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice managed patients with long term conditions well, for example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) at 93.56% exceeded the national average of 88.3%.
- 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 medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice participated in the 3D Study which looked at the GP management of care for patients with three or more long term health conditions. The aim was to treat the whole patient in a consistent, joined up manner in order to improve their overall quality of life.

Summary of findings

- The practice Quality and Outcomes Framework achievement for 2014-15 was 557/559 points (99.6%) with an exception coding rate comparable to the Clinical Commissioning Group average results
- The practice ran two 'Pulmonary Rehabilitation' courses which involved patients attending structured exercise programmes and education sessions, as this was one of the few interventions indicated by research known to reduce emergency admissions for patients with long term conditions.
- Pembroke Road also undertook on site monitoring for patients taking anticoagulant therapy.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the three Royal College of Physicians questions. (01/04/2014 to 31/03/2015) was 80.18% which exceeded the national average of 75.35%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked to provide inclusive services for younger patients, such as hosting the 4YP (for young people) initiative which enabled young patients to access sexual health care.
- There was a practice leaflet given to new parents to help them manage minor illness, and when to ask for medical advice. The practice had a policy that 'hot babies' were slotted into emergency appointments by the reception staff, rather than having to wait for telephone triage. These babies are then seen as soon as possible after arrival.

Working age people (including those recently retired and students)

Good

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

Summary of findings

the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, routine appointments were available throughout the working day, including at lunchtime.
- 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.
- The practice had an 'Open Surgery' each morning for patients to attend for a same day appointment.
- Appointments were booked in person, on the automated phone system and on line. Text reminders for appointments were sent with the facility for patients to send a text message to cancel appointments
- The practice participated in the Web GP scheme of online consultation.

People whose circumstances may make them vulnerable

Good

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 patients, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- The practice had told vulnerable patients about how to access various support groups and voluntary organisations such as referring homeless patients to the local NHS Homeless Service.
- The practice had accommodated vulnerable patients receiving treatment for substance misuse from a nearby practice had closed at short notice. This meant there were no delays or interruptions in treatment for the patients.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

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

Summary of findings

- 98.36% of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) exceeding the national average of 88.7%.
- 82.93% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months which was comparable to the national average of 84.01%.
- The practice carried out advance care planning for patients with dementia and worked closely with the community based dementia navigators.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice ran a series of pilot 'Memory Cafes' to which they invited patients living with dementia and their carers to the practice. The practice worked with volunteers to provide refreshments, and 'fun' mental agility exercises for those living with dementia. There were education and support sessions available for the carers. The impact for the patients was being integrated into the practice, education about dementia for both a social and medical stance and the development of informal support networks for patients and carers.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

We spoke with eight patients visiting the practice and we received eight comment cards from patients who visited the practice. We also looked at the practices NHS Choices website to look at comments made by patients, some of which expressed a negative view of the practice. (NHS Choices is a website which provides information about NHS services and allows patients to make comments about the services they received). We also looked at data provided in the most recent NHS GP patient survey.

The NHS England- GP Patient Survey data was published on 2 July 2015. There were 301 survey forms distributed for Pembroke Road Surgery and 121 forms were returned, this was a response rate of 40.21% and represented 0.96% of the number of patients registered at the practice.

The data indicated:

- 93.6% of respondents described the overall experience of their GP surgery as fairly good or very good compared to the to the Clinical Commissioning Group average of 88.5% and national average of 86.8%.
- 90.1% of respondents said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to the to the Clinical Commissioning Group average of 79.6% and national average of 77.5%.
- 94.1% of respondents found it easy to get through to the practice by phone compared to the to the Clinical Commissioning Group average of 72.7% and national average of 73.3%.
- 98.7% of respondents found the receptionists at this practice helpful compared to the to the Clinical Commissioning Group average of 88.5% and national average of 86.8%.
- 77.7% of respondents with a preferred GP usually get to see or speak to that GP compared to the to the Clinical Commissioning Group average of 60.7% and national average of 60%.
- 96.2% of respondents were able to get an appointment to see or speak to someone the last time they tried compared to the to the Clinical Commissioning Group average of 85% and national average of 85.2%.
- 96% of respondents said the last appointment they got was convenient compared to the to the Clinical Commissioning Group average of 91.2% and national average of 91.8%.
- 81% usually wait 15 minutes or less after their appointment time to be seen compared to the to the Clinical Commissioning Group average of 62.1% and national average of 64.8%.
- 88.2% described their experience of making an appointment as good compared to the to the Clinical Commissioning Group average of 72.5% and national average of 73.3%.

We found from the information that all but one of these results were better than the average for the Bristol Clinical Commissioning Group, and were contrary to the opinions expressed on NHS Choices.

We read the commentary responses from patients on the comment cards and noted they included observations such as

- The services were good or excellent.
- Appointment access was good for patients who confirmed they were able to get appointments on the day if urgent.
- Staff were interested in the patients and involved them in decisions about their treatment.
- Patients felt treated with dignity and respect
- Patients expressed their satisfaction overall with the service received.

We also spoke to patients; the comments made by patients were very positive and praised the care and treatment they received. Patients had commented positively about being involved in the care and treatment provided, and feeling confident in their treatment.

Summary of findings

The practice had a patient reference group (PRG) gender and ethnicity of group was representative of the total practice patient population, the group was widely advertised and information about the group was available on the website and in the practice. The had worked with the practice to achieve improvements in the practice which included :

- a 'next step' card for patients who required further intervention after their initial consultation
- a designated 'disabled parking' space for patient parking immediately outside the practice
- input into the design and information on the new website
- consultation and participation in patient surveys

The practice had also commenced their 'friends and family test' which was available in a paper format placed in the reception area and online. The results for the period 19/01/15 to 15/01/16 were from 898 responses 93% of the patients stated they would recommend the practice, 3% stated they did not know whilst 4% stated they would not recommend the practice.

Areas for improvement

Action the service SHOULD take to improve

- The practice should ensure all personnel files have the information as required by regulation.
- The practice should review the prescription security protocol to ensure there was an audit trail in the event of any security incident.

Outstanding practice

- The practice ran a series of pilot 'Memory Cafes' and invited patients living with dementia and their carers to the practice where the waiting room was turned in to a café for were refreshments. Patients living with dementia were engaged in 'fun' mental agility exercises, and education sessions were available for carers. The impact for the patients was being integrated into the practice, education about dementia for both a social and medical stance and the development of informal support networks for patients and carers.
- There was a Volunteers Group at the practice which helped patients with transport to and from the practice and hospital appointments. The members worked with the practice to offer a befriending service for lonely or isolated patients who could benefit from someone visiting them regularly at home or in hospital.
- The practice ran two 'Pulmonary Rehabilitation' courses in conjunction with the local community health partnership. The courses were two programmes for six weeks with two hours sessions of exercise and education held twice weekly. This was held in the waiting room at the practice as there were no public facilities available. The impact on patients was measured by the improvements in the four areas of the Chronic Respiratory Disease Questionnaire and improvements in patients' shuttle walking test. For example, patients were less reliant on walking aids and had continued with the exercises outside of the practice organised courses.

Pembroke Road 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 special advisor, a nurse special advisor and a second CQC inspector.

Background to Pembroke Road Surgery

Pembroke Road Surgery is located in an urban area of Bristol. They have approximately 12600 patients registered.

The practice operates from one location:

111 Pembroke Road,

Clifton,

Bristol,

BS8 3EU

The practice is sited in a converted house over three floors which are accessed by a lift or stairs. The consulting and treatment rooms for the practice are situated on the three floors. The practice has eight consulting rooms, and four treatment rooms (for use by nurses and health care assistants); reception area and a large waiting room on the ground floors. There is limited patient parking immediately outside the practice with spaces reserved for those with disabilities.

The practice is made up of seven GP partners, two salaried GPs and the practice manager, working alongside the nursing team of a three practice nurses and two health care assistants. The practice is supported by a deputy practice manager, and an administrative team made of medical secretaries, receptionists and administrators. The practice is open from 8.15am until 6.30pm Monday, Thursday and Friday, 7.30am-7pm on Tuesday, and 8.15am – 7pm on Wednesday for on the day urgent and pre-booked routine GP and nurse appointments and 8.30am-10.30am on Saturday for pre-booked appointments.

The practice has a Personal Medical Services contract with NHS England. The practice is contracted for a number of enhanced services including extended hours access, facilitating timely diagnosis and support for patients with dementia, patient reference group, immunisations and unplanned admission avoidance.

The practice take 4th year medical students on a 4-week placement to broaden their experience in primary care and help them to develop the skills necessary to complete their undergraduate medical training.

The practice does not provide out of hour's services to its patients, this is provided by BrisDoc. Contact information for this service is available in the practice and on the website.

Patient Age Distribution

0-4 years old: 4.86%

5-14 years old: 8.38%

15-44 years old: 51.91% - higher than the national average

45-64 years old: 23%

65-74 years old: 6.97%

75-84 years old: 3.37% - lower than the national average

85+ years old: 1.5% - lower than the national average

Patient Gender Distribution

Male patients: 50.35 %

Female patients: 49.65 %

Detailed findings

% of Patients from BME populations: 2.23 %.

Why we carried out this inspection

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.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on19 January 2016. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.
- We also spoke with a health care professional who were based at the practice.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services are provided for specific groups of patients and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

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

Good

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events and the outcomes and actions were shared informally at the daily lunchtime meetings and more formally at weekly practice meetings. Significant events were reviewed quarterly to ensure any learning or action points had been completed. For example, an incident occurred whereby a condition was missed. We saw this had been appropriately recorded with learning for the GP involved as well as shared team learning. The practice had also added additional referral pathways to their intranet.

We reviewed safety records, incident reports national patient safety alerts 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, we read an incident report which related to clinical waste and the subsequent change in protocol to prevent reoccurrence.

When there were unintended or unexpected safety incidents, patients received support, truthful information, and an apology, and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse 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. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role for example, child safeguarding training to level three as indicated by the Intercollegiate Guidance.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of patients barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group pharmacy teams, to ensure prescribing met with best practice guidelines for safe use of medicines.
- We reviewed the arrangements at the practice for the security of prescriptions and the implementation of the 'Security of prescription forms guidance' (We found that the stocks of prescription forms were locked away, and the practice recorded prescription serial numbers when they were distributed around the practice. The practice had not recorded prescription serial numbers delivered and therefore they had no audit trail in the event of any security incident. This was raised with the practice during the inspection and action taken to address the issue. The prescription pads for GPs and the serial numbers of Drug Misuse instalment prescriptions (blue prescriptions) were recorded by the practice.

Good

Are services safe?

- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccines.
- We reviewed four personnel files and found that recruitment checks had been identified to be undertaken prior to employment. For example, proof of identification, references, qualifications, and registration with the appropriate professional body. The files we saw did not all contain the documentation as listed in the regulations, for example, we found there was no application form or CV for one staff member who had been known to the practice although toher documents were in place.
- We noted that the information retained for the locum GP currently working at the practice met Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and included evidence of adult safeguarding and training to level three in child protection.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and carried out regular fire drills. 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 in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- 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.

Arrangements to deal with emergencies and major incidents

- The practice had adequate arrangements in place to respond to emergencies and major incidents.
- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. 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.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date.
- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

The practice monitored that these guidelines were followed through their governance arrangements. For example, we found the practice had implemented the NICE recommendation for influenza vaccination for patients with coeliac disease.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.6% of the total number of points available. Data from 2014-15 showed the practice consistently performed above the national average:

- Performance for diabetes related indicators was better than the national average. For example, the percentage of patients with diabetes, on the practice register, in whom the last IFCC-HbA1c (this refers to glycated haemoglobin which for people with diabetes is important as the higher the HbA1c, the greater the risk of developing diabetes-related complications) was 64 mmol/mol or less in the preceding 12 months (01/04/2015 to 31/03/2015), was 85.64% and the national average was 77.54%.
- The percentage of patients with atrial fibrillation with a CHADS2 score () of 1, measured within the last 12 months, who are currently treated with anticoagulation drug therapy or an antiplatelet therapy (01/04/2015 to 31/03/2015) was 100% and the national average was 98.32%.
- Performance for mental health related indicators was comparable to the Clinical Commissioning Group and national average, for example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2015 to 31/03/2015) was 93.55% and the national average was 89.55%.

Clinical audits demonstrated quality improvement.

- There had been three completed clinical audits completed in the last two years, where the improvements were identified, implemented and monitored.
- Findings were used by the practice to improve services. For example, recent action taken as a result included an audit which looked at the number of patients who had a diagnosis of coeliac disease and received influenza vaccination. (Influenza immunisation is recommended for patients with asplenia or dysfunction of the spleen; this includes coeliac disease, as this may lead to splenic dysfunction.) The patients who had not received flu vaccination were written to and offered influenza immunisation and the total uptake of immunisation in the 2014/15 season was 57%. A further search was done in January 2016 (the following flu immunisation season) to see if the uptake of influenza vaccination had improved they found there had been a slight decrease in uptake of influenza immunisation by patients with coeliac disease. This group of patients does not benefit from specific chronic disease clinic review. The action taken by the practice was to target these patients a regular annual review and patients contacted and influenza and pneumococcal vaccination, the impact on patients will be reviewed in further audits.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research studies organised by the Primary Care Research Network (PCRN) and the National Institute for Health Research (NIHR).

Information about patients' outcomes was used to make improvements such as the monitoring of patients on anticoagulant therapy. The practice used the INR Star (a system to monitor and prescribe anticoagulant therapy) for these patients, this was an onsite blood test which allowed immediate results and changes to treatment for patients.

Good

Are services effective?

(for example, treatment is effective)

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, infection prevention and control, fire safety, health and safety and confidentiality. An induction record was held in each staff file and signed off when completed. The staff we spoke with confirmed they had been through the induction process.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- 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 had an appraisal within the last 12 months.
- Staff received 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.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' 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 were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed patient's capacity to make an informed decision about their treatment, and if appropriate, recorded the outcome of the assessment.
- The process for seeking consent was demonstrated through records and showed the practices met its responsibilities within legislation and followed relevant national guidance.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- 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. Patients were then signposted to the relevant service.

The practice's uptake for the breast screening programme (females patients aged 50-70) screened for breast cancer in last 36 months was 81.1%, which was higher than the Clinical Commissioning Group average of 69.6% and the national average of 72.2%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Good

Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were comparable to Clinical Commissioning Group and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 78.2% to 98.2% and five year olds from 88.6% to 99%. Flu vaccination rates for the over 65s were 73.66%, and at risk groups 43.42%. These were also comparable to Clinical Commissioning Group and national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed that members of staff were courteous and very helpful to patients and treated patients dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations 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 eight patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

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

- 88.7% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group average of 89.5% and national average of 88.6%.
- 85.8% of patients said the GP gave them enough time compared to the Clinical Commissioning Group average of 86.5% and national average of 86.6%.
- 96.8% of patients said they had confidence and trust in the last GP they saw compared to the Clinical Commissioning Group average of 96% and national average of 95.2%.
- 83.2% of patients said the last GP they spoke to was good at treating them with care and concern compared to the Clinical Commissioning Group average of 85.3% and national average of 85.1%.
- 89.8% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the Clinical Commissioning Group average of 91.7% and national average of 90.4%.
- 98.7% of patients said they found the receptionists at the practice helpful compared to the Clinical Commissioning Group average of 88.5% and national average of 86.8%.

Care planning and involvement in decisions about care and treatment

Patients told us that 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.

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

- 82.7% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group average of 86.4% and national average of 86.0%.
- 82.9% of patients said the last GP they saw was good at involving them in decisions about their care compared to the Clinical Commissioning Group average of 81.8% and national average of 81.4%.
- 76.8% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the Clinical Commissioning Group average of 85.5% and national average of 84.8%.

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.

Good

Are services caring?

Patient and carer support to cope emotionally with care and treatment

The practice operated a charity which provided a range of medical equipment and services for patients such as oximeters to detect sleep apnoea by measuring overnight oxygen levels, 24 hour blood pressure recorders and a tympanometer to detect glue ear in children. Funds were raised through Pembroke Road Surgery, with both staff and patients being involved.

The practice ran a series of pilot 'Memory Cafes' and invited patients living with dementia and their carers to the practice where the waiting room was turned in to a café for were refreshments. Patients living with dementia were engaged in 'fun' mental agility exercises, and education sessions were available for carers. A GP and volunteers supported the practice staff to run these events. The impact for the patients was being integrated into the practice, education about dementia for both a social and medical stance and the development of informal support networks for patients and carers. The practice was working with other local practices to establish this as a regular event in the local community.

There was a Volunteers Group at the practice which helped patients with transport to and from the practice and hospital appointments. The members worked with the practice to offer a befriending service for lonely or isolated patients who could benefit from someone visiting them regularly at home or in hospital.

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. The practice had identified 25 patients on the practice list as carers. Written information was available to direct carers to the various avenues of support available to them. The practice had appointed a patient health champion who when trained will coordinate carers, health promotion campaigns and act as a community resource facilitator for the practice.

Staff told us that if families had suffered bereavement, their usual GP contacted them. 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.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice worked with a cluster of GP practices; this locality covered some of the most affluent parts of Bristol where many patients benefitted from longer life expectancy and better health. The practice had a young population profile, with the majority being young working adults so the practice had commenced the Web GP online consultation service. The practice continued to identify health risk factors related to lifestyles and had used specialist computer software to search the patient records for indicators of long term conditions such as chronic obstructive pulmonary disease. This allowed for patients to be identified and health education advice to prevent illness developing.

We were told about a recent event whereby a nearby practice had closed at short notice. The patients who had an appointment for that day were transferred to the Pembroke Road Surgery where they were accommodated and treated. This meant there were no delays or interruptions of treatment for the patients.

We found the practice provided a variety of services to respond to the health needs of their patients, they included:

- The practice ran two 'Pulmonary Rehabilitation' courses in conjunction with the local community health partnership. The courses were two programmes for six weeks with two hours sessions of exercise and education held twice weekly. This was held in the waiting room at the practice as there were no public facilities available. Clinically appropriate patients were invited to attend and 21 patients completed the programme. There was positive feedback from patients. The impact on patients was measured by the improvements in the four areas of the Chronic Respiratory Disease Questionnaire (a disease-specific health-related quality of life questionnaire developed to measure the impact of Chronic Obstructive Pulmonary Disease (COPD) on a person's life), and improvements in patients' shuttle walking test. For example, patients were less reliant on walking aids and had continued with the exercises outside of the practice organised courses.
- The Admission Avoidance enhanced service where each patient had a care plan which was reviewed regularly; patient's health was reviewed at monthly multi-disciplinary meetings to discuss any unplanned admissions and A+ E attendances.
- The practice participated in the care home without nursing enhanced service. There was a weekly visit to the specified home and the GP reviewed all patients there with the staff every 4-6 weeks. The staff also had a direct telephone number to get straight through to reception, if required; this number was also available to the local hospitals, the ambulance service and community services.
- In addition to the NHS Health Checks for their registered patients, one member of staff participated in the 'outreach' checks across the city to try to engage hard to reach communities, such as ethnic minorities. The learning brought learning back to the practice concerning customs and expectations of different ethnic communities.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population. When allocating visit requests, the same doctor visited, which promoted a continuity of care.
- In response to the practice demographic and patient demand they had made a number of improvements to their sexual health services which reduced waiting times and improved the flexibility of appointments for contraceptive coils and implants.
- There was a practice leaflet given to new parents to help them manage minor illness, and when to ask for medical advice. The practice had a policy that 'hot babies' were slotted into emergency appointments by the reception staff, rather than having to wait for telephone triage. These babies were then seen as soon as possible after arrival.
- The practice were an accredited 4YP (for young people) practice so young people can access sexual health services even if they are not registered.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

- There was shared care management and support for patients with alcohol or drug misuse problems.
- The practice invited younger adults (teenagers) for health checks and immunisations.
- The practice hosted other healthcare services in order to facilitate easy access to treatment by patients at the practice such as mental health counsellors.
- There were longer appointments available for patients with a learning disability.
- There were accessible facilities, hearing loop and translation services available.

Access to the service

The practice was open from 8.15am until 6.30pm Monday, Thursday and Friday, 7.30am-7pm on Tuesday, and 8.15am – 7pm on Wednesday for on the day urgent and pre-booked routine GP and nurse appointments and 8.30am-10.30am on Saturday for pre-booked appointments. Routine appointments were available throughout the working day, including at lunchtime. The practice had an 'Open Surgery' each morning for patients to attend for a same day appointment. Appointments were booked in person, on the automated phone system and on line. Text reminders for appointments were sent with the facility for patients to send a text message to cancel appointments.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages. Patients told us on the day that they were able to get appointments when they needed them.

- 81.6% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group average of 74.6% and national average of 73.8%.
- 94.1% patients said they could get through easily to the surgery by phone compared to the Clinical Commissioning Group average of 72.7% and national average of 73.3%.
- 88.2% patients described their experience of making an appointment as good compared to the Clinical Commissioning Group average of 72.5% and national average of 73.3%.
- 81% patients said they usually waited 15 minutes or less after their appointment time compared to the Clinical Commissioning Group average of 62.1% and national average of 64.8%.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system on the website and a practice leaflet.

We looked at a selection of the ten complaints received in the last 12 months and found these were dealt with in a timely way to achieve a satisfactory outcome for the complainant. For example, complaints were responded to by the most appropriate person in the practice and wherever possible by face to face or telephone contact. The information from the practice indicated all the complaints received had been resolved.

Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. We found complaints were logged and analysed for trends, for example, for 2015 there were 10 complaints of which seven were classed as clinical; two about the reception systems and one concerning an administrative process. We found the learning points from each complaint had been recorded and communicated to the team or appropriate action taken. For example, for the administrative complaint, the information within the practice had been changed. For clinical complaints there was evidence that protocols and procedures had been reviewed, such as that for referring for psychiatric services.

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 set aims and objectives within their statement of purpose to deliver high quality care and promote good outcomes for patients.

- The practice had a strategy and supporting business plans which reflected their objectives which was regularly monitored.
- The practice promoted an integrated model of care working with other healthcare professionals in the best interests of the patient.

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 was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- the practice gave affected patients reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

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

- Staff held lead roles at the practice.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at practice meetings.
- Staff said they felt respected, valued and supported.

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

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

- The practice had gathered feedback from patients through patient surveys, compliments and complaints. There was a patient reference group which was consulted about practice performance and improvement. Current projects included improving availability of seating for patients with disabilities and a new audio-visual patient call system.
- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a 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 such as eConsult and online GP consultation service.

Are services well-led?

Good

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

They held a monthly training meeting one afternoon per month and a journal club at which any training or changes to clinical practice were discussed such as National Institute for Health and Care Excellence (NICE) guidance.

There was a daily GP meeting after the morning surgery which was an opportunity to reflect and discussion any issues that had arisen during the morning.

The practice was involved in research studies organised by the Primary Care Research Network (PCRN) and the National Institute for Health Research (NIHR). Such as in the 3D Study which looked at the GP management of care for patients with three or more long term health conditions. This study aimed to develop and test a new approach to how GP practices managed patients with several health problems in a cohesive way in order to improve their overall quality of life. This was reflected by the way the practice reviewed patients with long term conditions.

The practice took 4th year students on a four week placement to broaden their experience in primary care. They were in the process of becoming a GP training practice.

The practice was proactive in accessing development grants such as the Practice Development grant to improve and extend services. They had undertaken recent refurbishment of the premises to provide a new suite of treatment rooms in the basement and had a rolling programme of refurbishment for all the consulting rooms.