

The Southville Surgery

Quality Report

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Date of inspection visit: 9 February 2016

Date of publication: 08/04/2016

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



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 The Southville Surgery on 9 February 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- 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 implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback

from patients and from the patient participation group. For example, more appointments were requested after 5pm and new staff rotas were planned to accommodate later appointments.

- 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 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.
- The provider was aware of and complied with the requirements of the Duty of Candour.

Summary of findings

The areas where the provider must make improvement are:

- The medicine management policy was not fully implemented which impacted on the safe management of medicines.

The areas where the provider should make improvement are:

- The practice should ensure they undertake checks through the Disclosure and Barring Service for personnel employed to carry on the regulated activities.
- All pre-employment checks should be fully recorded.

- The practice should review how blank prescriptions were received and distributed around the practice.
- Ensure the checks for the emergency oxygen and the defibrillator are recorded.
- Arrangements for infection control should ensure areas identified for action are followed through.
- The practice review the arrangements for checking results and introduce a formalised process which ensured they were reviewed within an agreed timeframe.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- 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.
- The medicine management policy was not fully implemented which impacted on the safe management of medicines by the practice.
- Risks to patients were assessed and well managed.
- We found the some procedures for the management of the service were not fully implemented, for example, not all recruitment checks had been recorded.

Requires improvement



Are services effective?

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 staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.

Good



Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Information for patients about the services available was easy to understand and accessible.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. We found that the practice had applied to the practice development fund to refurbish the building and increase the facilities available for patient care.
- Patients told us they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to 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

Good



Summary of findings

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.
- 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

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

Good



- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- They engaged with a local community-based Retired Senior Volunteers Programme (RSVP) scheme which aimed to build a cohort of befrienders to reconnect patients with social opportunities in the local community to improve their health and wellbeing.
- They provided a same day telephone advice service for older patients
- The practice nominated a GP lead for care homes who visited and provided a regular clinics for care home residents
- The practice undertook the Unplanned Admissions enhanced service; patients at risk had care plans and received medical reviews which the practice nurses made home visits to conduct for housebound patients.

People with long term conditions

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

Good



- 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 was active in the management of long term conditions for example, the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 84.97% compared to a national average of 80.53%.
- 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.

Summary of findings

- The practice had a pharmacist who supported care delivery to this patient group and ran a weekly clinic for patients with hypertension.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations. The practice had an effective recall system which ensured they regularly exceeded the 90% threshold for immunising 2 year-old and 5 year-old children.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses for example; all vulnerable families had a named GP.
- The practice had same day telephone consultations and created face-to-face appointments as needed for any unwell children.

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 reflected the needs for this age group.
- The practice offered same day telephone consultations and face-to-face appointments as needed for any concerns regarding contraception. They fitted contraceptive implants and coils in the surgery as required.
- They offered extended hours each week, offering working patients appointments outside the core contract hours, for example, from 6.30pm – 8.15pm on Tuesday evenings.

Good



Summary of findings

- The practice had GP triage and booked telephone consultations, this meant all patients who contacted the practice for appointments were reviewed by a GP.

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 patients, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability, there was a designated lead GP for these patients.
- 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.
- 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.
- The practice had regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register were discussed.
- The practice hosted substance misuse counsellors for two days per week which ensured that vulnerable patients had appropriate shared care plans and patients were able to be seen at the practice, rather than travel to another location.

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 had lead GP and nurse for patients with mental illness and offered care plans for patients with severe and enduring mental illness.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 96.43% above the national average of 88.47%.

Good



Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a lead GP and nurse lead for patients living with dementia and offered a care plan review and an enhanced dementia annual review which included assessment of physical symptoms, medicines review, and advance care planning for patients living with dementia.
- 73.53% of patients diagnosed with dementia had received a face to face review.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice also offered a carer review for carers of patients living with dementia which included a health check and a carer support appointment.

Summary of findings

What people who use the service say

We spoke with five patients visiting the practice and we received twenty comment cards from patients who visited the practice. We also looked at the practice's 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 379 survey forms distributed for The Southville Surgery and 126 forms were returned, this was a response rate of 33.2% and represented 1.45% of the number of patients registered at the practice.

The data indicated:

- 88.3% of patients described the overall experience of their GP surgery as good compared to the Clinical Commissioning Group average of 85.9% and national average of 84.8%
- 82% of patients said they would definitely or probably recommend their GP surgery to someone who had just moved to the local area compared to the national average of 79.5%.
- 84.9% of patients found it easy to get through to the practice by phone compared to the national average of 73.3%.
- 91.8% of patients found the receptionists at this practice helpful compared to the Clinical Commissioning Group average of 88.5% and national average of 86.8%.
- 66.4% of patients usually wait 15 minutes or less after their appointment time to be seen compared to the Clinical Commissioning Group average of 62.1% and national average of 64.8%.
- 74.9% of 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%.

- 83.6% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the Clinical Commissioning Group average of 88% and national average of 85.2%.
- 85.8% of patients said the last appointment they got was convenient compared to the Clinical Commissioning Group average of 91.2% and national average of 91.8%.

We found from the information that most of these results were better or comparable to the average for the Bristol Clinical Commissioning Group. Where the concerns in regard to appointments had been identified the practice had started to use ALAMAC a software system which reviewed and analysed performance in respect of appointment planning. This will enable the practice to project performance expectations and plan to meet the projections for appointment demand.

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

- The services were identified as very good.
- Access for prebookable appointments was identified as an area for improvement but patients were able to get appointments on the day if urgent.
- Staff were professional and approachable.
- Patients felt treated with dignity and respect and listened.
- Patients expressed their satisfaction overall with the treatment 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.

The practice had a virtual patient reference group (PRG) of 81 members and of these 39% are male and 61% female. The group was not representative of the total practice patient population, however it was widely

Summary of findings

advertised and information about the group was available on the website and in the practice. From the PRG action plan the practice had managed the following issues :

- Improvement of information about GPs at the practice to enable patients a make a more informed choice when booking an appointment, the practice website was updated to include more details of GP's special interests.

- More appointments requested after 5pm and new rotas were planned to accommodate later appointments.

The practice had also commenced their current 'friends and family test' which was available in a paper format placed in the reception area and online. The December 2015 result from this was that 95% of the patients who responded stated they would be likely to recommend the practice, similarly the January 2016 result was that 94.4% of the patients who responded stated they would be likely to recommend the practice.

Areas for improvement

Action the service **MUST** take to improve

- The medicine management policy was not fully implemented which impacted on the safe management of medicines.

Action the service **SHOULD** take to improve

- The practice should ensure they undertake checks through the Disclosure and Barring Service for personnel employed to carry on the regulated activities.
- All pre-employment checks should be fully recorded.

- The practice should review how blank prescriptions were received and distributed around the practice.
- Ensure the checks for the emergency oxygen and the defibrillator are recorded.
- Arrangements for infection control should ensure areas identified for action are followed through.
- The practice review the arrangements for checking results and introduce a formalised processed which ensured they were reviewed within an agreed timeframe.

The Southville 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 and a nurse special advisor.

Background to The Southville Surgery

The Southville Surgery is located in an urban area of Bristol. They have approximately 8678 patients registered.

The practice operates from one location:

Southville Surgery

Coronation Road

Southville

Bristol

The practice is sited in two adjacent houses in a four storey converted building. The consulting and treatment rooms for the practice are situated on the ground and first floors. There are three treatment rooms (for use by nurses, health care assistants and phlebotomists); reception and records room; and a waiting area on both floors. There is limited patient parking immediately outside the practice with spaces reserved for those with disabilities.

The practice is made up of three GP partners, five salaried GPs, the operations manager and the practice manager, working alongside three qualified nurses and two health care assistants. The practice is supported by an administrative team made of medical secretaries, receptionists and administrators. The practice is open from

8.30am until 6.30pm Monday to Friday for on the day urgent and pre-booked routine GP and nurse appointments. Extended opening hours are available for prebookable appointments on Tuesdays between 6.30pm - 8.30pm.

The practice has a General Medical Services contract with NHS England (a nationally agreed contract negotiated between NHS England and the practice). The practice is contracted for a number of enhanced services including extended hours access, facilitating timely diagnosis and support for patients with dementia, patient participation, immunisations and unplanned admission avoidance.

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: 7.07% - higher than the national average

5-14 years old: 7.46%

15-44 years old: 59.14% - higher than the national average

45-64 years old: 18.12% - higher than the national average

65-74 years old: 4.47%

75-84 years old: 2.64%

85+ years old: 1.11%

Patient Gender Distribution

Male patients: 50.19 %

Female patients: 49.81 %

% of Patients from BME populations: 2.67 %

The Southville Surgery is currently experiencing a high demand for registration from new patients and has

Detailed findings

registered 780 new patients since October 2015 due to local practices having closed lists. They operate at a consultation rate of 6 appointments per patient per year against a national average of 5.5.

The practice was inspected by us in November 2013, under a different inspection methodology and was found to be compliant.

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 on 9 February 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.
- 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.

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 of the analysis were shared at quarterly meetings. But during the inspection we had found a schedule three medicine meaning it was subject to special custody requirements. incorrectly stored. This was handled by the senior partner as a significant event. The outcome of the investigation was received after the inspection. On this occasion the practice did not apply learning from the significant event to develop the service by changing protocols to prevent reoccurrence.

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 about a delay in diagnosis. Action was taken to remind clinical staff of the local protocol standards. We saw this was reviewed at the quarterly significant event meeting to confirm the guidance had been understood and implemented.

When there were unintended or unexpected safety incidents, patients receive reasonable support, truthful information, a verbal and written 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 in both adult and children's safeguarding procedures relevant to their role, for example, GPs were trained to Safeguarding level 3 for child protection.

- A notice in the waiting room advised 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 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. One of the practice nurses 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 but action was not always taken to address any improvements identified as a result, for example, the bins were identified for a change but had not been actioned.
- There were policies in place for managing medicines, including emergency drugs and vaccinations, in the practice. We found that these had not always been robustly implemented which allowed for poor practice. For example, the key security was not adhered to and this meant that unauthorised staff could potentially access medicines and the safe where prescriptions were stored. We also found that patient's own medicines had been retained on the premises contrary to the policy. We also found an out of date injectable medicine which was raised with the practice during the inspection for removal.
- The practice carried out regular medicine prescribing audits, with the support of the local Clinical Commissioning Group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. They also funded a pharmacist to undertake patient medicine reviews and to provide additional support for the management of hypertension.

Are services safe?

- Prescription pads and prescriptions for printers were securely stored and there were systems in place to monitor their use around the practice. We found that the system was not failsafe as the practice did not record serial numbers when delivered and so could not provide a clear audit trail if there was a security breach. The provider sent us information and an action plan that was put into place to address this issue following the inspection.
- 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 vaccinations. We found the health care assistant had been trained in-house but this was risk assessed so that they only gave vaccinations when GPs were present on the premises.
- We reviewed three 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. Two files indicated that the practice had not undertaken their own DBS checks for two employees but had relied on Disclosure and Barring Service checks undertaken by other organisations. We also found that for recently employed GPs verbal references had been taken but not recorded.
- We also reviewed information held for locum GPs who were employed by the practice. We found that for the current locum employed at the practice all the checks and evidence to meet Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were in place. We were assured that this information would be sought for all locums prior to them being employed at the practice.

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 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. Administration staff were multi-skilled and were flexible to meet the needs of the service. We saw examples of this when the reception area was busy, staff carrying out other work responded quickly to assist patients.

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. However, the practice should ensure checks for the emergency oxygen and the defibrillator are fully recorded and signed.

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 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. We found that clinical care pathways used by the practice were aligned to NICE guidance.
- The practice monitored that these guidelines were followed through their governance arrangements.

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 99.1% 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 comparable or better than the national average. 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) was 94% and the national average was 88.3%.
- 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 (01/04/2014 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 (CCG) and national average, for example, the percentage of patients with schizophrenia, bipolar affective disorder

and other psychoses whose alcohol consumption had been recorded in the preceding 12 months (01/04/2014 to 31/03/2015) was 94.44% and the national average was 88.61%.

Clinical audits demonstrated quality improvement.

- There had been four clinical audits completed in the last two years, all of these were completed audits where the improvements made were implemented and monitored. We found the practice had an embedded culture of using clinical audit as a tool for improving patient care.
- Findings were used by the practice to improve services. We found recent action had been taken following a significant event which resulted in an audit of patients with 'Do Not Attempt Resuscitation' notices in place. This audit identified that the patients who were indicated as having had the required information and documentation, and ensured that other agencies that would need this information were informed. The audit also resulted in one patient changing their decision about having this notice in place.
- The practice participated in applicable local CCG audits, national benchmarking, accreditation, peer review and were part of the Primary Care Research Network.
- Evidence about patients' outcomes was used to make improvements for example; research information circulated in 2013 indicated that patients with diabetes of child bearing age were not always given pre-conception advice by GP practices. The action taken by the practice was to identify these patients and target pre-conception advice at annual diabetes reviews. The re-audit in 2015 showed that since then two patients had gone on to have pregnancies and a further three were planning pregnancies. All of these patients had been offered pre-conception advice and referred to specialist care or for pre-conception support.

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 checklist was held in each staff file and

Are services effective?

(for example, treatment is effective)

signed off when completed. The records we checked had all been completed and signed and 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 training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. The practice had an internal intranet called 'the tree' where staff could access information and on-line learning.
- Staff received training that included: safeguarding, fire procedures, 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.
- When a GP was absent from the practice their 'buddy' reviewed test results. We found that this did not always happen in a formalised way if GPs were part time and likely to be absent from the practice for some days. This was raised with the senior partner to review the arrangements and introduce a formalised process which ensured results were reviewed within an agreed timeframe.

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 ongoing 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 quarterly 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 and substance misuse. Patients were then referred or signposted to the relevant service.
- The shared premises meant that patients could access additional health care services at the site such as the Macmillan Health Team.

Are services effective?

(for example, treatment is effective)

- The practice were opportunistic in health promotion and used regular events such as the annual influenza campaign to organise sessions which included health promotion and educational stalls in areas such as diabetes.
- The practice had produced a series of patient leaflets to inform parents about common childhood illness.

National data from the Quality Outcomes Framework (01/04/2014 to 31/03/2015) indicated the percentage of women aged 25-64 whose notes record that a cervical screening test had been performed in the preceding 5 years was comparable to other practices at 81.75% and above the national average of 81.83%. 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.

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 89.2% to 99.3% and five year olds from 96.6% to 100%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients when indicated by information on their new patient health questionnaire, and NHS health checks for patients aged 40–74. Teenagers were invited for a comprehensive nurse led teen health check. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed 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 20 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 patients who 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 or comparable for its satisfaction scores on consultations with doctors and nurses. For example:

- 92.1% 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%.
- 83.6% 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%.
- 83.9% 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%.

- 89.4% 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%.
- 91.8% 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 GPs explaining about their care and treatment. Results were in line with local and national averages. For example:

- 84.6% 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%.
- 74% 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%.
- 79.8% 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%.

Following receipt of the IPSOS MORI poll in July 2015, an action plan was identified to improve engagement of patients in decisions about their care which included holding specific patient engagement sessions at the practice.

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.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Staff had a good understanding of how to support patients with mental health needs; the practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health. An example of this was a patient who attended the surgery but was assessed as unsafe to leave. The patient remained at the surgery until they were able to be assessed and treated by the mental health team. Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice also hosted 'talking therapies' counsellors.

The practice had a carer champion and volunteer coordinator. The practice's computer system alerted GPs if

a patient was a carer. The practice had identified 135 of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them. The practice also offered a carer review which included an annual health check, influenza vaccination and a carer support appointment. Carers could also access the Retired Senior Volunteers Programme (RSVP) scheme for support.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. We found that the practice had applied to the practice development fund to refurbish the building and increase the facilities available for patient care.

- Patients with a learning disability were invited to attend a yearly comprehensive health review which followed the Cardiff protocol (an agreed Royal College of General Practitioner's protocol). Patients were sent accessible information in order to be prepared for their appointment and provided with a summary of any outcomes.
- Home visits were available for older patients or patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were accessible facilities and translation services available.
- The practice had installed a lift to improve patient access.
- The practice nominated a GP lead for care home who visited and provided a regular clinic for care home residents.
- The practice had the Unplanned Admissions enhanced service; patients at risk had care plans and received medical reviews on home visits for housebound patients.
- They engaged with a local community-based Retired Senior Volunteers Programme (RSVP) scheme which aimed to build a cohort of befrienders to reconnect patients with social opportunities in the local community to improve their health and wellbeing.
- We saw good examples of joint working with midwives, health visitors and school nurses for example; all vulnerable families had a named GP.
- The practice had same day telephone consultations and created face-to-face appointments as needed for any unwell children.

- The practice offered same day telephone consultations and face-to-face appointments as needed for any concerns regarding contraception. They fitted contraceptive implants and coils in surgery as required.
- The practice had regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register were discussed.
- The practice hosted substance misuse counsellors on two days per week which ensured that vulnerable patients had appropriate shared care plans.
- The practice had lead GP and nurse for patients with mental illness and offered care plans for patients with severe and enduring mental illness. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 96.43% above the national average of 88.47%.
- The practice had a lead GP and nurse lead for patients living with dementia and offered a care plan review and an enhanced dementia annual review which included assessment of physical symptoms, medicines review, and advance care planning for patients living with dementia.
- The practice also offered a carer review for carers of patients living with dementia which included a health check and a carer support appointment.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. Extended hours surgeries were offered at the following times on Tuesday evenings up to 8.30pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them. The practice had GP triage for urgent appointments and booked telephone consultations, this meant the patients who contacted the practice for appointments were reviewed by a GP.

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.

Are services responsive to people's needs?

(for example, to feedback?)

- 74.6% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group average of 77.2% and national average of 74.9%.
- 84.9% of 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%.
- 74.9% of 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%.
- 66.4% of 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 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 the learning points from each complaint had been recorded and communicated to the team or appropriate action taken. For example a number of complaints related to accessing appointments, in response to this the practice had included 'Appointments – An Essential Guide' in the practice newsletter (Winter 2015) and on the practice website.

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 written statement of purpose which outlined the ways in which the practice worked to deliver high quality care and promote good outcomes for patients. It stated the objective as being:

“To set standards of care which should be consistently met by all members of the team which offers a comprehensive NHS Primary Care Service to the local population. To respect our patients and to provide them with the best possible medical care in a professional, safe and friendly environment.”

We found that there was informed leadership and strategic vision within the practice which encompassed the planned changes to service provision. In order that the strategy and vision was shared by the team they had arranged for a whole team meeting for February in which the core values and ethos of the whole team will be discussed and acted upon.

The practice participated in and engaged with colleagues as part of the Bristol Clinical Commissioning Group (CCG) locality and specifically with four other practices to form the Bedminster Medical Group which were collaborating to share resources and expertise in areas such as diabetes and leg ulcer management.

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 via a shared drive and through the staff handbook.
- A comprehensive understanding of the performance of the practice and the impact for patients was maintained.
- A programme of continuous clinical 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. For example, one GP works with the CCG on referral review and the GPs used the South Bristol Referral Screening Service which ensured referrals were appropriate and complete.

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 and always took the time to listen to staff and support new ideas.

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.

- We found that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at role specific team meetings. We also noted that whole team days were held twice a year.
- Staff said they felt respected, valued and supported by the management team in the practice.

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.

Are services well-led?

Good 

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

- The practice had gathered feedback from patients through patient surveys, compliments and complaints. There was a virtual patient reference group which was consulted about practice performance and improvement.
- The practice had also gathered feedback from staff through staff surveys, 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.
- The practice was part of the Bristol Primary Care Agreement which aimed to simplify the contracting process to support practices to deliver the primary care element of the Clinical Commissioning Group's five year plan and move towards outcomes based commissioning.
- The practice had made a successful bid for inclusion on to the "Integrated Model of Care for Diabetes Pilot" (HG Wells Project - a new one year pilot aimed at delivering significant and sustainable improvements in the management and treatment of diabetes) being commissioned by the South West Commissioning Support unit.

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. For example:

- The practice was part of the Quality Outcomes Framework (QoF) pilot for new indicators.
- The practice was included in the One Care Consortium and could offer patients access to online GP consultation services (eConsult).
- One partner was studying with the NHS Leadership Academy and sharing good practice in leading and developing the service.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The medicine management policy was not fully implemented which impacted on the safe management of medicines by the practice specifically key security, storage of controlled medicines, ensuring patient medicines are returned to the pharmacy and ensuring regular checks of the stock kept in the practice.