

The Wedmore Practice

Quality Report

The St John's Lane Health Centre
Bristol
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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?		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 Wedmore Practice on 20 July 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.
- 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. However, the practice should ensure that a member of staff is identified and trained to be the named lead for health and safety at the practice.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- 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. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it usually 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 appropriate 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.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- The system and policy and procedure for monitoring the temperature of the refrigerators where medicines were stored such as vaccines should be reviewed so that maximum or minimum temperature changes that occurred were monitored to ensure vaccine viability thresholds were not breached.
- Practice staff should ensure there is recorded evidence that the emergency medicines were checked on a regular basis.
- There must be a system to ensure Patient Group Directions for the administration of medicines

The areas where the provider should make improvement are:

- Lessons were shared for significant events, but the partners should make sure this information is shared across all of the staff team so that they have awareness and could support any actions taken to improve safety in the practice.
- The practice should ensure that a member of staff is identified and trained to be the named lead for health and safety at the practice.
- The practice should ensure that there is a consistent approach to obtaining and retaining recruitment and employment information held in regard to staff employed at the practice.
- The provider should have a planned approach to ensuring that training or retraining in regard to the Mental Capacity Act 2005 takes place.

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 requires improvement for providing safe services.

Requires improvement



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared, actions taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a 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 system and policy and procedure for monitoring the temperature of the refrigerators where medicines were stored such as vaccines must be reviewed so that maximum or minimum temperature variations that occurred were monitored to ensure that thresholds to ensure vaccine viability were not breached.
- Practice staff must ensure there is recorded evidence that the emergency medicines were checked on a regular basis.
- There must be a system to ensure Patient Group Directions for the administration of medicines
- Risks to patients were assessed and well managed. However, the practice should ensure that a member of staff is identified and trained to be the named lead for health and safety at the practice.
- The practice should ensure that there is a consistent approach to obtaining and retaining recruitment and employment information held in regard to staff employed at the practice.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.

Summary of findings

- 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 other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey (January 2016) 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.
- Information for patients about the services available was easy to understand and accessible.
- The provider should have a planned approach for ensuring that training or retraining in regard to the Mental Capacity Act 2005 takes place.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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. For example, sexual health services, drug and alcohol misuse and support with mental health needs.
- Patients said it was usually easy to get an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had appropriate 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.

Are services well-led?

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

Good



Summary of findings

- 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 it.
- 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The patient participation 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

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 people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- All patients over the age of 75 years of age had a named GP which ensured continuity of care.
- The practice told us they work well with and refer patients to the Rapid Assessment Clinics for Older People for consultation to enable them to quickly target the care and support the individual needs.
- The practice worked with a befriending service to help their patients who were isolated, lonely or housebound.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The clinicians had identified areas to improve the support to patients with type 2 diabetes and had commenced working on a project in the local area, known as 'HG Wells' to address how the practice supports patients and how they can develop self-care.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check 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.

Good



Families, children and young people

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

Good



Summary of findings

- 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.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Sexual health and advisory services were available for young people, such as 4YP (For Young People).
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

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

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



Summary of findings

- A GP was a GPwSI (GP with Special Interest) in the treatment of patients with substance abuse issues and was undertaking additional training for the care and treatment of patients who misuse alcohol.

People experiencing poor mental health (including people with dementia)

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

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients 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 system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- Patients at risk of or with a diagnosis of dementia have access through the practice from a dementia practitioner (Memory Nurse) and a Dementia Navigator to provide continuity of care and signposting to relevant services.
- The practice provided an in-house counsellor to support patients and provides access to counselling services from other external providers.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published January 2016. The results showed the practice was performing in line with local and national averages. 346 survey forms were distributed and 108 were returned. This represented a 31% response rate.

- 92% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.
- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 88% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 82%.

- The percentage of respondents to the GP patient survey who described the overall experience of their GP surgery as fairly good or very good was 93% compared to the CCG average of 86% and national average of 85%. Also

As part of our inspection we asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received 88 comment cards of which 55 were all positive about the standard of care received. Positive comments from patients included how they had found that their opinion was valued, their health needs or treatment had been clearly explained to them and patients also feedback how the practice offered an excellent service with helpful, friendly, caring staff who treated them with dignity and respect. Patients did express that at times they had difficulty in obtaining appointments both the process of booking and having to wait three to four weeks for a non-urgent consultation. Six of the seven negative comments were where patients felt that some of the reception team did not listen to them, patients had felt they had been abrupt and on occasions obstructive and unhelpful.

We spoke with two members of the Patient Participation Group and four patients during the inspection. All six said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **MUST** take to improve

- The system and policy and procedure for monitoring the temperature of the refrigerators where medicines were stored such as vaccines should be reviewed so that maximum or minimum temperature changes that occurred were monitored to ensure vaccine viability thresholds were not breached.
- Practice staff should ensure there is recorded evidence that the emergency medicines were checked on a regular basis.

- There must be a system to ensure Patient Group Directions for the administration of medicines

Action the service **SHOULD** take to improve

- Lessons were shared for significant events, but the partners should make sure this information is shared across all of the staff team so that they have awareness and could support any actions taken to improve safety in the practice.

Summary of findings

- The practice should ensure that a member of staff is identified and trained to be the named lead for health and safety at the practice.
- The practice should ensure that there is a consistent approach to obtaining and retaining recruitment and employment information held in regard to staff employed at the practice.
- The provider should have a planned approach to ensuring that training or retraining in regard to the Mental Capacity Act 2005 takes place.

The Wedmore Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to The Wedmore Practice

The Wedmore Practice is located in a residential area of the city of Bristol. They have approximately 8,501 patients registered.

The practice operates from one location:

St John's Lane Health Centre

Bristol

BS3 5AS

The Wedmore Practice is situated in the St Johns Lane Health Centre which provides healthcare to patients the area of Bedminster, Knowle, Windmill Hill, Headley Park and parts of Totterdown. It currently hosts other health care services such as podiatry and the district nursing team. The practice is all on one level with consulting rooms and treatment rooms situated off corridors from the central waiting and reception area. There is parking for a small number of vehicles at the side of the practice. We were informed that the practice is in process of having new premises built in the local vicinity with the intention of being completed in December 2017.

The practice is made up of four GP partners and two associate GPs, all female. One GP had additional qualifications in substance abuse. They have a lead nurse,

a treatment room nurse and a healthcare assistant. There is a practice manager, a deputy practice manager, and reception and administration team. The practice currently employs a business development manager to support them with their new surgery build.

The practice opening hours are from 8.30am until 12.15pm and reopen 1.15pm until 6.30pm, weekdays. The practice opens Saturday mornings 8:30am to 10.30 for prebooked appointments only. The practice offered early morning appointments 7.30am until 8am on a Tuesday morning. Three days per week (variable days) evening appointments were available from 6.30pm until 8.30pm for patients who could not attend during normal opening hours.

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, improving patient's online access, timely diagnosis and support for patients with dementia and unplanned hospitals admission avoidance.

The practice does not provide out of hour's services to its patients, this is provided by Care UK NHS111 service and BrisDoc Out Of Hours GPs. Contact information for this service is available in the practice and on the practice website.

Patient Age Distribution

0-4 years old: 6.3% (the national average 5.9%)

5-14 years old: 11.5% (the national average 11.4%)

Total under 18 years old: 21% (the national average 20.7%)

65+ years old: 13.7% (the national average 17.1%)

75+ years old: 6.3% (the national average 7.8%)

85+ years old: 1.3% (the national average 2.3%)

Other Population Demographics

Detailed findings

% of Patients with a long standing health condition is 48% (the national average 54%)

% of Patients in paid work or full time education is 63% (the national average 61.5%)

Practice List Demographics / Deprivation

Index of Multiple Deprivation 2015 (IMD): is 33.6% (the national average 21.8%)

Income Deprivation Affecting Children (IDACI): is 27.8% (the national average 19.9%)

Income Deprivation Affecting Older People (IDAOPI): is 26.4% (the national average 16.2%)

Patient Gender Distribution

Male 50.7%

Female 49.3%

% of patients from BME populations 7.8%

Patient turnover 2015 9.5%, the national average 8.5%.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, 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 we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 20 July 2016. During our visit we:

- Spoke with a range of staff
- We spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of 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 were provided for specific groups of people and what good care looked 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 Care Quality Commission at that time.

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the individual significant events that they had raised internally and not necessarily some aspects of those previously raised to the landlord.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw there were gaps in information to show that lessons were shared across the practice staff in order that there could be a shared sense of accountability and involvement in any actions taken. For example, we reviewed the detail of the five significant events that had been raised and investigated during the last 12 months. We saw that one relating to the incorrect prescribing of certain medicine had been carried out correctly, the patient was written to and apologised to, and an action taken was to create a new template for GPs to record they check appropriate compliance. However, the event was not necessarily shared across the practice to the whole practice team. During the inspection visit this was discussed and the provider told us that they planned to include significant events in whole team meetings as well as the GP partnership and team.

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. These arrangements reflected relevant legislation and local requirements. 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
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones, the health care assistant and one member of the administration team were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The landlord led on maintaining appropriate standards of cleanliness and hygiene for the building and the nursing staff maintained aspects of the clinical spaces. We observed the premises to be clean and tidy; however there were aspects of the building that put the health and welfare of patients and staff at risk. This was because in two consulting room and some areas of staff rooms there were patches of damp permeating through the walls and ceilings. We saw that these concerns were repeatedly raised with the landlord, identified in their regular maintenance reporting process, but not addressed by the landlord. The practice lead nurse was the infection control clinical lead and had recently participated in on line training to enhance her role and 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, the last audit had occurred two weeks prior to this inspection, we saw evidence that action was

Are services safe?

taken to address any improvements identified as a result. Clinical waste was handled in accordance to the landlord's contractual agreements, policies and procedures.

- The practice had arrangements for managing medicines, including emergency medicines and vaccines, to keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). We found the system for monitoring the temperature of the fridges where medicines were stored such as vaccines needed further action by staff to meet the practice's own policy and procedure. The nursing staff were checking and recording the temperature of the three fridges twice a day, but there was no system for checking the maximum or minimum temperature changes that occurred to ensure vaccine viability thresholds were not breached. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. However, we found that the current working documents had not been signed and agreed by the responsible GP or the nursing staff and this was addressed immediately by staff. The health care assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- The practice held a small stock of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We discussed the recruitment process with staff and identified that the practice had only carried out a small number of recruitment processes during the last 12 months and this was only for clinical staff. We were told that until recently the reception and administration team had been employed by the NHS (Landlord) and had recently transferred across to the staff team at the

practice. We reviewed two recruitment records from the practice's process including the information obtained. We also looked at two of the personnel files received into the practice when they were transferred to the practice's employment. We found in all files that we reviewed there was a mixture of information retained. For example, from the long term employees working in the practice's premises there were missing documents for proof of identification, work history, registration with the appropriate professional body where necessary and evidence that the appropriate checks through the Disclosure and Barring Service had been carried out. Both sets of files were not organised effectively and there was no system to check they had the relevant required information for each member of staff including evidencing of the undertaking of DBS checks for some clinical staff who had been working at the practice for over 10 years. DBS checks were in place for clinical staff employed at the practice since April 2012 when GP services were required to be registered under the Health and Social Care Act 2008.

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 area although there currently was not a designated trained local health and safety representative identified. The lead administrator had a system of ensuring that all information relating to the safety and maintenance checks was in place, they were in the process of transferring responsibility for some aspects from the landlord to the practice itself. The practice had up to date landlord fire risk assessments and the practice staff 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 had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed

Are services safe?

to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty and we were made aware that administration staff had multiple skills to cover should there be any shortfalls arise.

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.

- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were accessible to staff and all staff knew of their location.

The practice had available two different copies of a business continuity plan in place for major incidents such as power failure or building damage. The plans were variable in content and included emergency contact numbers for staff and information for suppliers. However, this could lead to confusion and we were informed that they would review the documents, and consolidate into one for clarity for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with 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 risk assessments, audits and random sample checks of patient records

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and 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 88% (490/559) of the total number of points available. This was mainly in regard to aspects of their care for patients with diabetes. The practice told us their most recent data showed for 2015/16 this had been raised to 539/559. The clinical commissioning group (CCG) average was 96% with the national average 95%.

This practice was an outlier for some areas of QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators were mostly similar to the national averages. The percentage of patients on the diabetes register, with a record of a foot examination and risk classification was 90%; the clinical commissioning group (CCG) average was 91%, the national average was 88%.
- The percentage of patients with diabetes, on the register, in whom the last IFCC HbA1c was 64 mmol/mol or less, was 62% which was a large variant to the CCG average of 77% and national average of 77%.
- Performance for mental health related indicators was lower than the national average. For example, the percentage of patients with schizophrenia, bipolar

affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their records was 73% which was comparable to the CCG average of 91% and the national average was 88%.

During the inspection we spoke with clinicians at the practice about the information regarding patients with diabetes, on the register, in whom the last IFCC HbA1c was 64 mmol/mol or less. The clinicians had already identified areas to improve to support patients with type 2 diabetes and had applied and commenced working on a project in the local area, 'HG Wells' to address how the practice supports patients and how patients can develop caring for themselves.

We were provided with additional information in regard to how the practice supports patients with poor mental health. They had identified that they had 62 patients with a severe mental health problem. They had 158 patients on their dementia register and 835 patients had been diagnosed with depression since 2006. To meet the needs of the patients with low moods and emotional problems they have provided an in-house counsellor which has reduced the number of referrals to external services.

There was evidence of quality improvement including clinical audit.

- We saw information regarding four clinical audits completed in the last year, from these four audits where improvements were indicated these were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. For example working in association with Bristol University in regard to the enhanced work the practice provides within their sexual health service to identify patients at the potential of risk from acquiring or who had acquired Hepatitis B or Hepatitis C and any subsequent treatment they required.
- Findings were used by the practice to improve services. For example, recent action taken as a result included the application and participation in the HG Wells project for improving care for patients with type two diabetes. The GPs had also participated in a record keeping audit during 2015/2016 where 10 patient records were selected for each GP and these were reviewed. It was identified that most of the required parameters had been met with minor changes required. We were

Are services effective?

(for example, treatment is effective)

informed of another audit relating to medicines prescribing practices that had taken place over the last few years where the practice identified and monitored patients who were prescribed diazepam. Which meant reviewing their needs closely, reducing to weekly prescriptions which had resulted in a reduction in the prescribed medicine dose over a six month period. We also saw how a significant health event in 2014 for one patient with asthma resulted in their admission to hospital generated an audit of all asthma patients with similar exacerbations. The practice staff audited their information and found the practice had only reviewed the care plans of 57% of patients who fell into this category post discharge from hospital. When a second audit was done during 2015 this figure had risen to 90%. This meant preventative measures could be put in place to reduce admission to hospital for treatment.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions with diplomas in diabetes and heart disease for the nursing staff. A GP was a GPwSI (GP with Special Interest) in the treatment of patients with substance abuse issues and was undertaking additional training for the care and treatment of patients who misuse alcohol. Another GP had additional training at diploma level for dermatology. This meant that patients were able to receive an assessment and appropriate treatment where applicable locally.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- 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 their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, and basic life support and information governance. 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.
- 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 professionals 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. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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. We were told that individual GPs or clinical staff had participated in training in regard to the Mental Capacity Act (2005) and that some administration staff had awareness training in their induction programme. However, there was not a planned approach to training or revisiting training for the practice staff as a whole.

Are services effective?

(for example, treatment is effective)

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 the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and

According to information from the National Cancer Intelligence Network (NCIN) the practice's uptake for the cervical screening programme was 76%, which was comparable to the clinical commissioning group average of 80% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample

taker was available. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example;

- 44% of patients aged 60-69 years were screened for bowel cancer within six months of invitation which was similar to the clinical commissioning group (CCG) average of 48%, and the national average of 55%.
- 67% of females, aged 50-70 years were screened for breast cancer in the last 36 months, which is in line with the CCG average of 70%, and national average of 73%.

Childhood immunisation rates for the vaccines given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 82% to 98% and five year olds from 87% to 99%.

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 for 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 members of staff were courteous and very helpful to patients and treated them with 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; 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.

Of the 88 patient Care Quality Commission comment cards we received 55 were positive about their experience at the practice, 26 had positive and negative comments, and seven patients expressed negative comments. Positive comments from patients included how they had found that their opinion was valued, their health needs or treatment explained to them and the practice offered an excellent service and staff were helpful, friendly, caring and treated them with dignity and respect. Patients did express that at times they had difficulty in obtaining appointments both the process for booking them and having to wait three to four weeks for a non-urgent consultation. Six of the seven negative comments were where patients felt that some of the reception team did not listen to them, patients had felt they had been abrupt and on occasions obstructive and unhelpful. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with two members of the patient participation group (PPG) and four patients. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey (January 2016) showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us 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 from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey (January 2016) 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:

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the clinical commissioning group (CCG) average of 87% and the national average of 86%.
- 88% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%.

Are services caring?

- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 91% and the national average of 90%)

The practice provided facilities to help patients be involved in decisions about their care:

- 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.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them. All patients over the age of 75 years of age had a named GP which ensured continuity of care.

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/or by giving them advice on how to find a support service.

The percentage of respondents to the GP patient survey (January 2016) who described the overall experience of their GP surgery as fairly good or very good was 93% compared to the clinical commissioning group average of 86% and national average of 85%. Also 85% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 81% and the national average of 80%.

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 offered early morning appointments 7.30am until 8am on a Tuesday morning. Three days per week (variable days) evening appointments were available from 6.30pm until 8.30pm and four Saturday mornings per month for patients who could not attend during normal opening hours.
- GPs offered telephone consultations after 6.30pm.
- Online access to appointments and repeat prescriptions were available.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had identified that the current building and facilities did not meet patients' needs now or in the future and a plan was in place for a new building to meet these needs and offer enhanced services in the locality in the future.
- The practice had a focus on providing appropriate sexual health services to meet the needs of the population it serves, GPs and nursing staff had enhanced their knowledge to strengthen the support they could provide to patients for screening in the local area. This included screening for HIV, Hepatitis B and C. The practice had also signed up for providing a sexual health service for young people. (4YP)
- One GP led on Tele-dermatology, patients if appropriate, could have a supported teleconsultation with a dermatologist to reduce delay in being seen and receiving the care and treatment they required.

- One GP was a GP with special interests (GPwSI) in substance abuse and worked in conjunction with the Bristol Drugs Project who attended the practice for two sessions per week to provide support to patients at the practice.
- Patients can obtain support for alcohol problems at the practice. Three GPs have acquired a certificate for alcohol management, one of whom is undertaking further training to enhance the current support they provide to patients.
- The practice provided and funded an in house counsellor, so that patients can get support locally, reducing the number of mental health referrals.
- The practice told us they work well with and refer patients to the Rapid Assessment Clinics for Older People for consultation to enable them to quickly target the care and support the individual needs.
- Patients at risk of or with a diagnosis of dementia have access through the practice from a dementia practitioner (Memory Nurse) and a Dementia Navigator to provide continuity of care and signposting to relevant services.
- The practice worked with a befriending service to help their patients who were isolated, lonely or housebound.

Access to the service

The practice opening hours are from 8.30am until 12.15pm and reopen 1.15pm until 6.30pm, weekdays. The practice offered early morning appointments 7.30am until 8am on a Tuesday morning. Three days per week (variable days) evening appointments were available from 6.30pm until 8.30pm for patients who could not attend during normal opening hours. Four Saturdays per month the practice opened from 8.30am until 10.30am.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey (January 2016) showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 78% of patients were satisfied with the practice's opening hours which was comparable to the national average.

Are services responsive to people's needs?

(for example, to feedback?)

- 65% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

The practice had a triage system for appointments led by a GP for urgent appointments booked for that day. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made.

Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaint 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 for example posters on display and information on the practice website.

We looked at a sample of the five complaints received in the last 12 months. We found that there was a mixed approach to how complaints, like significant events at the practice are managed. We did identify that previously some information regarding incidents/complaints had been reported to the practice landlord regarding some facilities and members of the reception team and managed by that organisation. The documents relating to the complaints we reviewed showed that they were satisfactorily handled in a timely way and the complainant informed of the outcome. Lessons were learnt from individual concerns and complaints, for example where a patient was called in for a cervical smear test a year early than required. The practice identified that there was a gap in the summary of information in the patient's notes and the practice nurse failed to verbally check with the patient before commencing an unnecessary procedure. The outcome was that nursing staff recheck with patient at the start of their appointment.

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 vision to deliver:

- A comprehensive primary care service that patients were satisfied and confident to use and aim to show kindness and compassion to all their patients.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. They had a written clinical governance policy statement identify the key areas they wished to implement to monitor. This document 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 was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

We found that there were minor amendments required to this policy to reflect the recent changes in the practice partnership and governance leadership. One partner had recently retired.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice 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 told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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 the patient participation group (PPG) and through surveys and complaints received.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. We noted during the inspection visit the practice team was forward thinking and enthusiastic in taking the further steps in improving the quality of the services they provided. The

Are services well-led?

Good 

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

practice shared business plans where they highlighted the strengths of the practice and the practice team and the opportunities they felt they could engage in to continue and develop the service for the local population. This included the new building with additional space and facilities to offer other services proposed to be in place including parking for patients.

The practice is part of a federation of four other GP services and with this group continues to look at what shared

facilities and healthcare they can provide. The practice are part of the One Care Consortium. A number of GP practices in Bristol, North Somerset and South Gloucestershire together form One Care Consortium which vision was to create an integrated and effective approach to the delivery of primary care across the area providing seamless seven-day a week care to patients and the sharing of standards, ideas, processes and resources.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment • People who used the service and others were not protected against the risk of unsafe care and treatment. The system and policy and procedure for monitoring the temperature of the refrigerators where medicines were stored such as vaccines must be reviewed so that maximum or minimum temperature changes that occurred were monitored to ensure vaccine viability thresholds were not breached. • Practice staff must ensure there is recorded evidence that the emergency medicines were checked on a regular basis. • There must be a system to ensure Patient Group Directions for the administration of medicines are signed for and agreed by the responsible GP and nursing staff before implementing.Regulation 12(1)(2)(g).
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	