

# Thornbury Health Centre - Foubister

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Thornbury Health Centre - Foubister on 19 October 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 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 easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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.

The areas where the provider should make improvement are:

- The practice should ensure that they retained all of the necessary recruitment information about the locums they employed.
- The practice should ensure that it retained an overview of how the maintenance and health and safety requirements for the premises were met.

# Summary of findings

- The practice should ensure that they have effective systems in place to identify and support carers.

**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 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.
- Risks to patients were assessed and well managed. The practice should ensure that they retained all of the necessary recruitment information about the locums they employed.
- The practice should ensure that it retained an overview of how the maintenance and health and safety requirements for the premises were met.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- 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.
- 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.
- End of life care was delivered in a coordinated way.

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.
- The practice employed a Carers Champion to support carers and provide information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## 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.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions, including people with a condition other than cancer and people with dementia.
- 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 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.

Good



# Summary of findings

- 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 practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- There was a strong focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

# 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.

- Staff were able to recognise the signs of abuse in older people and knew how to escalate any concerns.
- 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.
- The practice identified at an early stage older people who may be approaching the end of life. It involved older people in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.

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 long-term disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with a diagnosis of diabetes, on the register, in whom the last IFCC-HbA1c was 64 mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015) was 70%, lower than the clinical commissioning group (CCG) average of 77% and the national average of 78%.
- The practice proactively identified patients at risk of developing long-term conditions and took action to monitor their health and help them improve their lifestyle.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- Longer appointments and home visits were available when needed.

Good



# Summary of findings

- 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.

## Families, children and young people

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

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. 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.
- National Cancer Intelligence Network data (2014/15) showed that cervical screening programme was 81%, which was higher than the national average of 74%.
- 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.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

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, including an e-consult service 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.

Good





# Summary of findings

- 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.
- The practice was able to offer patients an alcohol and substance misuse support and treatment service.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.

## 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).

- 85% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 85.5%.
- The practice had a system for monitoring repeat prescribing for people receiving medication for mental health needs.
- 95% of patients with a diagnosis of 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). This was comparable to the clinical commissioning group average of 94%, the national average being 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- People at risk of dementia were identified and offered an assessment.
- 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.

Good



# Summary of findings

- 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.

# Summary of findings

## What people who use the service say

The NHS England - GP Patient Survey published July 2016. This contains aggregated data collected from July-September 2015 and January-March 2016. The results showed the practice was performing generally in line with local and national averages. 218 survey forms were distributed and 125 were returned. This represented 1.3% of the practice's patient list.

- 77% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 79% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 70% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received five comment cards which were all positive about the standard of care received. Patients told us they were satisfied with the care provided by the practice and said they had observed that patients were treated with dignity and respect.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. We spoke with one representative

of the Patient Participation Group (PPG) who provided feedback from the group. We were told the practice worked well with them, listened and acted upon suggestions has to improve patient experience.

- 88% 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%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 88% 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%.
- 85% 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%.
- 94% 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%.
- 82% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

# Thornbury Health Centre - Foubister

## 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 second CQC inspector.

## Background to Thornbury Health Centre - Foubister

The practice is located at Thornbury Health Centre, Eastland Road, in Thornbury, in South Gloucestershire, and supports around 8,900 patients in an approximate 5 mile radius of the town. The practice also provides medical care for the 24 inpatient beds at the local community hospital. The practice shares an older purpose built building with a separate GP practice and additional community services. All patient services are located on the ground floor of the building.

The appointment booking service was open five days a week and offered patient appointments between 8am and 6.30pm Monday to Friday, with extended opening on Tuesday and Thursday evenings until 8pm and on average one Saturday morning clinic per month. There were daily urgent care clinics for patients who had an illness requiring same day medical care. Patients were booked into these clinics at 10.30am and 4pm each day.

The practice operated as a partnership of five GPs and one half time equivalent salaried GP, offering a total of 36 sessions across the week. The practice employed a nurse

practitioner, four practice nurses and two health care assistants. There was a practice manager, an assistant practice manager, secretarial, reception and administration teams.

The practice's patient population has slightly fewer patients between the age of 0 to 18 years and significantly higher number of patients 65+ than the national average. Approximately 28% of the patients are over the age of 65 years compared to a national average of 17%; 12% are over 75 years compared to the national average of 8%, and 3% are over 85 years compared to the national average of 2% which can result in a higher demand for GP and nurse appointments.

Approximately 49% of patients have a long standing health condition compared to a national average of 54%. The patient population was predominantly white British or white other with 2% of patients from minority ethnic groups. The practice supports local residential and nursing care homes.

The Thornbury Health Centre – Foubister, in line with other practices in the South Gloucestershire Clinical Commissioning Group, is situated within a significantly less deprived area than the England average. The general Index of Multiple Deprivation (IMD) population profile for the geographic area of the practice is in the 10th least deprivation decile. (An area itself is not deprived: it is the circumstances and lifestyles of the people living there that affect its deprivation score. It is important to remember that not everyone living in a deprived area is deprived and that not all deprived people live in deprived areas). Average male and female life expectancy for the area is above the national average at 81 and 86 years respectively and higher than the clinical commissioning group average.

# Detailed findings

The practice has a Personal Medical Services (PMS) contract to deliver health care services; the contract includes enhanced services such as childhood vaccination and immunisation scheme, facilitating timely diagnosis and support for patients with dementia and minor surgery services. An influenza and pneumococcal immunisations enhanced service is also provided. These contracts act as the basis for arrangements between the NHS Commissioning Board and providers of general medical services in England.

The practice has opted out of providing Out Of Hours services to their own patients. Patients can access NHS 111 or BrisDoc provide the out of hours GP service. This information was also available in the practice brochure and on their website.

We inspected this GP practice in August 2014 as part of our new inspection programme pilot to test our approach going forward.

## 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 19 October 2016. During our visit we:

- Spoke with a range of staff
- 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 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 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 significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a patient who attended the practice with a minor injury and an x-ray was requested; the results were not followed up until a paper copy of the results was received at the practice. This meant the patient did not receive their treatment in a timely way. Changes were made to ensure that when similar requests were made they were flagged as a task and followed up by the requesting clinician within a two hour window. The incident was shared with other clinicians at the practice where they were reminded of the protocol in place. We saw there was a focus in the practice to encourage all staff to participate and have input to significant events including attending the quarterly significant event meetings and emailing the minutes to staff to they were informed of the outcomes.

### 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 all had received training on safeguarding children and vulnerable adults relevant to their role.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring 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 practice maintained appropriate standards of cleanliness and hygiene. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. Appropriate signage was available throughout the practice that reminded staff and patients about good hygiene practices. A daily record of all areas cleaned was maintained by clinical staff. The GP consulting rooms had designated areas with flooring and surfaces that could be wiped clean where treatment was undertaken such as phlebotomy. Appropriate personal protective equipment such as examination gloves and plastic protective aprons were available and were stored appropriately. Medical equipment used in patient examinations was single use items which were disposed of appropriately. Waste bins were foot operated and lined with the correct colour coded bin liners. Clinical waste was stored in safely, sharp objects such as needles, were disposed of in accordance with best practice guidance.

## Are services safe?

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). 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 (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. We observed that the protocols for checking the medicines were in date and appropriately stored included a monthly check of the medicines held in GP bags.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Two of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- The practice held stocks 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 undertook a spot-check of the stock of these medicines and found that minimal stock was safely held.
- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS).
- The practice employed a regular locum. We saw that they had obtained information regarding the locum including immunisation status, registration with the General Medical Council (GMC), professional indemnity insurance, (expired 1 April 2016) and their previous work

history and a DBS check through the Local Medical Committee. We also found that not all the information had been retained with the locum's personnel file, for example proof of identity, training information and the decision made by the partners the individual was suitable. We were told by the assistant practice manager following the inspection this information was being obtained as a matter of priority.

- 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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe 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. To ensure continued competence in accordance with professional codes of conduct, staff who were sample takers conducted continuous self-evaluation. This included an annual audit and reflection on their individual rates of inadequate tests and abnormal test results compared with the rates reported by the local laboratory.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- The practice was located in a purpose built environment which they shared with three other leasehold tenants. The health and safety of the building and external grounds were managed on behalf of the practice by another tenant. We saw the audits and maintenance plans for the practice and grounds. There was a process in place to ensure defects were reported and actioned. There were procedures in place for monitoring and managing risks to patient and staff safety carried out, including infection control. We also identified that there was no clarity in the accountability for whom was responsible for some aspects of health and safety at the practice as the landlord took the lead. What we did identify was the practice did not have an overview of what was their role or what was shared role with the landlord, or where the landlord was accountable. For example, fire safety, health and safety risk assessments

## Are services safe?

and the disposal of clinical waste. We saw that because of changes in the landlord's buildings maintenance provider some information had not been updated or supplied to the practice to ensure that safe measures were in place. For example, the landlord's health and safety risk assessment of the whole building should have been revisited in June 2016 and the last fire drill 6 October 2015. We were informed and provided with information by the practice following the inspection that information had been obtained from the landlord in regard to these issues. The practice also provided information of the changes it had implemented to ensure that they had an overview of what their responsibilities were. This included ensuring that they carried out their own fire drill so that all their staff participated and to provide fire marshal training to more staff to ensure that appropriate numbers were always on duty. There was a health and safety policy available with a poster in the administrative area of the practice which identified local health and safety representatives. 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 and 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 to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. .

### **Arrangements to deal with emergencies and major incidents**

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had arrangements in place to manage emergencies. All staff had recently completed basic life support training and were able to tell us the location of all emergency medical equipment and how it should be used. The emergency equipment was shared with the other onsite practice and had recently been checked and was appropriately accessible. Equipment was available in a range of sizes for adults and children. We were told there was always a first aider and first aid equipment available on site when the practice was open.
- 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 stored securely.

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 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.
- The practice monitored that these guidelines were implemented through peer sampling of patient records and through the root cause analysis of significant events and complaints.

### 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 (2014/15) were that the practice had achieved 97% of the total number of points available. Overall exception reporting for the clinical and public health domains was at 5.3% which was below the clinical commissioning group average of 9.2%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c was 64 mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015) was 70% higher than the clinical commissioning group (CCG) average of 77% and the national average of 78%.

- 85% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 85.5%.
- 95% of patients with a diagnosis of 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). This was comparable to the clinical commissioning group average of 94%, the national average being 84%.

There was evidence of quality improvement including clinical audit.

- There had been the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included

Information about patients' outcomes was used to make improvements such as:

One audit cycle looked at the patients identified as needing treatment for Atrial Fibrillation (irregular heart beat). The first audit was carried out in 2014 and repeated again in 2016. The audit identified that the practice had an effective system of flagging up and monitoring patients, had ensured that patients who would benefit from treatment with a specific medicine were offered treatment, and had highlighted that the system for patient reviews was used effectively.

### 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

# Are services effective?

## (for example, treatment is effective)

conditions training in respect of diabetes, asthma and respiratory care. Other training had included training in areas such as sexual health, minor injuries and the care of patients with a drug and alcohol dependency.

- 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. We found 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.
- Locum staff, GPs and nursing staff, received a locum pack of information and undertook induction training when they first worked at the practice.

### 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. We were told patient correspondence from other health and social care providers was scanned into patient records once the GPs had seen the results. This ensured the patient records were current and held electronically to be accessible should they be needed, for example, for a summary care record to take to the hospital.

- Community nurses teams could access a restricted area of the patient records remotely for any test results and to add details of their visits.
- Patients' blood and other test results were requested and reported electronically to prevent delays. All of the results were reviewed on the day they were sent to the practice to minimise any risks to patients so that any necessary actions was taken.

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. Staff had the benefit of speaking with the community matron, health visitors and the district nursing team as they were based in the same building. Feedback from external providers or health care professionals indicated there were good working relationships, communication was effective and the practice's support was valued. This included working with the community pharmacist with a common approach to improving outcomes for patients and implementing best practice. Where the practice supported patients when they were inpatients at the nurse led community rehabilitation service at Thornbury Hospital, we heard how responsive, focused care was provided by the GPs, and there was good written and verbal communication and support.

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

# Are services effective?

(for example, treatment is effective)

## 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. Patients were signposted to the relevant service.
- Information from the National Cancer Intelligence Network (NCIN) indicated the practice's uptake for:
- Cervical screening programme for women, 25-64, attending cervical screening within target period (3.5 or 5.5 year coverage) was 81%, the clinical commissioning group (CCG) average of 79%, and the national average of 74%.
- 60% 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 63%, and the national average of 58%.

- 79% (practice figures) of females, aged 50-70 years were screened for breast cancer in the last 36 months, which was in line with the CCG average of 76%, and national average of 72%.

Childhood immunisation rates for the vaccinations given were higher than clinical commissioning group (CCG) averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 73% to 99% compared to the CCG average from 71% to 99% and five year olds from 74% to 99% compared to the CCG average from 70% 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.
- Same sex clinicians were offered where appropriate.

All of the five patient care quality commission (CCG) 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 spoke with a representative of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said they had observed that patient's 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 comparable or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% 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%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 88% 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%.

- 85% 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%.
- 94% 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%.
- 82% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% 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 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:

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 82%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

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.

## Are services caring?

- 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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 63 patients as carers (0.7% of the practice list). A member of staff acted as

a carers' champion to help ensure that the various services supporting carers were coordinated and effective. Written information was available to direct carers to the various avenues of support available to them. Elderly carers were offered timely and appropriate support such as home visits. We were given an example by a carer of how patients who were vulnerable, were prioritised for appointments and home visits carried out for regular health checks and immunisations.

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.

# 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 later opening hours opening on Tuesday and Thursday evenings until 8pm and on average one Saturday morning clinic per month for patients who could not attend during normal opening hours.
- Patients had access to an e consult service, reducing the need for patients to physically attend the practice for an appointment.
- There were longer appointments available for patients with a learning disability, mental health needs and patients with complex health needs.
- 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, two sessions, one morning and one afternoon each day, for children and those patients with medical problems that require same day consultation.
- Patients had access to a self-referral physiotherapy service.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- The practice was able to offer patients with an alcohol and substance misuse support and treatment.
- There were accessible facilities and designated parking bays for blue badge holders.
- The practice provided a minor injury service to patients.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 9am to 11am every morning and 3pm to 5pm daily. Extended hours appointments were offered at the following times on 6.30pm-8pm on Tuesdays and Thursdays weekdays and on average one Saturday morning. 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 showed that patient's satisfaction with how they could access care and treatment was lower to local and national averages.

- 63% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 79% and the national average of 78%.
- 48% of patients said they could get through easily to the practice by phone compared to the CCG average of 68% and 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 was aware of the lower than expected patient feedback in regard to gaining appointments when they needed them and in regard to the lower satisfaction scores for telephone access to speak to a receptionist/ make appointments. They told us that since September 2015 they had taken steps to improve in these areas by:

- Monthly staff development afternoons to improve communication across the staff team and with patients and members of the public.
- The e consult service was implemented in November 2015, although slow to be taken up with patients, it has made a slight reduction in the number of appointments required with a clinician. For example, 3.6 during the week of the inspection.
- Staff were working to promote continuity of care with the 'pairing' of a receptionist buddy with a GP to support them with any non- urgent calls, query handling and ensuring any tasks were followed through.
- Plans were in place for a new telephone system in January 2017 to manage calls with greater effect in the future, with the possibility of sharing of resources with other practices in the area with a similar system.

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 recently introduced changes so that the duty doctor was based in the administration area of the practice and was able to support staff with answering telephone requests, telephone triage for appointments and

# Are services responsive to people's needs?

(for example, to feedback?)

home visits and query handling. We were told this was working well; the duty doctor was able to answer patient's initial queries which resulted in fewer requests for appointments or 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 complaint system on the website and a practice leaflet.

We looked at a selection of the 27 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 at what stage the complaint was in its resolution.

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 complaint was made in regard to the facilities, one of the treatment rooms lacked privacy and space for cervical smear testing to take place. The outcome of the complaint was the practice changed its policy and ensured that this room was no longer used for this purpose or for any other intimate examinations required to take place.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. They had a strategy which included their aim to deliver the right care to the right person at the right time, in a fashion that was both professionally and financially sustainable. As well as promoting the health of their patients, they had stated they must also take very good care of all those that work within their organisation.

- The partners shared this vision with staff through practice meetings, training and the appraisal system and when we spoke with staff it was clear that staff knew and understood these values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

We saw that all staff took an active role in ensuring high quality care on a daily basis and behaved in a kind, considerate and professional way.

### 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. All of the partners undertook responsibility in different areas of practice such as,
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- There was a formal schedule of meetings to plan and review the running of the practice, for example, the GPs and practice manager met weekly for business planning.
- 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.

### 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. Staff told us that the changes in how the practice was being run such as the buddy system of a receptionist with a GP and the duty doctor working from the administration office all helped to ensure that they worked as a team.

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 support 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.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- 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. We noted team half days were held every month. Minutes were comprehensive and were available for practice staff to view.



# Are services well-led?

Good 

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

- 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. They told us they felt skilled and supported in fulfilling their role through a range of learning programmes.

## 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. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example

- The practice had gathered feedback from staff 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 used their website, notices and newsletters to inform those patients who may not use GP services frequently about upcoming events.
- The practice had a suggestion box and ran the family and friends test.

## Continuous improvement

There was a 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. The practice was piloting a physiotherapy self-referral scheme where patients could refer themselves for assessment and if required obtain physiotherapy directly without requiring to be seen by their GP first. The practice was also undertaking a pilot with e-consult where patients could obtain advice and support from a clinician without physically attending the practice.

To improve access/ patient contact the practice was in the process of introducing a new telephone system through funding from One Care Consortium (a group of practices across Bristol, South Gloucester and North Somerset with an aim to work collectively to improve primary care services).

The practice GPs also were involved developing services and quality of care across the area. For example one GP partner always attended the South Gloucester clinical commissioning group quarterly meetings. Another was a member of the Joint Commissioning Group of the local Drug and Alcohol Action Service participating in shaping the services provided in the area and working with drug and alcohol support workers and professionals to provide a local service within the practice. For example, a community led pilot to provide alcohol detoxification providing the GP support necessary. The same GP was also an accredited trainer for alcohol and drug misuse and provided training to other GPs and substance misuse workers.