Wellington Road Family Practice

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?	Outstanding
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Wellington Road Family Practice on 25 July 2016. Overall the practice is rated as good. We rated domain of caring as outstanding.

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.
- The practice offered flexible access to patients, with the system of open appointment surgeries in the morning and evening. Patients' needs were accommodated should they contact the surgery and state they were unable to attend during normal hours, we heard how GPs adjusted their hours, stayed later or started earlier should the need arise.
- There were longer appointments available for patients not just for those with a learning disability, or complex health needs.
- Patients with minor injuries were assessed and treated at the practice and if necessary referred to other health providers should the need arise.
- One GP has a special interest in musculo-skeletal medicine and was able to support some patients with treatment at the practice, such as joint injections and acupuncture for pain relief to reduce their need to attend secondary care for treatment.
- The practice staff worked well with patients who had alternative life styles such as the traveller community.

Summary of findings

The had a positive relationship with the Travellers Liaison Service, and other providers to ensure that there was continuity of care for patients such as ensuring that there was on-going post-natal support when patients moved on.

- The practice staff had a good awareness of domestic abuse and offered appropriate support and a safe haven to patients and others should it be needed.
- The practice hosted sessions for a dietician, counselling service and substance misuse service.
- The practice provided a 'No Worries' service offering confidential contraceptive and sexual health services to young people.
- 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.

We saw areas of outstanding practice:

- Patients emphasised that they had felt a strong feeling of being cared for as an individual and as a family. Time, whatever the situation, was given to listen to them and their concerns.
- Patients told us there was a whole team approach to ensuring their needs were met. This was reiterated by the representatives of the three care homes, two for older people and one for younger adults, of which the practice GPs provided a personal service to individuals, took the time to listen and explain to patients and their representatives.
- 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.
- We were given, by a relative and a health care professional, two examples of the holistic caring approach and the quality of the personal service patient's relatives received from the practice regarding end of life care.
- We were provided with feedback in regard to the support the GPs provided in the local community. This was within their role as patients' GPs and in the extra support they gave to local schools; as the safeguarding lead for the clinical commissioning group and their work with the representative of the Identification and referral service(IRIS) for domestic abuse. The senior representatives of the schools told us the extra effort that was made to provide support to vulnerable and at risk young students who were at their schools. This was through providing educational support, a rapid response to assist with a young person's crisis at the school, providing emergency counselling and clinical help for anxiety, mental health and sexual health.
- Although not formally flagged up by the practice as carers, staff and clinicians recognised the difficulties for some patients and their families to attend the practice. For example, a GP visited a family with twins at home to provide their immunisations so as to reduce the inconvenience and stress for the family to attend the practice.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When 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.

Are services effective?

Good

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.

Are services caring?

Outstanding

The practice is rated as good for providing caring services.

- Data from the national GP patient survey of 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.
- Patients emphasised that they had felt a strong feeling of being cared for as an individual and as a family. Time, whatever the situation, was given to listen to them and their concerns.

Summary of findings

- Patients told us there was a whole team approach to ensuring their needs were met. This was again reiterated by the representatives of the three care homes, two for older people and one for younger adults, for who the practice GPs provided a personal service to, they took the time to listen and explain to patients and their representatives. Information for patients about the services available was easy to understand and accessible.
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- We were given by a relative and a health care professional, two examples of the holistic caring approach and the quality of and personal service patient's relatives received from the practice regarding end of life care. For example the
- We also were provided with feedback in regard to the support the GPs provided in the local community. This was within their role as patients' GPs and in the extra support they gave to local schools; as the safeguarding lead for the clinical commissioning group(CCG) and their work with the representative of the Identification and referral service(IRIS) for domestic abuse. The senior representatives of the schools told us of the extra effort that was made by the GPs at the practice to provide support to vulnerable and at risk young students who were at their schools. This was through providing educational support, a rapid response to assist with a young person's crisis at the school, providing emergency counselling and clinical help for anxiety, mental health and sexual health.
- Although not formally flagged up by the practice as carers, staff and clinicians recognised the difficulties for some patients and their families to attend the practice. For example, a GP visited a family with twins at home to provide their immunisations as to reduce the inconvenience and stress for the family to attend the practice.

Are services responsive to people's needs?

Good

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.
- The practice offered flexible access to patients, with the system of open appointment surgeries in the morning and evening.

Summary of findings

Patients' needs were accommodated should they contact the surgery and state they were unable to attend during normal hours, we heard how GPs adjusted their hours, stayed later or started earlier should the need arise.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to 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 practice proactively sought feedback from staff and patients, which it acted on. 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

Good

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

- The practice offered proactive, personalised care to meet the needs of the older 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.

People with long term conditions

Good

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 practice provided a caring and supportive service to patients living in care homes.
- 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.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 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.
- 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.

Summary of findings

- The practice provided a 'No Worries' service offering confidential contraceptive and sexual health services to young people.
- GPs worked well with local schools to provide support to them with young people, particularly those at risk of harm, provide training to staff and rapid response to support the young people when issues arise.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered flexible access to patients, with the system of open appointment surgeries in the morning and evening. Patients' needs were accommodated should they contact the surgery and state they were unable to attend during normal hours, we heard how GPs adjusted their hours, stayed later or started earlier should the need arise.
- 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.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice staff worked well with patients who had alternative life styles such as the traveller community. The had a positive relationship with Travellers Liaison Service, and other providers to ensure that there was continuity of care for patients such as ensuring that post-natal support is provided elsewhere.
- The practice offered longer appointments for all patients not just those identified with a learning disability or complex health needs.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Summary of findings

- 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 staff had a good awareness of domestic abuse and can offer appropriate support and a safe haven to patients and others should it be needed.

People experiencing poor mental health (including people with dementia)

Good

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

- 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.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 257 survey forms were distributed and 108 were returned. This represented a 42% response rate.

- 96% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 96% of patients said the GP gave them enough time compared to the CCG and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP which is similar to the CCG and national average of 94%.
- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and national average of 85%.
- 99% 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%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG and the national average of 87%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 28 comment cards which were all positive about the standard of care received. Patients emphasised that they had felt a strong feeling of being cared for as an individual and as a family. Time, whatever the situation, was given to listen to them and their concerns. Patients told us there was a whole team approach to ensuring their needs were met. This was again reiterated by the representatives of the three care homes, two for older people and one for younger adults, who said the practice GPs provided a personal service to individuals, took the time to listen and explain to patients and their representatives.

We spoke with two patients, who were also members of the Patient Participation Group (PPG) during the inspection and had a telephone conversation with another. All of the patients we spoke with said they were satisfied with the care they received and thought staff were approachable, committed and caring.

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 94% compared to the clinical commissioning group of 86% and national average of 85%. Also 90% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the CCG and the national average of 80%.

Outstanding practice

- Patients emphasised that they had felt a strong feeling of being cared for as an individual and as a family. Time, whatever the situation, was given to listen to them and their concerns.
- Patients told us there was a whole team approach to ensuring their needs were met. This was reiterated by the representatives of the three care homes, two for older people and one for younger adults, of which the practice GPs provided a personal service to individuals, took the time to listen and explain to patients and their representatives.
- 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.
- We were given, by a relative and a health care professional, two examples of the holistic caring approach and the quality of the personal service patient's relatives received from the practice regarding end of life care.

Summary of findings

- We were provided with feedback in regard to the support the GPs provided in the local community. This was within their role as patients' GPs and in the extra support they gave to local schools; as the safeguarding lead for the clinical commissioning group and their work with the representative of the Identification and referral service(IRIS) for domestic abuse. The senior representatives of the schools told us the extra effort that was made to provide support to vulnerable and at risk young students who were at their schools. This was through providing educational support, a rapid response to assist with a young person's crisis at the school, providing emergency counselling and clinical help for anxiety, mental health and sexual health.
- Although not formally flagged up by the practice as carers, staff and clinicians recognised the difficulties for some patients and their families to attend the practice. For example, a GP visited a family with twins at home to provide their immunisations so as to reduce the inconvenience and stress for the family to attend the practice.

Wellington Road Family 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.

Background to Wellington Road Family Practice

Wellington Road Family Practice is a small GP practice situated in Yate in South Gloucestershire. The practice supports approximately 2,441 patients from the local community.

The practice operates from one location.

Wellington Road

Yate

South Gloucestershire

BS37 5UY

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 an independent pharmacy which shares the practice entrance. A NHS dental surgery is attached to the premises. There is parking for a small number of vehicles at the front of the practice. The practice was in the process of completing new build addition to the premises which has included changing the layout internally and creating new consulting rooms and treatment areas.

The practice provides surgeries five days a week and consists of one full-time GP and one part-time GP. There is one practice nurse who works four mornings and one afternoon per week. There is also a health care assistant who works three sessions per week. There is a practice manager, reception and administration team.

There is a system of open appointment surgeries between 9am and 11am and 4pm and 6pm each day. There is no afternoon surgery on Thursdays and reception is closed. However patients are able to contact the GP directly via a mobile phone number and are seen at home or at the surgery by a GP as necessary. The GPs mobile phone number is publicised on the practice website, in the practice leaflet and on the answerphone message is used when the practice is closed. The practice offers a booked appointment system for late afternoon surgeries until 7.30pm on alternate Tuesdays and Wednesdays for anyone having difficulty attending during normal surgery hours.

The practice has a General 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 admission avoidance.

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

Patient Age Distribution

0-4 years old: 5.2% (the national average 5.9%)

5-14 years old: 10.7% (the national average 11.4%)

Detailed findings

Total under 18 years old: 18.9% (the national average 20.7%)

65+ years old: 19.8% (the national average 17.1%)

75+ years old: 9.6% (the national average 7.8%)

85+ years old: 3.2% (the national average 2.3%)

Other Population Demographics

% of Patients with a long standing health condition is 63% (the national average 54%)

% of Patients in paid work or full time education is 56% (the national average 61.5%)

Practice List Demographics / Deprivation

Index of Multiple Deprivation 2015 (IMD): is 11% (the national average 21.8%)

Income Deprivation Affecting Children (IDACI): is 11% (the national average 19.9%)

Income Deprivation Affecting Older People (IDAOPI): is 9.4% (the national average 16.2%)

Patient Gender Distribution

Male 47.8%

Female 52.2%

% of patients from BME populations 2.33%

Patient turnover for 2015 was 7.4%; the national average was 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 25 July 2016. During our visit we:

- Spoke with a range of staff including the GPs, practice nurse, practice manager and administration staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed 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).

Detailed findings

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

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was 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, changes in a patient's medicines following an appointment with a hospital consultant was not identified when a letter regarding the outcomes was coded when received at the practice. This meant for a period of time the patient continued with the previous medicines regime and not what had been prescribed by the consultant. Changes in the patients' health alerted the GPs to issues with their medicines and a review took place. The practice identified there were gaps in the coding system used at the practice when letters or correspondence was received and patient's records amended accordingly. The practice had already adjusted its workflow system prior to this issue arising and had now put other checks and monitoring in place to prevent this occurring, including confirming the details with the patient the correspondence from any other health care professionals was correct.

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 who had an additional role as the named doctor for Safeguarding Children for South Gloucestershire Clinical Commissioning Group. 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. One GP was trained to child protection or child safeguarding level 4, the other GP and practice nurse level 3. Both GPs and the practice nurse were trained to level 3 adult safeguarding.
- 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. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. We were informed that the appropriate level of training for the infection control lead was in the process of being organised. There was an infection control protocol in place and new staff had received training in their induction programme. Current staff were in the process of revisiting training as part of the programme being undertaken with a new e learning service. Annual infection control audits, including a hand hygiene audit, were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

Good

Are services safe?

- The practice had arrangements for managing medicines, including emergency medicines and vaccines, in the practice (including obtaining, prescribing, recording, handling, storing, security and disposal). The practice held a very small stock of medicines. 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 CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. There were systems in place to ensure that blank prescription forms and pads were securely stored and distributed around the practice. However, we did note that through discussion with clinicians that when the rooms they were working in were unoccupied there was a potential of risk of theft. We were given assurances during the inspection that this would be addressed immediately and this was no longer an issue. Patient Group Directions had been adopted by the practice to allow the nurse to administer medicines in line with legislation.
- We reviewed two personnel files and other information available 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.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice manager informed us that they would be taking over this role and training was booked for them to acquire the skills to take the lead in the future. The practice had up to date fire risk assessments and carried out regular fire drills. However, it was identified that not all staff were available to participate as the majority were part time so it was agreed to carry these out on a more frequent basis and to ensure that their participation was monitored. There was a system to ensure electrical equipment was checked to ensure it was safe to use; clinical equipment was checked to ensure it was working properly. We noted that the checks did not include refrigerators, although checked by staff for temperature safety; they had not been checked for electrical safety. Delays had occurred in these checks being completed because of the new build and refurbishment and we were informed that this rescheduled for September 2016. 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). The practice informed us they were in the process of developing additional risk assessments to reflect the changes that had occurred with the facilities such as a new instant water heater and temperature checks for the new water outlets in the building.
- 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, but it was clear that most staff were multi- skilled and covered various roles as and when it was required. Planning to ensure additional GP cover had been put in place with a recent addition to the team. A salaried GP was joining the practice in September 2016.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. The variety of storage boxes and bags used for the emergency equipment was discussed

Good

Are services safe?

during the inspection as it was identified that there was a risk to speed of staff obtaining them quickly should the need arise in another part of the practice. We were informed before the end of the inspection that new storage containers would be purchased and during working hours would be stored in a more central area for ease of use.

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

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line 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. Examples of these are changes made to how the support patients with chronic kidney disease and patients with a diagnosis of diabetes.
- 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 98% of the total number of points available, which was similar to the clinical commissioning group (CCG) average and above the national average of 95%. We noted exception reporting was either similar to or lower than the CCG or national averages. (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 2014/2015 showed:

- Performance for diabetes related indicators were mostly above the national averages. The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 94%; 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 in the preceding 12 months (01/04/2014 to 31/03/2015), was 80% which was above the CCG and national average of 77%.
  Performance for mental health related indicators was higher 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, in the preceding 12 months (01/04/2014 to 31/03/2015) was 100% which was above the CCG average, the national average was 88%.

There was evidence of quality improvement including clinical audit.

- We saw examples of three clinical audits completed in the last two years, two of these were on-going cycles of audits where the improvements made were implemented and monitored. Another was in reference to the occurrence of post minor surgery infection. The practice nurse had also carried out an audit of the outcomes for patients following ear syringing.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

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, the practice nurse had updates and training to maintain their skills for reviewing patients with long-term conditions. One GP had undertaken study days to update their knowledge regarding caring for patients with diabetes. In addition to this they had also continued with training in acupuncture so that they could offer alternative treatment for pain relief at the practice. Clinical and administration staff had undertaken a refresher course in identifying and responding to domestic abuse.
- The practice nurse 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. We heard from three care home managers, a social worker, a representative of the community matron team and two district nurses who all endorsed the positive working experience they had with the GPs and other staff at the practice. They described the holistic approach to meeting patients individual needs, the effort the GPs and staff team made to keep the other health care professionals informed and involved in the planning and provision of care. 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.

We heard from the pharmacist located in the practice premises. They told us they had a good relationship with the practice, they worked well, were very organised and communication was good.

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.

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. Where the practice could not provide the extra support they directed patients to other organisations or service that could.

According to information from the National Cancer Intelligence Network (NCIN) indicated the practice's uptake for the cervical screening programme was 77%, which was comparable to the CCG average of 79% and the national average of 75%. 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

Good

Are services effective?

(for example, treatment is effective)

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;

- 65% of patients aged 60-69 years were screened for bowel cancer within six months of invitation which was above the clinical commissioning group (CCG) average of 58%, and the national average of 55%.
- 79% 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 77%, and national average of 73%.

Childhood (under 5 years old) immunisation rates for the vaccinations given were comparable or above to CCG/ national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds (25 patients) ranged from 68 %(Infant meningitis) to 100% and five year olds (20 patients) from 95% to 100%.

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.

Outstanding ☆

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.

All of the 28 patient Care Quality Commission comment cards we received were extremely 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 two members of the patient participation group (PPG) and another patient by telephone. They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Patients emphasised that they had felt a strong feeling of being cared for as an individual and as a family. Time, whatever the situation, was given to listen to them and their concerns. Patients told us there was a whole team approach to ensuring their needs were met. This was again reiterated by the representatives of the three care homes, two for older people and one for younger adults, who said the practice GPs provided a personal service to individuals, took the time to listen and explain to patients and their representatives.

Results from the national GP patient survey for 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:

- 96% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 96% of patients said the GP gave them enough time compared to the CCG and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP which was similar to the CCG and national average of 90%.
- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and national average of 85%.
- 99% 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%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG and the national average of 87%.

We also were provided with feedback in regard to the support the GPs provided in the local community. This was within their role as patients GPs and in the extra support they gave to local schools, the safeguarding lead for the CCG and their work with the representative of the Identification and referral service(IRIS) for domestic abuse. The senior representatives of the schools told us the extra effort that was made to provide support to vulnerable and at risk young students who were at their schools. This was through providing educational support, rapid response to assist with a young person's crisis at the school, providing emergency counselling and clinical help for anxiety, mental health and sexual health. The representative from IRIS said that they had found a whole team approach to responding to and managing issues regarding domestic abuse. They said that the feedback from patients was that the practice team handled concerns sensitively and compassionately and had gone out of their way to ensure that patients had a safe haven. The representatives of the district nursing team told us they had observed and had very complimentary feedback from the traveller community about the care and support given by the practice who go out of their way to meet and support patients with an alternative lifestyle.

Care planning and involvement in decisions about care and treatment

Outstanding ☆

Are services caring?

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 and given additional time if needed 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. Representatives of the patients living in the care homes told us they had observed patients and relatives were given good explanation of the concerns and treatment options, not rushed with decision making, and patient's wishes were adhered to. We also saw that care plans were personalised.

This was reflected in the 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 above local and national averages. For example:

- 93% of patients said the last GP they saw was good at explaining tests and treatments compared to the clinical commissioning group (CCG) average of 84% and the national average of 86%.
- 86% of patients said the last GP they saw was good at involving them in decisions about their care compared to the clinical commissioning group (CCG) average of 81% and the national average of 82%.
- 94% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the clinical commissioning group (CCG) average of 84% 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 were told they had not needed to use the service very often. 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 and lobby areas which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. We were told that staff often print off and provide to patients information sheets regarding specific health conditions, treatments and self-help advice so that they can be sure they can have the most up to date information available to them.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 23 patients as carers (approximately 1% of the practice list). Health care professionals we spoke with said the practice were very supportive to carers, offering flexible appointments, health checks and providing information to direct them to sources of help. Written information was available to direct carers to the various avenues of support available to them. Although not formally flagged up by the practice as carers, staff and clinicians recognised the difficulties for some patients and their families to attend the practice. For example, a GP visited a family with twins at home to provide their immunisations as to reduce the inconvenience and stress for the family to attend the practice.

Staff told us that if families had suffered bereavement, their usual GP contacted them and visited them or invited them into the practice to provide advice and support to them. Bereaved families were provided with a pack of information and information was explained to them.

We heard from a relative about the care the GPs provided to their partner and family for end of life care. We were told the GPs gave the patients family their direct telephone number so that they could call if needed at any time of the day. The GPs would visit out of hours to provide continuity of care and support at the weekends and during the night when it was needed and regularly kept in contact by phone to check the patient and their family had the support they required or wished for. The relative told us that although the experience was difficult for the family the GPs had a holistic approach and cared for all of them. For example by staying with the family after the person had passed away, supporting the family to care for a young person living in the home, and supporting them at their relative's funeral.

When we spoke with a district nurse they told us about how they had observed how the GPs had provided the personal touch and went out of their way to support a member of the traveller community for end of life care. The patient was not registered with the practice or living in the area at the time but had returned to live with a relative living in the

Are services caring?

area for support. The GPs ensured that the patient had the assistance they required, worked well with the district nurse team and supported the other members of the family to care for this individual in line with their wishes.

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 94% compared to the clinical commissioning group of 86% and national average of 85%. Also 90% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the CCG and the national average of 80%.

Good

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 South Gloucestershire Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered flexible access to patients, with the system of open appointment surgeries in the morning and evening. Patients' needs were accommodated should they contact the surgery and state they were unable to attend during normal hours, we heard how GPs adjusted their hours, stayed later or started earlier should the need arise.
- There were longer appointments available for patients not just for those with a learning disability, or complex health needs.
- Home visits were available for older patients and patients who had clinical and social needs which resulted in difficulty attending the practice.
- Same day appointments were available for all patients should they need them not just 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 accessible facilities, a hearing loop and translation services available.
- Patients with minor injuries were assessed and treated at the practice and if necessary referred to other health providers should the need arise.
- One GP had a special interest in musculo-skeletal medicine and was able to support some patients with treatment at the practice, such as joint injections and acupuncture for pain relief to reduce their need to attend secondary care for support.
- The practice staff worked well with patients who have alternative life styles such as the traveller community. The had a positive relationship with Travellers Liaison Service, and other providers to ensure that there was continuity of care for patients such as ensuring that post-natal support was provided elsewhere.
- The practice staff have a good awareness of domestic abuse and can offer appropriate support and a safe haven to patients and others should it be needed.
- The practice hosts sessions at the practice for a dietician, counselling service and substance misuse service.
- The practice was a 'No Worries' offering confidential contraceptive and sexual health services to young people.

Access to the service

There was a system of open appointment surgeries between 9am and 11am and 4pm and 6pm each day. There is no afternoon surgery on Thursdays and reception is closed. However patients are able to contact the GP directly via a mobile phone number and are seen at home or at the surgery by a GP as necessary. The GPs mobile phone number is publicised on the practice website, in the practice leaflet and on the answerphone message is used when the practice is closed. The practice offered a booked appointment system for late afternoon surgeries until 7.30pm on alternate Tuesdays and Wednesdays for anyone having difficulty attending during normal surgery hours.

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

- 88% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 100% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 98% of patients stated that the last time they wanted to see of speak to a GP or nurse from their GP surgery they were able to get an appointment compared to the national average of 76%.

Patients told us on the day of the inspection that they were able to get appointments and be seen by a clinician when they needed them and although at times they had to sit and wait at the open surgeries they did not mind. They also expressed that at times of urgent need they had been prioritised and if they do wait they know that they will have the necessary time with the GP or nurse.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and

Good

Are services responsive to people's needs?

(for example, to feedback?)

- the urgency of the need for medical attention.

GPs told us that they usually had approximately two to three home visits each day, staff knew the patients well to assess the need and GPs spoke to patients beforehand to confirm what their concerns were. 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. We also heard how GPs would instigate a home visit when they thought it appropriate, had concerns or wanted to discuss information received from secondary care.

When we spoke with local care home managers they told us that access to GPs for patients living in care services was good. In addition to the regular scheduled care home 'ward round' visits the reception staff were quick to respond and alert GPs to any concerns about the patients that they may have. The GPs always promptly called them back, made additional visits when needed and again visited to check the prescribed treatment was working or if they could provide any other course of action to meet their needs. Care home staff expressed confidence that the people they cared for had their needs met and they valued the support the GPs and the practice provided good continuity of care. This was because any locum GP the practice engaged to cover when GPs were absent were made fully aware of the patient's needs, the plan of care and the individual's circumstances before they attended appointments at the care home.

Listening and learning from concerns and complaints

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

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

We looked at three complaints received in the last 12 months, two were relating to the same concerns which have still not fully concluded. We found all concerns were satisfactorily handled, dealt with in a timely way and with openness and transparency. Good records were kept of the processes undertaken, correspondence and communication with the complainants and others involve. Learning points from individual concerns and complaints were identified and action was taken to as a result to improve the quality of care. For example, ensuring that patients were kept informed of delays in seeing the GP for their appointment should an unexpected event occur such as making arrangements for an urgent hospital admission. A second learning point from a complaint made was although staff correctly responded to the concerns expressed it reminded them that staff must ensure that they have explicit consent from the patient concerned to respond when a third party raises concerns.

We did see that compliments were regularly received at the practice, including going beyond the expected support from the GPs and staff. This had included personally delivering patient's prescriptions, and staff supporting anxious patients who had arrived in the practice instead of the dentist next door and then escorting them to 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 clear vision to provide excellent quality personal health in the community. They highlighted they would deliver this by:

- Remaining a small unit, allowing continuity of care from the staff team at the practice.
- Giving appropriate time and space to patients to express their needs and working with patients for them to make better lifestyle and health choices.
- The practice had information about these values which was displayed in the waiting areas. Staff knew and understood the values which were reflected in the support and care they provided to patients and their families.
- 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. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice 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.

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. They also told us they felt valued members of the team and there was a real team approach to providing the service.

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.

- 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 virtual patient participation group (PPG) and the PPG members who attended meetings which had been formed during the last 12 months. They also

Are services well-led?

Good

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

obtained feedback through surveys, compliments and complaints received. The PPG had started to meet regularly, and we were told they would be working with the practice to carry out the next patient survey planned for September this year. The two members of the PPG we met told us they felt listened to and were able to make proposals for improvements to the practice management team. For example, they had been kept up to date in and involved in the recent refurbishment of the practice which had included to new clinical/ consulting rooms and upgraded patient toilet that was accessible to disabled patients. Staff had also commenced recording patient's verbal feedback and recording when they thought staff had 'Gone the extra mile.' For example, the support provided for the stop smoking service, and when care had been taken to escort a patient to the dentist in the building next door when they had arrived at the practice instead.

- The practice had gathered feedback from staff through staff meetings, appraisal and general discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the pilot through South Gloucestershire Clinical Commissioning Group commenced in February 2016 for providing support for minor injuries. A wealth of information and knowledge was brought into the practice as one of the GP partners was the named doctor for Safeguarding Children for South Gloucestershire, Clinical Lead for Domestic Abuse for South Gloucestershire and the Clinical Lead for Children and Maternity, South Gloucestershire Clinical Commissioning Group. The same GP worked with local schools with providing health education support to pupils and supporting and training teaching staff at schools in order to enable them to care for their pupils, recognise they need support and put actions in places should their safety be at risk.