Brockway Medical Centre

Quality Report

8 Brockway, Nailsea, Bristol, BS48 1BZ
Tel: 01275 850600
Website: www.backwellnailseasurgery.nhs.uk

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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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Backwell and Nailsea Medical Group at Brockway Medical Practice on 10 February 20165. We also carried out an announced comprehensive inspection at the Backwell and Nailsea Medical Group at Backwell Medical Centre.

Overall the practice is rated as good.

Specifically, we found the practice to be good for providing safe, well-led, effective, caring and responsive services. It was also good for providing services for older patients, those with long term conditions, mothers babies and young patients, those of working age including, the recently retired and students. It was also good for providing services to patients with poor mental health and those whose circumstances may make them vulnerable.

Our key findings were as follows:

- Risk assessments were conducted for all areas of the practice. Staff received training in risk assessment and had compiled a health and safety manual and policy document.
- Staff knew who the lead GP was for safeguarding and demonstrated an understanding of their role and responsibilities in relation to the protection of children and vulnerable adults.
- There were clinics for chronic disease management including asthma, chronic obstructive pulmonary disease, chronic heart disease, diabetes and smoking cessation.
- The practice had a dedicated 'dressings nurse' who supported the residents of a nearby nursing home and had provided continuity and improved outcomes for patients.
- External services operated in the medical centre for continence management, midwifery and urology, along with mental health, osteopathy, physiotherapy, podiatry and diet management.
- Patient feedback on the comment cards we received was positive.
- The reception manager told us no one was refused to be seen for urgent same day appointments.

Summary of findings

- There was a clear leadership structure with named members of staff in lead roles.
- Audits were conducted as part of research projects and in response to guidelines issued by the National Institute of Health and Care Excellence (NICE).

We saw an area of outstanding practice:

- The PPG compiled a leaflet for patients entitled 'How to get the best out of your doctor's appointment'.

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. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were enough staff to keep patients safe.

Are services effective?

Good

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patient's needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of personal development plans for all staff. Staff worked with multidisciplinary teams to improve patient outcomes.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information to help patients understand the services available was easy to understand. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information to help patients understand the services available was easy to understand. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Summary of findings

Are services well-led?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information to help patients understand the services available was easy to understand. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

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 and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

The practice was engaged in the unplanned admissions enhanced service contract and had individual care plans for vulnerable older patients. Each of these patients had a 'flag' on the electronic recording system to enable them to be identified easily.

The practice had a dedicated 'dressings nurse' who supported the residents of a nearby nursing home. The registered manager told us this had led to improved outcomes due to continuity.

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. 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 medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

The practice structure enabled all long term conditions covered by the Quality and Outcomes Framework (QOF) to have a named lead GP. There were clinics for chronic disease management including asthma, diabetes and smoking cessation.

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.

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. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives and health visitors.

Summary of findings

The registered manager told us the practice had recently commenced a research study to look at the impact of disfiguring conditions (e.g. severe acne, birthmarks or scarring) on young people and the success of psychological interventions.

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 was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

If patients between the age of 16 years and 75 years had not seen a GP in the last three years they were encouraged to make an appointment to see their GP.

People whose circumstances may make them vulnerable

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 was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

If patients between the age of 16 years and 75 years had not seen a GP in the last three years they were encouraged to make an appointment to see their GP.

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 people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

The practice had a register of patients with diagnosed severe mental illness who were offered an annual health review by their 'usual GP'.

Summary of findings

What people who use the service say

We spoke with a number of patients who described the practice in terms such as “brilliant”

One patient described everything the receptionist did as “exemplary”.

We met a mother with a new baby. They told us they had been supported by the practice throughout their pregnancy. Their baby was having their first health check and they had received a reminder from the health visitor to make an immunisation appointment. Another patient with their child said the GP involved their child in discussions about treatment.

A mother visited the practice with her child. The child sustained a minor injury and was being seen straight away. tThey told us how reception staff had been cooperative and we saw how the child was provided with a cold drink immediately after it was requested. The mother told us the GPs communicated with the child and not the parent.

A patient told us how their family had been supported by the practice for many years. Members of their family had diabetes and asthma and had positive experiences including regular reviews.

We received 16 completed comments cards for the Backwell and Nailsea Medical Group inspections. Patients referred to staff as friendly, enthusiastic, cheerful, caring and attentive. They referred to the telephone response being good and helpful reception staff. The GPs and nursing staff were described as being excellent and one patient told us they were able to see their preferred GP nearly always. Patients said they were treated professionally and expertly, not feeling rushed and nothing being too much trouble. Some patients referred to exceptional and excellent service and one person described it as ‘fantastic’.

One comment was made by a patient who found it frustrating when enquires were not followed up and another person told us they had difficult arranging holiday immunisations.

One of the comments cards was completed by a visiting professional to the practice. They told us they had spoken with patients who were extremely happy. They told us they observed a patient consultation they found to be a ‘wonderful’ example of patient centred care showing a sensitive and respectful approach to the patient’s preferences.

Outstanding practice

The PPG compiled a leaflet for patients entitled ‘How to get the best out of your doctor’s appointment’.

Brockway Medical Centre

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, a practice manager and a practice nurse.

Background to Brockway Medical Centre

The Backwell and Nailsea Medical Group operate two GP practices in the Brockway Medical Centre and Backwell Medical Centre. One of the GP partners is registered as manager with the Care Quality Commission for both practices.

The group is a partnership of seven GPs and there are four associate GPs equating to two full time equivalent GPs. The partnership employs a manager to oversee the running of Brockway Medical Centre and Backwell Medical Centre. Nurses and administrative staff, including receptionists work in both medical centres and whilst the GPs generally work in one of them they do sometimes work in both.

The Brockway Medical Centre is situated behind the main High Street at 8 Brockway, Nailsea, Bristol, BS48 1BZ.

The practice is a teaching practice and hosts fully qualified GP Registrars gaining experience in general practice.

The Backwell and Nailsea Medical Group has around 13,500 patients. Patients registered with the Backwell and Nailsea Medical Group can have appointments in either of the medical centres which offers choice and increases access to appointments.

There were12 consulting and treatment rooms in the practice including a dedicated room for minor operations.

The practice contracts it's Out Of Hours service with Brisdoc.

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. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 10 February 2015. During our visit we spoke with a range of staff including GPs the practice manager, nurses and administrative staff and spoke with patients who used the service.

We observed how people were being cared for and talked with carers and/or family members. We reviewed comment cards where patients and members of the public shared their views and experiences of the service. In addition we received information from North Somerset Clinical Commissioning Group, NHS England Local Area Team and North Somerset Healthwatch.

Detailed findings

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

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

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

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

Good

Are services safe?

Our findings

Safe track record

The practice used a range of information to identify risks and improve patient safety. For example, reported incidents and national patient safety alerts as well as comments and complaints received from patients. Patient safety alerts were posted on the staff notice board by the practice manager. When staff took action in response to these alerts they informed the practice manager.

The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses

Risk assessments were conducted for all areas of the practice, such as fire safety, infection control and prescription security. Staff received training in risk assessment and had compiled a health and safety manual and policy document.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents.

We asked one of the staff about significant events. They told us the practice was open and honest and so could learn from significant events. Staff completed an internal form when significant events occurred. Events were investigated prior to discussion at practice meetings. The member of staff told us they felt supported by the practice when any investigation was on-going.

There were meetings held every six weeks to discuss significant events and complaints. We saw the agenda and notes for one of these meetings and noted that significant events were analysed through discussion. Significant events were recorded and a register of events was maintained.

The practice completed an annual report of significant events. We looked at an analysis of significant events for the year to date. There were two related to clinical error, two related to poor communication and three in relation to late diagnosis. The analysis showed each of the events had been signed off and closed. Where there was learning identified this was recorded with a summary of the event.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. We looked at training records which showed that all staff had received relevant role specific training about safeguarding. We asked members of medical, nursing and administrative staff about their most recent training. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew how to share information, properly record documentation of safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours. Contact details were easily accessible.

One of the GP partners took the lead for safeguarding across both practices that operated as Backwell and Nailsea Medical Group and were trained to level three in child protection. They met with health visitors and district nurses to discuss 'at risk' patients on the practice register.

Staff knew who the lead GP was for safeguarding and demonstrated an understanding of their role and responsibilities in relation to the protection of children and vulnerable adults.

We saw the practice had the North Somerset Council safeguarding vulnerable adults and child protection policies and procedures including the contact details for making referrals. In addition it had the North Somerset Partnership handbook and referral forms for incidents of domestic abuse.

GPs were appropriately using the required codes on their electronic case management system to ensure risks to children and young people who were 'looked after' or on child protection plans were clearly flagged and reviewed. The lead safeguarding GP was aware of vulnerable children and adults and records demonstrated good liaison with partner agencies such as social services.

We saw an audit of safeguarding children and young people produced by North Somerset Clinical Commissioning Group. The safeguarding lead GP completed the audit in October 2014. The audit was taken from the Royal College of General Practitioners (RCGP) and the National Society for the Prevention of Cruelty to Children (NSPCC) toolkit for general practice, 2011. The practice was able to demonstrate that in most areas

actions were completed, procedures were in place and they were monitored. In two areas the practice had effective procedures in place but they did not exactly match the audit question.

The practice chaperone policy was displayed in the patient waiting area and in clinical areas of the practice. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. Nurses and healthcare assistants were the preferred staff to act as chaperone however a receptionist was trained and could act as chaperone if needed. One of the healthcare assistants confirmed they had attended chaperone training. They said they acted as a chaperone two or three times each week.

Staff we spoke with were aware of the practice whistle-blowing policy. They said they would report concerns about a colleague to the practice manager.

Medicines management

The GPs did not carry medicines in their own bags however there was a shared bag with a good range of medicines for emergency use. All of the medicines contained in the bag were within their 'use by date' and there was a separate 'kit' for the treatment of meningitis kept in the practice refrigerator.

We saw patient specific directions (PSD) and patient group directions (PGD) completed in the practice. We saw PSDs scanned into medical records. We looked at the 'core' patient group directions. They were signed by one of the GPs and nurses on the front cover. However the nurses had not signed their own page. This was remedied at the time of our visit.

Administrative staff who dealt with repeat prescriptions understood there were certain medicines that could be dealt with only by the GPs.. They gave repeat prescriptions to the GPs and at midday for signature and kept any medicines with special requirements separated from others so they were easily identifiable. All prescriptions were locked away when the practice was closed.

Blank prescription forms and paper for computer generated prescriptions were kept in a locked cupboard. We saw the practice maintained a 'log' of prescription pads that recorded who they were issued to, when and the pad serial numbers.

There was guidance for staff about maintaining the cold chain for the storage of vaccines. The policy and guidelines applied to all practice employees and outlined their responsibilities.

There were two fridges for the storage of vaccinations. One was large and had a glass front so stock could be seen. The other was smaller with a solid front. The main larger fridge showed the temperature vaccines were being stored at was outside the maximum range. The nurse we spoke with was aware of the reason for this. The fridge temperatures were recorded onto the practice computer system with the name of the staff member who took the reading.

Cleanliness and infection control

We observed the premises to be generally clean and tidy. General cleaning of the practice was carried out by an external contractor. There were cleaning schedules in place and the contractor monitored the cleaning. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

The practice nurse took lead responsibility for infection control within each of the practices. The practice manager had attended a training course in relation to infection control and other staff had completed e-learning about infection control awareness.

We saw there was an infection control policy and safe practice manual.

Staff told us about the infection control arrangements for treatment rooms. They said they had daily tasks including cleaning the examination couch, storage trolley, telephone and computer keyboard. Staff recorded they had completed the required cleaning.

A member of staff told us how the nurse with lead responsibility for infection control had checked all staff to ensure they were following the practice protocol for hand hygiene.

An external company carried out an infection control audit in November 2014. We saw the action plan and that actions arising from the audit had been completed. We carried out an audit of infection control arrangements during our inspection and with the exception of dust on curtain rails and on a treatment room couch all aspects were in order.

There was a dedicated room for storage of clinical waste.

Good

Are services safe?

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments.

We saw there was a comprehensive maintenance programme in place. There was a log of visits to the practice that included visits for boiler maintenance, emergency lighting testing and portable electrical appliances.

The maintenance schedule recorded planned dates for maintenance of the lighting, emergency lighting and boiler servicing. In addition there was a date recorded to show the electrical distribution system had been checked.

The practice had a policy for the management, testing and investigation of legionella (a bacterium that can grow in contaminated water and can be potentially fatal).We saw records that confirmed the practice was carrying out regular checks in line with this policy to reduce the risk of infection to staff and patients.

Staffing and recruitment

We saw there was a staff handbook that contained the practice policies for recruitment and selection of staff along with job descriptions.

The recruitment policy outlined how the practice would recruit the person best suited to the post, give candidates the opportunity to progress equally through the process and ensure the principles and ethos of the Equality Act 2010 were followed.

Potential staff completed an application form. They were shortlisted using a scoring process and interviews took place by a panel. There were interview questions devised and a scoring matrix to help with decision making. Successful candidates were sent an offer letter and contract of employment.

We looked at seven staff files. They showed each staff member had been issued with a contract of employment. References were obtained and all staff had criminal records checks with the Disclosure and Barring Service.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. There was also an arrangement in place for members of staff, including nursing and administrative staff, to cover each other's annual leave. Newly appointed staff had this expectation written into their contracts.

Monitoring safety and responding to risk

We saw the fire safety risk assessment had been reviewed in September 2014 and identified actions that had been completed. The risk assessment was completed annually as part of the fire-fighting equipment maintenance schedule. The fire alarm system was tested weekly and a record of tests was maintained.

We saw a maintenance schedule with planned dates for maintenance of the fire alarm system and checking of portable appliances.

The Backwell and Nailsea Medical Group had a contract with a property maintenance company.

Arrangements to deal with emergencies and major incidents

GPs and nurses had annual training in dealing with medical emergencies and cardio pulmonary resuscitation.

The equipment and medicines were kept in a locked room. We saw the defibrillator was clean and functioning and spare pads were in date. The emergency medicines, oxygen and intravenous fluids were all found to be in date. We observed the medicines, oxygen and defibrillator were all kept in the same bag. The practice staff had used these when they treated a member of the public outside of the practice.

The practice held a business continuity plan. It listed the assets of the practice, contact details for the GPs and other staff and other essential information, including the list of medicines required for emergency purposes.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners.

Two of the GPs had a special interest in dermatology and took referrals from other GPs in the practice. One of the GPs was able to offer a full range of muscular-skeletal injections and others offered some types of these injections. Another GP had a special interest in urology, gave advice and took internal referrals for treatment. A community urology service was held in the practice and there were links with the Nailsea prostate support group.

Two of the GP partners had a special interest in the care of patients with learning disabilities. Most of those registered with the practice have one of these GPs as their 'usual' GP and they are all offered an annual health check with this GP. The registered manager told us the practice was engaged in a research study to assess patients with learning disabilities taking atypical anti-psychotic medicines to determine whether the medicine could be safely reduced or stopped.

One of the GPs had a special interest in sexual health and was the North Somerset Clinical Commissioning Group lead in this area enabling patients to receive the most up to date information in this area.

A GP took the lead for anti-coagulation. There was a team of trained phlebotomist's and quarterly auditing of blood test results.

Childhood immunisation clinics were held in the practice monthly. Information obtained from the NHS Childhood Immunisation Lists showed a consistently high achievement in immunisation and booster rates each year.

Discrimination was avoided when making care and treatment decisions. Interviews with GPs showed the culture in the practice was that patients were cared for and treated based on need and the practice took account of patient's age, gender, race and culture as appropriate. One patient whose child had exhausted their supply of medicines and requested a repeat prescription urgently was asked to call back later in the day when the prescription would be ready for collection. The receptionist had 'by-passed' the usual repeat prescription system to accommodate the patient's needs.

The practice had developed a chart to show the procedures nurses and healthcare assistants were trained to perform. There were 28 different procedures listed that included ear syringing, wound care, cervical cytology and vaccinations.

There were clinics for chronic disease management including asthma, diabetes and smoking cessation to enable patients to have their condition monitored by staff with knowledge in that area.

There was a cancer care clinic once each week with a Macmillan trained cancer nurse to support patients long term physical and psychological needs. We spoke with the nurse who told us she contacted patients after treatment for their cancer was completed. They said they used a 'holistic' assessment form to assess patient's needs and offered a single one hour appointment with an open invitation to return if needed. The nurse told us how they sign-posted patients to other services and offered assistance with fatigue management.

The practice was engaged in the unplanned admissions enhanced service contract and had individual care plans for vulnerable older patients. Each of these patients had a 'flag' on the electronic recording system to enable them to be identified easily.

The practice held an enhanced contract for dementia screening and worked to improve this. The practice had a lower than expected number of patients identified with a diagnosis of dementia and saw this as a potential problem. The practice took action to address this by recognising the need for a dementia diagnosis improvement programme and carrying out dementia screening. The register of those with a diagnosis of dementia had increased from 55 to 76 patients.

The practice had a register of patients with diagnosed severe mental illness who were offered an annual health review by their 'usual GP'.

Electrocardiograms (ECG) were recorded straight into patient's records. If the reading was abnormal the patient

Good

Are services effective?

(for example, treatment is effective)

saw a GP before leaving the practice. We saw protocols for healthcare assistants for taking ECGs, blood pressure monitoring and health checks. These were comprehensive and provided clear guidelines for staff.

Management, monitoring and improving outcomes for people

Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews, and managing child protection alerts and medicines management. The information staff collected was then collated by the practice manager and deputy practice manager to support the practice to carry out clinical audits.

The Information Technology (IT) manager monitored the Quality and Outcomes Framework (QOF) data. This included identifying patients who needed to be recalled for tests to maximise the practice achievements and ensure good care for patients.

The practice structure enabled all long term conditions covered by the Quality and Outcomes Framework (QOF) to have a named lead GP. The practice scored 99.2% of points in the Quality and Outcomes Framework (QOF), higher than the England average of 94%.

The GPs told us clinical audits were often linked to medicines management information, safety alerts or as a result of information from the quality and outcomes framework (QOF). (QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures). For example, we saw an audit regarding the prescribing of antibiotics for patients with sore throat. A re-audit showed an improvement in recording. GPs maintained records showing how they had evaluated the service and documented the success of any changes.

Effective staffing

New staff were subject to a timetabled induction that we saw in staff files. The induction for new staff outlined the aims of the induction programme and included the essential items to be covered including health and safety and the IT systems. Each new member of staff had an identified mentor. There was a separate induction checklist for new GPs. New staff were subject to a one year probationary period.

Staff files included copies of registration documents, certificates of training completed and immunisation status. New staff were subject to managers review one month into their employment and again at three and six months. The probationary review form asked staff to answer a range of questions. These included saying what their best achievement had been, what their key objectives were and to describe how they thought their performance could be improved.

We spoke with seven staff. Staff confirmed they received training and updates. One of the nurses told us how they had updates in minor illness, asthma, chronic obstructive pulmonary disease and variable blood thinning medicines. Another member of staff told us about the training they received. They told us they completed mandatory training in life support, safeguarding vulnerable adults and child protection along with fire safety and infection control. One of the healthcare assistants we spoke with told us about the specific training they received with the Local Medical Committee. One of the staff who was a receptionist told us how they were supported with external training to enable them to become a phlebotomist. Nurses told us about the update training they received related to long term conditions and minor illness.

We looked at the training 'passport' for three staff. They showed staff received training in mandatory subjects such as basic life support, fire safety and health and safety including, moving and handling. There was also training in equality and diversity, information governance, infection control and safeguarding children and vulnerable adults.

The practice was a teaching practice and provided placements for students and newly qualified doctors. We spoke with a GP registrar who was happy with the training and support given. We met with two medical students who were having a two week placement within the practice. They spoke positively about how they were welcomed by staff and how much they were enjoying the experience.

Working with colleagues and other services

The practice worked with other service providers to meet patient's needs and manage those of patients with complex needs. External services operated in the medical centre for continence management, midwifery and urology, along with mental health, osteopathy and diet management. In addition there was physiotherapy and podiatry.

Good

Are services effective?

(for example, treatment is effective)

The practice worked closely with a local counselling and psychotherapy service hosting sessions within the practice and meeting with the organisation's clinical lead on a regular basis.

A monthly primary care multi-disciplinary meeting was held at the practice to discuss those on the palliative care register. There was close working between the practice, district nursing team and community matron. The local hospice community team also attended the monthly palliative care meetings. Staff felt this system worked well and remarked on the usefulness of the forum as a means of sharing important information.

When test results, hospital discharge summaries and other correspondence were received they were scanned into the patient records system and automatically sent to the GPs. Any test results and discharge summaries from accident and emergency departments were considered a priority within the system and any urgent correspondence was sent to a GP immediately. Out of Hours reports were looked at by the duty GP each morning.

The practice had a dedicated 'dressings nurse' who supported the residents of a nearby nursing home. In addition there were ad hoc visits and advice given. The registered manager told us this had led to improved outcomes due to continuity.

Information sharing

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local GP out-of-hours provider to enable patient data to be shared in a secure and timely manner.

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record to coordinate, document and manage patients' care. All staff were fully trained to use the system, and commented positively about the system's safety and ease of use. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference. We saw evidence audits had been carried out to assess the completeness of these records and that action had been taken to address any shortcomings identified.

Consent to care and treatment

We found staff were aware of the Mental Capacity Act 2005, the Children Acts 1989 and 2004 and their duties in fulfilling it. All the clinical staff we spoke with understood the key parts of the legislation and were able to describe how they implemented it in their practice.

Staff confirmed they had received training about The Mental Capacity Act 2005. One of the nurses told us when appropriate they would engage with a patient's carer or relative if they had learning disabilities.

Patients with a learning disability and those with dementia were supported to make decisions through the use of care plans, which they were involved in agreeing. These care plans were reviewed annually (or more frequently if changes in clinical circumstances dictated it) and had a section stating the patient's preferences for treatment and decisions.

There was a practice policy for documenting consent for specific interventions. A patient's verbal consent was documented in the electronic patient notes with a record of the relevant risks, benefits and complications of the procedure.

Health promotion and prevention

We received information from a study conducted by North Somerset Healthwatch in August 2014. North Somerset Healthwatch had looked at all of the practice websites for North Somerset practices. They felt all of the websites were easy to use however highlighted the Backwell and Brockway Medical Centres among those they considered were laid out very clearly with east access to important information. North Somerset Healthwatch described the practice websites as "accessible and user friendly" adding they were good websites "with lots to offer patients".

Backwell and Nailsea Medical Group had a patient participation group (PPG). The PPG compiled a leaflet for patients entitled 'How to get the best out of your doctor's appointment'. It explained how to make an appointment, planning for and attending the appointment and gave tips about talking to the GP so appointments were effective.

The practice encouraged patients over the age of 75 years who had not been seen in the last year to make an appointment with their GP.

Good

Are services effective?

(for example, treatment is effective)

The practice offered a full family planning service including emergency contraception that was available to patients under 16 years of age. The service included coil fitting and contraceptive implants.

The practice held a range of educational evenings. Subjects included men's health, minor illness and diabetes. We were told there was a further session about diabetes planned. Feedback from patients confirmed these were useful and informative.

The registered manager told us the practice held an enhanced contract for sexual health, providing condom advice, contraceptive coil and implant fitting. The practice was a condom distribution 'C' card pick up point.

The Backwell and Nailsea Medical Group produced a quarterly newsletter. The winter 2014 issue reminded patients about their entitlement to a flu vaccination and free NHS health checks. There was an update from the PPG and changes to staffing.

New patients could register with the practice by completing a registration form and providing two forms of identification.

The practice had a health promotion room where patients could check their blood pressure and weight. It contained an array of health promotion information both displayed and for patients to take away with them. The room provided patients with a space for confidential discussion with reception staff.

The practice referred patients to weight management services and gave exercise vouchers on prescription so that patients with diabetes could exercise more.

There was a television monitor in the waiting area displaying the 'life channel' that provided useful health promotion information.

There was a patient information notice board and one dedicated to the work of the patient participation group (PPG).

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Each of the GPs had personalised lists of patients and the practice aimed to offer appointments to patients own GP. The registered manager told us the practice had always operated a 'personal list' system believing it provides for continuity of care.

Requests for appointments and other telephone calls were answered away from the reception area to maintain patient's privacy. There was a sign at the reception desk requesting that patients respect the confidentiality of the patient in front of them by standing away from the desk.

Any confidential documents were shredded when they were no longer required to ensure patient confidentiality.

Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example, data from the national patient survey showed 85% of practice respondents said the GP involved them in care decisions and 89% felt the GP was good at treating them with care and concern. Both these results were above the England average.

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and 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 they wished to receive. Patient feedback on the comment cards we received was also positive and aligned with these views.

Patient/carer support to cope emotionally with care and treatment

There was a dedicated 'carers' team with a clinical lead and nominated carers 'champion'. The Backwell and Nailsea Medical Group held a register of more than 300 patients who were carers.

The registered manager told us there was a 'whole team' approach to identifying patients with caring responsibilities so this could be taken into account during consultations.

The practice was linked into the North Somerset 'carers' strategy in order to provide an enhanced service to prevent unplanned hospital admissions.

The practice manager was the carer's lead for the North Somerset Clinical Commissioning Group.

All recently bereaved patients were offered a home visit to ensure on-going support was available.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to patient's needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered.

The practice had also implemented suggestions for improvements and made changes to the way it delivered services in response to feedback from the patient participation group (PPG).

The collated survey results were used to develop an action plan. We saw how the survey results had led to new chairs being purchased, an increase in reading materials and improved appointment arrangements. The action plan from the 2013/14 survey showed when actions were completed.

Tackling inequity and promoting equality

The practice provided equality and diversity training through on line e-learning courses.

The registered manager told us they believed the practice was accessible to all patients. There was level access into the practice and all consulting and treatment rooms were at ground level.

The practice had a portable induction loop system at reception for the hard of hearing. Patients who were deaf and could use sign language were able to access a signer.

The waiting room was 'breast feeding friendly' with signs indicating mothers were welcome to breast feed.

Access to the service

The practice was open from 8.00 am until 6.30 pm on weekdays with extended opening on one evening each week with appointments until 7.30 pm. There were also early morning appointments from 7.30am one morning each week. The practice offered pre-bookable appointments on Saturday morning. Emergency, Out Of Hours services were provided by Brisdoc.

Patients could make appointments in person, by telephone or on-line. If a patient's chosen GP was not available they would be offered an appointment with an alternative GP. If they wanted a same day appointment patients could 'sit and wait' until a GP was available.

The practice brochure explained how patients could have a telephone conversation with a GP at the end of surgery. Home visits were available on request and if patients were unsure if they needed one a GP would telephone them and discuss their problem.

Patients were able to have reminders that their appointment was imminent. These could be in the form of a telephone call or text reminder. Patients could opt out of this service if they wished however its purpose was to reduce the number of patients who did not attend their appointment.

We spoke with the reception manager. They told us about the four week rota prepared for GPs and how 50% of appointments were pre-bookable up to four weeks in advance. The remaining appointments were kept for same day allocation. They told us no one was refused to be seen for urgent same day appointments. If the practice was short of appointments patients and would be offered a 'sit and wait' appointment at the end of surgery.

The practice leaflet outlined the services available at the medical centre. These included those available in the treatment rooms such as blood testing, ear syringing and immunisations. There were clinics for chronic disease management including asthma, chronic obstructive pulmonary disease, chronic heart disease, diabetes and smoking cessation. There was also a cancer care clinic once each week.

External services operated in the medical centre for continence management, midwifery and urology, along with mental health, osteopathy and diet management. In addition there was physiotherapy and podiatry services.

Childhood immunisation clinics were held in the practice monthly. There was a visiting obstetrician.

There was parking for disabled drivers in the practice car park. Other parking was reserved for the GPs. There was free parking in the leisure centre facing the practice and longer term parking a short walk away.

There was a 'touch screen' appointment arrival system in the reception area to reduce patient waiting time at the reception desk.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice.

There was information relating to the complaints procedure at the reception desk and in the practice waiting area. Verbal and written complaints were acknowledged in writing within two days with a formal response within 10 working days.

We saw the complaints system and were able to follow the investigation of complaints that provided an audit trail.

The practice analysed complaints annually. We looked at the analysis of complaints for the year to date. There were a total of 11 complaints seven of which were received in writing. The others were made verbally. Four of the complaints related to administration errors, three in relation to clinical care, three in respect of GP consultation and one, a nurse consultation. For each complaint there was a summary of the issues and lessons learned.

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 mission statement for the Backwell and Nailsea Medical Group was to provide "accessible, high quality, personalised care in a welcoming, friendly practice. The registered manager told us the group's strengths were the people providing the service and the 'open', democratic management structure.

There were three monthly away days to review the practice strategy. A strategic review of the practice led to restructuring.

Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff via the desktop on any computer within the practice. All the policies and procedures we looked at had been reviewed and were up to date.

There was a clear leadership structure with named members of staff in lead roles. For example, there was a lead nurse for infection control and one of the partners was the lead GP for safeguarding. We spoke with seven members of staff and they were all clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed it was performing in line with or above the England average.. We saw that QOF data was regularly discussed at monthly team meetings and action plans were produced to maintain or improve outcomes.

Audits were conducted as part of research projects and in response to guidelines issued by the National Institute of Health and Care Excellence (NICE). Where appropriate the practice re-audited at a later date to determine whether there had been changes in prescribing behaviours.

We saw a range of audits relating to treatment of patients with type 2 diabetes, measurement of vitamin B12 levels, deep vein thrombosis (DVT) diagnosis and use of non-steroidal anti-inflammatory medicines.

Leadership, openness and transparency

There were weekly meetings of the partners to discuss practice issues although the senior partner took responsibility for 'troubleshooting' such as in the case of staffing related issues.

Staff said they all got along well and referred to team working. One member of staff said they looked forward to coming to work.

We saw from minutes that team meetings were held regularly. at least monthly. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings.

There were whole practice meetings held twice each year. One of the GPs led clinical governance meetings. There were regular meetings with hospice staff to review patients on the palliative care register. Practice nurses met every two weeks. The meetings were recorded and enabled a time for reflection of practice. The new practice nurse was in the process of setting up regular meetings for health care staff.

Staff told us they received updates by being given paper copies of documents, receiving emails or practice notes dependant on the subject.

Practice seeks and acts on feedback from its patients, the public and staff

The Backwell and Nailsea Medical Group had a patient participation group (PPG). We met the chair of the PPG who described the monthly meetings held. They told us the practice manager and one of the GPs supported the meetings. They took a display stand and information to the local farmers market each month and had done similar at the millennium garden and a local school fayre. The PPG held open days at the churches close to the practices in Backwell and Nailsea.

The PPG were involved in conducting patient surveys. It was a combined survey across the group's practices in Backwell and Nailsea. The 2013/14 survey was completed by 410 patients most of which were satisfied with the comfort of the waiting room (82%) and provision of information (77%). Similar results were obtained for satisfaction with booking an appointment (82%) and booking an appointment with a preferred GP (71%).

Are services well-led?

Good

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

The 'friends and family test' results to date showed 93% of patients who completed the survey would be 'extremely likely' or 'likely' to recommend the practice to others. The results of the 'friends and family test' were displayed in the waiting room.

We saw information in response to the patient satisfaction survey displayed in the health promotion room. It was listed under the headings 'You said' and 'We did'.

There was a suggestion box in the waiting area.

Staff told us they felt partners and management listened to them. One of the nurses told us how there had been changes made to appointment times for the mother and baby clinics as a result of a request from staff to do so.

Management lead through learning and improvement

The practice operated an appraisal system. Appraisal were carried out annually and led to personal development plans. Managers had a 'self-appraisal'. The practice manager told us the system for 2015 was being developed to obtain 360% feedback which would involve all staff being involved in giving feedback about their colleagues' performance.

Staff told us about their appraisal. The practice used the 'ARROW and TARGET' model for appraisal that considered achievements, reflections, reality, opportunities and worries. Staff were requireD to prepare for the appraisal in advance and received a written record of the appraisal meeting, afterwards.

One of the staff we spoke with said they found it to provide a good forum to be able to discuss their development needs. A healthcare assistant told us how their last appraisal had been missed because the senior nurse had left. They said that previously appraisal had identified ear irrigation and other training as a priority and they had been enacted. They told us they were having an appraisal in March 2015.

The reception manager for the Brockway practice told us how they carried out appraisals with the Backwell practice manager. There were 20 receptionists employed across both sites. They told us how the system identified training needs and set goals for staff to achieve.

The practice had involvement with the Medical Research Council, University of Bristol and the Royal College of General Practitioners and was committed to involvement in research projects.

Two of the GPs took the lead for research in the practice. They employed two part time research nurses and were involved in 18 research projects. One of the GPs told us involvement in research was of benefit to the practice, identified training needs and motivated staff.

We spoke with one of the research nurses who told us about the weekly meeting and more formal monthly meetings held in the practice to review research projects. We saw the records of meetings showed current clinical projects were discussed to update staff. There was also discussion about planning ahead.

The registered manager told us the practice had recently commenced a research study to look at the impact of disfiguring conditions (e.g. severe acne, birthmarks or scarring) on young people and the success of psychological interventions.