Dr Langton & Partners

Quality Report

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

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Langton & Partners on 4 August 2015. 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 rated as good for providing services for all of the population groups.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- 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 practice facilities were designed and equipped to meet patients' treatment needs.
- Information about how to complain was available and easy to understand.

We saw areas of outstanding practice including:

- The practice funded a care coordinator who contacted all patients after they had been discharged from hospital to make sure they had adequate support and to provide information for services.

Summary of findings

- As part of their service development for older people the practice had allocated time for a member of staff to act as a community resource lead and actively contact older patients and signpost them to community support services.

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.

Are services effective?

Good

The practice is rated as good for providing effective services. NHS England 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. Patients' 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 appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Are services caring?

Good

The practice is rated as good for providing caring services. National patient survey 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 for patients about the services available was easy to understand and accessible. We also saw 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 responsive services. The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Summary of findings

Are services well-led?

Good

The practice is rated as good for being well-led. The practice had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. Staff had received inductions, regular performance reviews and attended staff meetings and events.

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 patients. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older patients. The practice offered proactive, personalised care to meet the needs of the older patients in its population and had a range of enhanced services, for example, in dementia and end of life care. They were responsive to the needs of older patients, and offered home visits and rapid access appointments for those with enhanced needs. We found integrated working arrangements with community teams such as community matrons and the lead nurse for older people. The practice worked closely with carers and one staff member acted as the carer's champion. The practice also held a weekly clinic at a local care home. As part of their service development for older patients the practice had allocated time for a member of staff to act as a community resource lead and actively contact older patients and signpost them to community support services. The practice had looked into setting up a volunteer patient transport service for those who had difficulty attending for appointments.

People with long term conditions

Good

The practice is rated as good for the care of patients 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. Patients diagnosed with long term conditions were supported through nurse led health reviews held for specific conditions, such as asthma, chronic obstructive pulmonary disease (COPD) and heart failure. These patients had a structured annual review to check their health and medicines needs were being met. Care plans and protocols for self-management of their conditions were used. Home visits were available for those unable to attend the practice which included an immunisation service. 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. Patients receiving palliative care, those with cancer diagnosis and patients likely to require unplanned admissions to hospital had relevant clinical details uploaded to the Out of Hours patient information management system to share information and patient choices and decisions with other service providers. Longer appointments were available when needed.

Summary of findings

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 good for all standard childhood immunisations. Appointments were available outside of school hours and the premises were suitable for children and babies. The practice worked to provide inclusive services for younger patients, such as operating the 4YP (for young people) initiative which enabled young people to easily access a GP consultation and prompts for teenage health checks. We saw good examples of joint working with the local services for new mothers experiencing mental illness as the practice provided GP services to the in-patient unit and completed post-natal checks. The practice had also engaged with social media, for example, they had a Facebook page, You Tube videos and used Twitter to update patients about the practice.

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 such as appointment booking, as well as a full range of health promotion and screening which reflected the needs for this age group. The practice had electronic prescribing facilities to enable patients to collect their prescriptions at their chosen pharmacy. Appointment need was audited and usage predicted which allowed for adjustment in the number of pre-bookable appointments available to be adjusted each day. The practice also had an application for use with a smart phone for patients to access online information about the practice. The practice had extended hours to meet the need of patients who worked and patients were able to book a telephone consultation with a GP on the same day.

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. They held registers of vulnerable patients such as those with a learning disability and ensured they had a review of their health needs annually. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients and held a 'watch list' of the high risk patients. Staff knew how to recognise signs of abuse in

Summary of findings

vulnerable adults and children. Staff were aware of their responsibilities regarding safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. Staff received awareness training for domestic violence and information about resources for help was provided within the practice. Patients could access additional services onsite such as substance misuse services and mental illness support services. The practice provided multilingual automated patient check in and a language access sheet.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of patients experiencing poor mental health (including patients with dementia). The practice achieved above the national average number of patients experiencing poor mental health who had a care plan in place. The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia, such as the community based dementia navigator and specialist dementia lead nurse. They carried out advance care planning for patients with dementia. Staff at the practice had become dementia friends and had awareness of how to support patients living with dementia. For example, the practice initiated appointment reminders for these patients including for secondary care appointments. The practice held weekly clinics at a local care home specialising in dementia care.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. They had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

We spoke with five patients visiting the practice and we received 10 comment cards from patients who visited the practice. We also looked at the practices NHS Choices website to look at comments made by patients. (NHS Choices is a website which provides information about NHS services and allows patients to make comments about the services they received). We also looked at data provided in the most recent NHS GP patient survey.

The patient survey data showed:

- 81% of respondents found it easy to get through to the practice by phone
- 95% of respondents found the receptionists at this practice helpful
- 97% of respondents were able to get an appointment to see or speak to someone the last time they tried
- 90% of respondents said the last appointment they had was convenient
- 89% of respondents described their overall experience of the surgery as good

These results are better than the average for Bristol Clinical Commissioning Group.

We read the commentary responses from patients and noted they included observations such as they were satisfied with the access to appointment; the staff treated patient with respect; staff were found to be friendly and helpful and the overall satisfaction with the practice was high.

The comments made by patients we spoke with were very positive and praised the care and treatment they received. For example, patients had commented about positively about being involved in the care and treatment provided, and feeling confident in their treatment.

The practice had a patient representation group (PRG) of approximately six patients. The gender and ethnicity of group was not representative of the total practice patient population, however the group was widely advertised and information about the group was available on the website and in the practice.

We saw the practice had undertaken an improving practice survey in 2012, 2013 and 2014 the results showed continual improvement in patients feedback about the service over this time. For example, for question 16 'The respect shown to me by this nurse/GP' the response was 74% in 2012, 80% in 2013 and 86% in 2014; and for question 26 'the information provided by this practice about how to prevent illness and stay healthy' the response was 62% in 2012, 70% in 2013 and 71% in 2014.

The practice had also commenced their current 'friends and family' survey which was available in a paper format placed in the reception area and online. We viewed the results for the period 1 December 2014 to 31 July 2015 with 100% of respondents stating they would recommend the surgery. The commentary received from patients identified staff as responsive, knowledgeable and caring.

Outstanding practice

- The practice funded a care coordinator who contacted all patients after they had been discharged from hospital to make sure they had adequate support and to provide information for services.
- As part of their service development for older people the practice had allocated time for a member of staff to act as a community resource lead and actively contact older patients and signpost them to community support services.

Dr Langton & Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP special advisor, a nurse special advisor and a CQC registration inspector.

Background to Dr Langton & Partners

Monks Park Surgery is located in an urban area of North Bristol. They have approximately 4900 patients registered.

The practice operates from one location:

Monks Park Surgery

24 Monks Park AvenueHorfieldBristolBS7 0UE

It is sited in a converted two storey building. The consulting and treatment rooms for the practice are situated on the ground floor. There is limited patient parking immediately outside of the practice with spaces reserved for those with disabilities.

The practice is made up of two GP partners, a nurse practitioner partner, a practice manager partner and a salaried GP working alongside qualified nurses, health care assistants and administrative staff. The practice is open on Monday, Tuesday and Thursday from 7:30am - 6:30pm, Wednesday 8:30am - 7:30pm and Friday 8:30am - 6:30pm for on the day urgent and pre-booked routine GP and nurse appointments.

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

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

Patient Age Distribution

0-4 years old: 6.1%

5-14 years old: 10.4%

Under 18 years: 13.2%

65-74 years old: 14.8%

75-84 years old: 7.8% - higher than the national England average.

85+ years old: 2.7% - higher than the national England average.

Male patients: 51.63 %

Female patients: 48.37 %

Information from NHS England indicates the practice is in an area of moderate deprivation with a lower than national average number of patients with long standing health conditions, and a higher than average number of patients in paid work.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme under Section 60 of the Health and Social Care Act 2008 as part of our

regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2015, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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.

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 4 August 2015. During our visit we spoke with a range of staff including GPs, nurses, reception and administrative staff and the management team, visiting health care professionals and patients who used the service. We observed how patients were being cared for and talked with carers and/or family members and reviewed anonymised treatment records of patients.

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 and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. Patients affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents. The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, we reviewed an incident discussed at a GP peer group meeting which related to a prescription being issued in the wrong patient name. The record indicated action to be taken to prevent and reoccurrence.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. The practice used the National Reporting and Learning System (NRLS) eForm to report patient safety incidents.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe, which included:

- Arrangements were in place to safeguard adults and children from abuse which reflected relevant legislation. We observed local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room, advising 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 check (DBS). (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).
- 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 staff room. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was calibrated to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and legionella.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. A member of the nurse team was the infection control lead clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medicine audits were carried out with the support of the local Clinical Commissioning Group pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- Recruitment checks were carried out and the three files we reviewed showed 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.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that

enough staff were on duty. The practice used regular locum GPs for consistency, and had a check list which they used to ensure the locums met the with the appropriate requirements.

Arrangements to deal with emergencies and major incidents

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

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 carried out assessments and treatment in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. We saw evidence of how the guidelines were discussed between the clinical staff and the implications for the practice. We found minutes of meetings held for example, the local GP peer group meeting, practice meetings and evidence of liaison with the practice pharmacist to discuss, implement and reflect on new guidance.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results from the 2013 -14 return were 899.61 out of 900 points available which was 5.3% above CCG average and 6.5 % above England , with 7.6% exception reporting which was 3.1 percentage points below CCG average and 0.3 % below the England average . This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013 -14 showed:

- Performance for diabetes related indicators was better than the CCG and national average. The practice achieved all the 107 points at 8.9% above CCG average, 9.9% above England average.
- The percentage of patients with hypertension having regular blood pressure tests was better than the CCG and national average. The practice achieved all the 77 points at 11.3% above CCG average and 11.6% above England average.
- Performance for mental health related and hypertension indicators were better than the CCG and national average. The practice achieved 39.61 out of 40 points at 9.4% above CCG average and 8.6 % above England average.
- The dementia care performance rate was above the CCG and national average. The practice achieved all the 26 points at 3.8% percentage points above CCG average and 6.6% above England average.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and patient outcomes. There had been three clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, an audit of contraceptive implant uptake compared to other long acting reversible methods of contraception and to the oral contraceptive methods had been undertaken. The recommendation from the audit for the practice was to:

- Continue active counselling of patients, applying UK Medical Eligibility Criteria.
- Hand patients written advice after every consultation.
- When coding termination of pregnancy, make sure such patient had a method of contraception in place.
- Being aware that vulnerable patients need contraception counselling as part of any consultation, even as opportunistic advice.
- Invite patients who are vulnerable and at risk of unwanted pregnancy to come to the surgery.
- Continue offering 4YP (for young people) services.
- Train more health professionals to provide this service.

These were comprehensive actions which directly impacted on the treatment for patients.

Information from surveys about patient outcomes was used to make improvements such as changing practice and learning from colleagues within the practice to make improvements in waiting times for appointments.

Effective staffing

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

Good

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for newly appointed non-clinical members of staff which covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- 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 these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of GPs. All staff had had an appraisal within the last 12 months.
- Staff received training which included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when patients were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patient's needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a regular and planned basis and that care plans were routinely reviewed and updated. We were able to observe the weekly multidisciplinary meeting and saw vulnerable patients were discussed, and a suitable plan of action agreed amongst the team. This promoted team discussion, innovative solutions and team learning. We also found that the community teams could access the practice electronic records and were able to update patient records after any clinical intervention. This ensured the practice always had current information about the clinical status of patients.

Consent to care and treatment

Patients' consent to care and treatment was always sought 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, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and weight loss. Patients were then signposted to the relevant service.

The practice had a comprehensive screening programme. The Quality and Outcomes Framework (QOF) achievement for the practice's target for the uptake of the cervical screening programme was 100%, which was 3.3% above the CCG average and 2.5% above the national average. There was a policy to send letters and telephone invitations for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable or exceeded the CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93.8% to 100%. The practice had high levels of achievement rates for flu vaccination rates being second highest performer in the CCG area for the over 65s and the highest performer in the CCG for those at risk.

Patients had access to appropriate health assessments and checks. These NHS health checks were for patients aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and patients were treated 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 so 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 10 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We also spoke with five members of the patient participation group (PPG) on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients were happy with how they were treated and this was with compassion, dignity and respect. The practice was well above average for its satisfaction scores on consultations with GPs and nurses. For example:

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

Care planning and involvement in decisions about care and treatment

Patients we spoke with 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 available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

- 88% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.
- 88% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 85%

Staff told us translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all patients who were carers who were being supported by the carer's champion in areas such as offering health checks and referral to voluntary agencies for support. Written information was available for carers to ensure they understood the various avenues of support available to them. We found a resource coordinator was in place to initiate contact with vulnerable patients and signpost them to support agencies.

Good

Are services caring?

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient groups and provided flexibility, choice and continuity of care. For example;

- The practice offered early and late clinics for working patients who could not attend during normal opening hours.
- The practice was accessible for patients with all services located on the ground floor.
- There were longer appointments available for patients with a learning disability or complex health needs.
- Home visits were available for older patients or any patients who would benefit from them.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were accessible facilities, a hearing loop and translation services were available.
- Patients with complex needs, for example, mental illness of substance misuse could access specialist services at the practice.
- Patients living with dementia or those with a learning disability were given appointment reminders and staff could assist with completion of forms to access other services.
- Staff had undertaken training to be dementia friends.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services, for example, the practice provided GP services to a specialist unit for mothers with mental illness such as post-natal depression, and support their attendance at the practice for six to eight week baby checks.
- The practice participated in the 4YP (for young people) initiative to enable younger people to access health checks and advice about sexual health.

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. Within their cluster group of four practices they had identified a need for follow up of all patients discharged from hospital. The cluster group jointly funded a care coordinator who contacted all patients and made sure they had adequate support and could provide information about agencies to contact. For example, the care coordinator could advise about social care and arrange an appointment. This had been in place since April 2015.

Access to the service

The practice was open on Monday, Tuesday and Thursday from 7:30am - 6:30pm, Wednesday 8:30am - 7:30pm and Friday 8:30am - 6:30pm for on the day urgent and pre-booked routine GP and nurse appointments. In addition there were pre-bookable appointments which could be booked up to two weeks in advance with GPs and four weeks with the nurse team. On the day urgent appointments were also available for patients who needed them.

Results from the national GP patient survey showed patient's satisfaction with how they could access care and treatment compare favourably to local and national averages and patients we spoke to on the day were able to get appointments when they needed them. For example:

- 86% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 75%.
- 72% patients said they could get through easily to the surgery by phone compared to the CCG average of 73% and national average of 73%.
- 81% patients described their experience of making an appointment as good compared to the CCG average of 72% and national average of 73%.
- 68% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 62% and national average of 65%.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. The 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 information was available to help patients understand the complaints system in the waiting room there were leaflets available and information was on the website. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

Good

Are services responsive to people's needs?

(for example, to feedback?)

We looked at all the six complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, displaying openness and transparency. We found complainants were given an apology and short explanation about the issues raised. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, the practice received a complaint about a patient not being able to access a nurse appointment at short notice and the practice reviewed the availability of emergency nurse appointments.

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

Monks Park Surgery website statement was that 'we are committed to providing our patients with the best possible care'. The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a robust strategy and supporting business plans which reflected the vision and values and which 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 so staff were aware of their own roles and responsibilities
- The practice specific policies were implemented and were available to all staff
- There was a comprehensive understanding of the performance of the practice
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

Staff told us regular team meetings were held and that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported, particularly by the partners in the practice; they were involved in discussions about the systems to support the day to day running of the practice. The partners encouraged all members of staff to identify opportunities to improve and develop 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, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, improvements in appointment access which was kept under continual review.

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

Innovation

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. They worked collaboratively within a cluster of four local practices who initiated the care coordinator and resource coordinator roles, and for the development of voluntary transport services. The practice was part of the One Care Consortium but not yet involved in any project work. With regards to research, they are involved with the North Bristol Trust in respect of research into diabetes.