Hartwood Healthcare

Quality Report

Hartcliffe Health Centre
Hareclive Road
Bristol
BS13 0JP
Tel: 0117 3015226
Website: www.hartwood.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?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Hartwood Healthcare on 3 December 2015. Overall the practice is rated as good. Improvements were required in the safe domain, and there were areas in the effective domain which were outstanding.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw areas of outstanding practice:

- There had been 11 clinical audits completed in the last year, all of these were relating to medicines, the associated treatment plans and monitoring of patients. A particular focus was on the prescribing of psychotropic medicines for patients with learning

Summary of findings

difficulties. This raised awareness of necessity for a higher quality of reviews of prescribing for patients with learning difficulties. More detailed information was now included in the patient records to inform of the decision for prescribing specific medicines.
- Smoking cessation advice and support was provided by five of the nursing staff at the practice; they had been identified as having the second highest numbers of smoking cessation in the Clinical Commissioning Group area for 2014-2015. They had achieved 51% 'quit rate' after 12 weeks of patients starting on the programme.

The areas where the provider must make improvement are:

- The provider must ensure the Patient Group Directions adopted by the practice to allow nurses to administer medicines in line with legislation are signed by the clinical governance lead for the nursing staff.
- The appropriate checks through DBS had not been undertaken by the provider as they had used information from a previous employer. The practice had a recruitment checklist but these had not been utilised fully to ensure that the required information had been retained.

The areas where the provider should make improvement are:

- The provider should define the lines of accountability within the practice for the shared services and ensure all areas of the practice are included in the infection control audit such as the consultation rooms.
- The practice could not provide information in regard to an overarching written business continuity plan in place for major incidents such as power failure or building damage. Staff provided detail and supporting evidence of what steps they would take should an event arise including contact details of external bodies, power suppliers and emergency services.
- All staff had had an appraisal within the last 12 months. Through discussion with the registered manager,the lead GP, it was identified that clinical responsibility for the shared resource of the treatment room nurse team was not clear.
- The practice should develop a systematic approach to reviewing trends or themes of complaints or concerns expressed to the practice. There should be a recorded system to monitor trends or themes of the significant events.

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?

Requires improvement

The practice is rated as requires improvement for providing safe services.

- There was an effective system in place for reporting and recording significant events However, there was no recorded system to monitor trends or themes of the significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed. However, the lines of accountability for infection control for the shared service were not clear.
- The practical arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, recording, handling, storing and security). However, the Patient Group Directions that had been adopted by the practice to allow nurses to administer medicines in line with legislation had not been signed by the clinical governance lead for the nursing staff
- There were gaps in details or evidence that sufficient information had been obtained or retained for the recruitment of staff such as proof of identification and references. The appropriate checks through the disclosure and barring service (DBS) had not been undertaken by the provider for two staff as they had used information from a previous employer.

The practice could not provide information in regard to an overarching written business continuity plan in place for major incidents such as power failure or building damage. Staff provided detail and supporting evidence of what steps they would take should an event

Are services effective?

Good

The practice is rated as outstanding for providing effective services.

Summary of findings

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- There had been 11 clinical audits completed in the last year, all of these were relating to medicines, the associated treatment plans and monitoring of patients. A particular focus was on the prescribing of psychotropic medicines for patients with learning difficulties. This raised awareness of necessity for a higher quality of review of prescribing in patients with learning difficulties. More detailed information was now included in the patient records to inform of reasoning for prescribing.
- One member of the practice nurse team also had skills in diabetes care and could provide insulin conversion and another nurse had an extended role to provide contraception which include contraceptive implants.
- Smoking cessation advice and support was provided by five of the nursing staff at the practice with the practice had been identified as having the second highest numbers of patient quitting in 2014- 2015. They had achieved 51% quit rate after 12 weeks after patients had been started on the programme.
- Four of the GPs had certification in substance abuse treatment (two at level two) giving an on-site service to above 100 patients and families (the largest in Bristol).

Are services caring?

Good

The practice is rated as good for providing caring services.

Data from the National GP Patient Survey, July-September 2014 and January-March 2015. showed patients rated the practice higher than others for several aspects of care.

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Summary of findings

- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 24% of the practice list as carers with the national average being 18.2%.
- The practice had recognised that it needed to provide extra support to patient's carers in the community they served. They had done this by investing in providing a member of staff as a Patient Champion.

There was a strong patient-centred culture. Members of the secretarial team spent time supporting patients with booking, amending and understanding letters regarding appointments from hospitals. For one patient with learning difficulties who was reluctant to attend slimming classes the nursing staff arranged for a friend to attend with them. Another example was one of the nursing staff had realised a patient with deteriorating mental health relied on visiting the local supermarket on a daily basis to have a hot meal. This was not available because of bank holiday closures, so they organised alternative arrangements for the patient so they did not miss eating a main meal that day.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.

- 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.
- Patients with multiple health issues were provided with one appointment for all of their regular health checks to be carried out at one time.
- Practice nurses carried out home visits for regular health checks for patients with diabetes, COPD and influenza vaccines unable to attend the surgery premises
- Insulin conversion (transition to insulin to stabilise diabetes) was carried out at the practice.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to 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 was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar to the Clinical Commission Group (CCG) and national average. For example, the percentage of patients with a diagnosis of diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2013 to 31/03/2014) was 66.58%.
- Longer appointments and home visits were available when needed. There were some particular areas that were outstanding in this area in regard to the provision of insulin conversion at the practice and the home visits carried out by the practice nurses for the on- going monitoring of patients with long term conditions.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

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

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

Summary of findings

- Childhood immunisation rates for the vaccinations given were comparable to the Clinical Commissioning Group (CCG)/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 87.3% to 98.6% and five year olds from 90.1% to 97.9%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 79.9%, which was comparable to the CCG average of 81.8% and the national average of 81.1%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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 reflects the needs for this age group.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning difficulties
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice demonstrated how they encouraged uptake of the cervical screening programme by supporting patients who found it difficult to participate undertaking the test. Nursing staff did this by assessing and routinely offering sexual health advice to all patients including those with a learning disability and undertook cervical tests where appropriate. The practice told us they had a 66% take up of those eligible for cervical testing in this population group.

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).

- Performance for mental health related indicators was similar to the Clinical Commissioning Group (CCG) and national average. For example, the percentage of patients diagnosed with dementia whose care has been reviewed in a face to face review in the preceding 12 months (01/04/2013 to 31/03/2014) was 86%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015. The results showed the practice was performing below local and national averages. 408 survey forms were distributed and 120 were returned.

- 66.9% of patients found it easy to get through to this surgery by phone compared to a Clinical Commissioning Group (CCG) average of 72.7% and a national average of 73.3%.
- 79.9% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 85%, and national average 85.2%).
- 77% of patients described the overall experience of their GP surgery as good (CCG average 85.9%, and national average 84.8%).
- 64% of patients said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 79.6%, and national average 77.5%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 29 comment cards which were all positive about the standard of care received. Patients had found staff to be friendly, attentive, helpful and polite.

We spoke with five patients during the inspection. All five patients said they were happy with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service MUST take to improve

- The provider must ensure the Patient Group Directions adopted by the practice to allow nurses to administer medicines in line with legislation are signed by the clinical governance lead for the nursing staff.
- The appropriate checks through DBS had not been undertaken by the provider as they had used information from a previous employer. The practice had a recruitment checklist but these had not been utilised fully to ensure that the required information had been retained.

Action the service SHOULD take to improve

- The provider should define the lines of accountability within the practice for the shared services and ensure all areas of the practice are included in the infection control audit such as the consultation rooms.
- The practice could not provide information in regard to an overarching written business continuity plan in place for major incidents such as power failure or building damage. Staff provided detail and supporting evidence of what steps they would take should an event arise including contact details of external bodies, power suppliers and emergency services.
- All staff had had an appraisal within the last 12 months. Through discussion with the registered manager,the lead GP, it was identified that clinical responsibility for the shared resource of the treatment room nurse team was not clear.
- The practice should develop a systematic approach to reviewing trends or themes of complaints or concerns expressed to the practice.There should be a recorded system to monitor trends or themes of the significant events.

Outstanding practice

- There had been 11 clinical audits completed in the last year, all of these were relating to medicines, the associated treatment plans and monitoring of patients. A particular focus was on the prescribing of psychotropic medicines for patients with learning difficulties. This raised awareness of necessity for a

higher quality of reviews of prescribing for patients with learning difficulties. More detailed information was now included in the patient records to inform of the decision for prescribing specific medicines.

- Smoking cessation advice and support was provided by five of the nursing staff at the practice; they had been identified as having the second highest numbers of smoking cessation in the Clinical Commissioning Group area for 2014-2015. They had achieved 51% 'quit rate' after 12 weeks of patients starting on the programme.

Hartwood Healthcare

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser, a practice nurse specialist adviser and an Expert by Experience.

Background to Hartwood Healthcare

Hartwood Healthcare, Hartcliffe Health Centre, Bristol, BS13 0JP provides support for approximately 7670 patients in the Hartcliffe area in South Bristol and in the neighbouring communities of Highridge and Withywood, where there are high levels of deprivation.

Hartwood Healthcare is sited in a Healthcare Centre in a central position in the community of Hartcliffe. The practice shares facilities with another GP service, Hillview, and other local services provided by Bristol Community Health, such as podiatry, physiotherapy and midwifery services. The building is accessible to patients with restricted mobility, wheelchair users and children's pushchairs. There is a pharmacy on site.

There are nine consulting rooms and a shared treatment. The waiting room and reception area is divided into distinctive separate areas including a reception point for visitors using the services hosted or provided by Bristol Community Health.

There are administrative offices, staff toilets, and shared staff rooms. There are parking spaces for staff and a small number accessible parking bays for patients.

There are five partners and four salaried GPs, six male and three female who provide 50 sessions per week. There are two practice nurses. The practice provides the four nursing staff including two health care assistants, a phlebotomist (blood testing) for the treatment suite service that is shared with Hillview Surgery. The practice employs a pharmacist to attend the practice for 22 hours per week and has engaged a Patient Champion who works across three other practices in the local area. The clinical staff are supported by a practice manager and an administration team. The practice is a training practice for medical students and is also involved in clinical research.

The practice is open from 8:30am until 12:30pm and then 1.30pm until 6:30pm Monday to Friday. Later appointments are available up to 7:30pm on Mondays and Tuesdays for those patients who are unable to attend at other times.

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, patient participation, remote care monitoring and childhood vaccination and immunisation scheme. One GP is a GP with Special Interests (GPwSI) in family planning.

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. Patients are directed to the 111 service during lunchtimes when the practice is closed.

Other Patient Age Distribution

0-4 years old: 8.7% (higher than the national average)

5-14 years old: 14.3% (higher than the national average)

The practice told us they had 517 (7% of the practice population) aged 75 years and above.

Population Demographics

Detailed findings

% of Patients in a Residential Home: 0.4 %

Disability Allowance Claimants (per 1000) 93.4 (higher than the national average of 50.3)

% of Patients in paid work or full time education: 48.4 % (lower than the national average of 60.2%

Practice List Demographics / Deprivation

Index of Multiple Deprivation 2010 (IMD): 49.9 (National average 23.6)

Income Deprivation Affecting Children (IDACI): 50 (National average 22.5)

Income Deprivation Affecting Older People (IDAOPI): 32 (National average 22.5)

Hartwood Healthcare delivers on average 1,200 appointments each week. There is a high home visiting rate with 79 patients housebound and 517 over the age of 75 years. The practice along with two others that provide a service the population in this area have a high level of patients with long term respiratory problems as a legacy from employment at a local manufacturer that is no longer operational in the area.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 3 December 2015. During our visit we:

- Spoke with a range of staff including GPs, nursing and administration staff and spoke with patients who used the service. The practice lead for the management of administration and business continuity was not available at short notice, the registered manager provided information and assistance for this area for this inspection process.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Requires improvement

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events. However, there was no recorded system to monitor trends or themes of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. Often lessons learned were shared with the other GP practice based in the building. For example, a GP reviewed a new patient's request for a repeat prescription and identified that the prescription was above the recommended levels. Advice sought from specialists and appropriate action was taken to reduce the medication slowly to the recommended safe levels. This was an example of good communication and team work at the practice.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and 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. GPs were trained to Safeguarding level 3 in child protection. Alerts were placed on the patient records systems to inform staff if patients and families were on child protection plans or patients at risk from domestic violence. The practice told us there were 51 families with a child protection plan in place.
- A notice in the waiting room advised patients that chaperones were available if required. All the nursing staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. This was overseen by the building manager employed by Bristol Community Health. We found appropriate schedules in place for all areas and that cleaning audits took place on a monthly basis. There was an infection control audit undertaken by Bristol Community Health for the communal areas of the building relating to the services they provided. There was an infection control protocol in place for these areas. We saw evidence that action was taken to address any improvements identified as a result. Staff were unable to find evidence of an infection control audit specific to the practice or treatment areas during the inspection. This was provided following the inspection visit. It was not clear that all areas of the practice had been included in the infection control audit such as the consultation rooms. As the premises are shared it was difficult to establish the lines of accountability within the practice for the shared service. The treatment lead nurse had recently taken the role as the infection control clinical lead and had completed the necessary training two days before the inspection visit.
- The practical arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe (including obtaining, recording, handling, storing and security). However, the Patient Group Directions that had been adopted by the practice to allow nurses to administer medicines in line with legislation had not been signed by the governance lead or the nursing staff. The practice carried out regular

medicines audits which were now lead by the practice pharmacist, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.

- We looked at the practice's policy and procedures for recruitment of staff. We found the policy required minor updated to reflect changes in current practice, such as referring to the correct body for the Disclosure and Barring Service (DBS) and to include a risk assessment process where a decision is made if the role necessitated one to be carried out. We reviewed three personnel files and found records of appropriate recruitment checks had been undertaken prior to employment for one member of staff employed through an apprentice scheme. However, for the two other health care professionals there were gaps in details or evidence that sufficient information had been obtained or retained. For example, proof of identification and references. We saw registration with the appropriate professional body and indemnity insurance. The appropriate checks through DBS had not been undertaken by the provider as they had used information from a previous employer. The practice had a recruitment checklist but these had not been utilised fully to ensure that the required information had been retained.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred to secondary care as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with information on display in prominent areas. The practice was included in the fire safety arrangements for building overseen by Bristol Community Health. They had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. There were 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 (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. Staff covered absences of their colleagues. Locum clinicians were only used rarely.

Arrangements to deal with emergencies and major incidents

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

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

The practice could not provide information in regard to a written business continuity plan in place for major incidents such as power failure or building damage. Staff provided detail and supporting evidence of what steps they would take should an event arise including contact details of external bodies, power suppliers and emergency services. However, the building manager, Bristol Community Health, retained overall responsibility for the site and essential services.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patient's needs. For example, national guidelines for hypertension and local guidelines for cancer referral processes.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 93.5% of the total number of points available, with 5.78% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013- 2014 showed;

- Performance for diabetes related indicators was similar to the Clinical Commission Group (CCG) and national average. For example, the percentage of patients with a diagnosis of diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2013 to 31/03/2014) was 66.58%.
- The percentage of patients with a diagnosis of hypertension having regular blood pressure tests was similar to the CCG and national average 83.81%.
- Performance for mental health related indicators was similar to the CCG and national average. For example, the percentage of patients diagnosed with dementia whose care has been reviewed in a face to face review in the preceding 12 months (01/04/2013 to 31/03/2014) was 86%.

Clinical audits demonstrated quality improvement.

- There had been 11 clinical audits completed in the last year, all of these were relating to medicines, the associated treatment plans and monitoring of patients. One particular focus was on the prescribing of psychotropic medicines in patient patients with learning difficulties. This raised awareness of necessity for a higher quality of review of prescribing in patients with learning difficulties. More detailed information was now included in the patient records to inform of reasoning for prescribing.

  The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Nursing staff had attained specific qualifications in diabetes, respiratory care, and chronic heart disease.They were also trained and skilled in providing support for sexual health and one member of the practice nurse team also had skills in diabetes care and could provide insulin conversion. Another member of nursing staff had an extended role for contraception with the training to provide an implant service. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence.Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

Good

Are services effective?

(for example, treatment is effective)

- Four of the GPs had certification in substance abuse (two at level two) giving an on-site service to above 100 families (the highest rate in Bristol).
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months. Through discussion with the registered manager, lead GP, it was identified that clinical responsibility for the shared resource of the treatment room nurse team was not clear. The lead GP informed us they would take this role on in the future.
- Staff received training that included: safeguarding, fire procedures, the Mental Capacity Act, 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 investigation and test results. Care plans included those for patients who were at risk of admission to hospital, end of life care and living in care homes, Information such as NHS patient information leaflets were also available. Staff checked patient's literacy skills and were able to provide in a different format if required.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. Feedback from external health professionals supported the documentary evidence at the practice that there was a holistic approach to providing care and treatment to patients. The practice worked very well with external health providers ensuring that patients and their families had comprehensive support particularly for patients with dementia.The practice hosted the Bristol Drugs Project service at the practice three times per week. We were told by counsellors from this organisation that the practice staff worked really well with them. They also told us there was a common aim to assist over 100 patients who used the service to obtain the support and treatment they required. Staff were helpful, responded appropriately and dealt with distressed and anxious patients well. The practice had a lead GP for substance misuse, a lead GP for alcohol misuse, a third GP was lead for mental health.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- 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. The staff had a focus on promoting self-care and encouraged patients to participate by providing NHS vouchers for local slimming groups for weight management.
- The community population surrounding the practice had some inherent health issues in regard to a high level of smoking. Smoking cessation advice and support was

Good

Are services effective?

(for example, treatment is effective)

provided by five of the nursing staff at the practice with the practice had been identified as having the second highest numbers of patient quitting in 2014- 2015. They had achieved 51% quit rate after 12 weeks after patients had been started on the programme.

- Patients had access to other services provided at the premises such as counselling, chiropractor, and substance misuse services. A consultant obstetric clinic was held at the health centre. Patients had access to an onsite pharmacy.

The practice's uptake for the cervical screening programme was 79.9%, which was comparable to the Clinical Commissioning Group average of 81.8% and the national average of 81.1%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by supporting patients who found it difficult to participate undertaking the test. Nursing staff did this by assessing and routinely offering sexual health advice to all patients including those with a learning disability and undertook cervical tests where appropriate. The practice told us they had a 66% take up of those eligible for cervical testing in this population group. 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 to Clinical Commissioning Group (CCG)/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 87.3% to 98.6% and five year olds from 90.1% to 97.9%.

Flu vaccination rates for the over 65s were 75.2%, and at risk groups 56.1%. These were also comparable to CCG and the national average of 73.2%.

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 29 patient Care Quality Commission 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. Patients also expressed that staff were compassionate, always courteous and friendly. This was reflected in an observation from a locum GP working at the practice.

We spoke with five patients during the day. 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 quickly when they needed help.

Results from the national GP patient survey July-September 2014 and January-March 2015. showed patients felt they were treated with compassion, dignity and respect. The practice was below for its satisfaction scores on consultations with GPs and nurses. For example:

- 81.9% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 89.5% and national average of 88.6%.
- 77.5% of patients said the GP gave them enough time (CCG average 86.5%, national average 86.6%).
- 89.5% of patients said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95.2%)
- 73.8% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 85.3%, national average 85.1%).
- 87.7% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 91.7%, national average 90.4%).
- 79.6% said they found the receptionists at the practice helpful (CCG average 88.5%, national average 86.8%)

It must be noted that the feedback obtained through our comment cards and speaking to patients during the day did not fully reflect the below average statistics.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 84.2% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86.4% and national average of 86%.
- 78.3% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 81.8%, national average 81.4%)
- 85.5% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 85.5%, national average 84.8%)

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

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.

Good

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 24% of the practice list as carers with the national average being 18.2%. Written information was available to direct carers to the various avenues of support available to them. The practice had recognised that it needed to provide extra support to patients, patient's carers in the community they served. They had done this by investing in providing a member of staff as a Patient Champion. Their role was to encourage patients to seek assistance and direct them to where it can be resourced. The Patient Champion role was shared across four other practices in the local area which enabled sharing of information, resources and assisted with identifying what patients in the community required.

Staff had a good understanding of patients other needs. Members of the secretarial team spent time supporting patients with booking, amending and understanding letters regarding appointments from hospitals. This led to a reduced number of missed appointments for consultation and treatment. For another patient with learning difficulties who was reluctant to attend slimming classes so the nursing staff arranged for a friend to attend with them. Another recent example was where nursing staff realised that a patient with deteriorating mental health relied on visiting the local supermarket on a daily basis to have a hot meal would not get this because of bank holiday closures. They organised alternative arrangements for the patient so they did not miss eating a main meal that day.

Where identified patients who were at the end of their life were given a named GP to support them with their terminal care. Staff told us that if families had suffered bereavement, the GP involved in caring for them though their terminal illness, contacted them, visited or sent them a bereavement letter.

The practice in conjunction with Hillview the other practice based in the health centre held a Self-Care week in November to promote patients assisting themselves with minor illnesses, injuries and medical conditions. The provided information to patients visiting the practice, within their newsletter and website and worked with the pharmacy based in the health centre to provide advice.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered later appointments on a Monday and Tuesday day evening until 7.30pm for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and multiple co-morbidities,
- Patients with multiple health issues were provided with one appointment for all of their regular health checks to be carried out at one time.
- Home visits were available for older patients.
- Practice nurses carried out home visits for regular health checks for patients with diabetes, COPD and influenza vaccines unable to attend the surgery premises
- Insulin conversion (transition to insulin to stabilise diabetes) was carried out at the practice.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately. Chronic disease clinics held in the evenings.
- Treatment room services included complex dressings and treatment for lower limb vascular problems including pressure dressings and Doppler scanning.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open from 8:30am until 12:30pm and then 1.30pm until 6:30pm Monday to Friday. Later appointments were available up to 7:30pm on Mondays and Tuesdays for those patients who are unable to attend at other times. In addition to pre-bookable appointments urgent appointments were also available for people that needed them.

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

- 60.5% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 77.2% and national average of 74.9%.
- 66.9% patients said they could get through easily to the surgery by phone (CCG average 72.7%, national average 73.3%).

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

Listening and learning from concerns and complaints

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

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

We looked at complaints received in the last 12 months and found that in general complaints were assessed, investigated and satisfactorily handled with the complainant informed of the outcome of the investigation. We were provided with copy of the practices complaint review for 2014 – 2015. We saw that they had categorised the types of complaints and had identified trends of complaints. For example, attitude of clinicians and the appointment systems. However, they did not record what overall actions they had taken to reduce or eliminate these concerns being expressed again with this review. They did identify changes that had taken place following a patient survey undertaken in March 2015. The key actions they had taken were to employ more locums to meet patient demands and eventually employed two permanent GPs. They had identified that telephone access for a consultation with a GP could be improved so they ensured a GP representative went on further training and brought back knowledge to share with the team. This resulted in an improved protocol for reception staff to prioritise telephone calls received into the practice.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality services that meet the medical, psychological and social needs of their patients. They also wished to empower their patients to share appropriate responsibility for their health and to provide accessible health care and encourage appropriate use of services.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.

The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit 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 and culture

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 provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings there were meetings across all staff groups and information was shared.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. For example the home visits the nursing staff carried out to patients with long term conditions, the care and support to patients with a learning difficulty and the in house provision of a contraceptive service.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient surveys and complaints received. The practice was in the process of engaging patients to be involved with a patient participation group (PPG) to meet regularly.

Are services well-led?

Good

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

- The practice had 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.

Continuous improvement

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. The practice employ a Patient Champion to support patients access the care and support they require. The practice nurses focussed on providing holistic care and support. They did this by providing home care visits for patients with long term conditions, ensuring that patients multiple healthcare ongoing monitoring is met at one appointment and providing emotional support to enable self-care.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **19.**—(1)Persons employed for the purposes of carrying on a regulated activity must— (a)be of good character, (b)have the qualifications, competence, skills and experience which are necessary for the work to be performed by them, and (c) be able by reason of their health, after reasonable adjustments are made, of properly performing tasks which are intrinsic to the work for which they are employed. (3)The following information must be available in relation to each such person employed— (a)the information specified in Schedule 3, and How the regulation was not being met: Personnel employed to carry on the regulated activity did not have the appropriate checks through the Disclosure and Barring Service and the practice did not hold the required specified information in respect of persons employed by the practice as listed in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **12.**—(1)Care and treatment must be provided in a safe way for service users.

This section is primarily information for the provider

Requirement notices

(2)Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include—

(g)the proper and safe management of medicines;

How the regulation was not being met:

The provider must ensure the Patient Group Directions adopted by the practice to allow nurses to administer medicines in line with legislation are signed by the clinical governance lead for the nursing staff