

The Bridges Medical Practice

Quality Report

26 Commercial Road

Weymouth

DT4 7DW

Tel: 01305 774411

Website: www.thebridgesmedicalcentre.co.uk

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

Ratings

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

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11

Detailed findings from this inspection

Our inspection team	12
Background to The Bridges Medical Practice	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	25

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the Bridges Medical Practice on 2 December 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were mostly assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. The performance of the practice was monitored through audits and action plans.
- The practice provided effective systems to facilitate prompt cancer screening and diagnosis through appropriate routes.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice 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.

There were areas of outstanding practice:

Summary of findings

- There were innovative approaches to providing integrated person-centred pathways of care that involved other service providers, particularly for people with multiple and complex needs.
- One of the GPs partners had written a business plan for the development of a dedicated elderly care service aimed at hospital admission avoidance and supporting patients living in residential homes. The practice had audited visits for urgent needs to residential homes and demonstrated a 65% reduction in urgent visits. A further audit in 2016, showed that 95% of patients using this service who died, had done so in their preferred place of death and in accordance with their care plan. The practice participated jointly with other practices in the area to provide funds for two GPs and a nurse to provide this service.
- One partner GP had developed a business case for a community pharmacist to visit older patients with complex needs to complete medicines reviews on an ongoing basis. An audit demonstrated that between November 2015 and August 2016, 465 patients

registered at the practice were reviewed by the pharmacist, leading to improvements in medicines being prescribed, cost savings, and positive feedback from patients and GPs.

The area where the provider must make improvement is:

- Systems to monitor and document the quality and safety of the service must be reviewed to ensure all aspects of governance are assessed

The areas where the provider should make improvement are:

- Ensure that documentation to track blank prescriptions through the practice contains all relevant information.
- Introduce further systems to monitor and record that training is undertaken in line with practice guidance.
- Ensure that appropriate checks have been undertaken in all premises used for regulated activities.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and an apology. They were told about any actions to improve processes to prevent the same thing happening again where appropriate.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safeguarded from abuse.
- Most risks to patients who used services were assessed and mitigated. The practice had not obtained assurance that all checks had been undertaken in all premises used for regulated activities.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits were plentiful and demonstrated quality improvement.
- The practice used innovative and proactive methods to improve patient outcomes and working with other local providers to share best practice.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

Good



Summary of findings

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

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, one partner GP had developed a business case for a pharmacist to visit older patients to complete medicines reviews on an ongoing basis. One of the GP partners had also written the business plan for a dedicated elderly care service aimed at hospital admission avoidance and supporting patients living in residential homes. This service was funded jointly with other practices in the area.
- Patients said they found it easy to make an appointment with a GP and there was an emphasis on 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. Systems were available to assist patients speaking languages other than English and with sensory or physical difficulties to access the practice.
- 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?

The practice is rated as requires improvement for being well-led.

Requires improvement



- The practice had a clear vision, strategy, and commitment to delivering high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of regularly reviewed policies and procedures to govern activity and held regular governance meetings.

Summary of findings

- There was a governance framework and arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice gathered feedback from patients and it had an engaged patient participation group which influenced practice development.

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 patients, and offered home visits and urgent appointments for those with enhanced needs. The practice employed an emergency care practitioner and nurse practitioner who provided additional home visits during mornings and afternoons to patients.
- All patients had a named GP to promote continuity of care.
- One of the GPs partners had written a business plan for an elderly care service jointly funded by local practices aimed at hospital admission avoidance and supporting patients living in residential homes.
- A GP had written the business plan for a community pharmacist to conduct medicine reviews for patients with complex needs on an ongoing basis.

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 89% which was similar to the CCG average of 94% and national average of 90%. The practice also offered an insulin conversion service and liaised closely with the diabetes specialist nurse at the local hospital.
- Longer appointments and home visits were available when needed.
- 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.
- The practice offered a range of additional in house services, including a portable device to monitor heart function over time in patients' homes and spirometry to help diagnose and monitor lung conditions.

Summary of findings

- The practice made referrals to a local multidisciplinary service for patients with complex medical and social care needs.

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme in 2015-16 was 80%, which was comparable to the CCG average of 84% and the national average of 82%.
- Appointments were available outside of school hours.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice had recently introduced a sit and wait system between 11.30am and 12.30pm every day to enable patients to be seen on the day. GPs and nurse practitioners offered this service each day and patients attending the sit and wait appointments were seen by their named GP where possible.
- There were facilities for children including baby changing and a separate children's area with a table, chairs and toys.

Working age people (including those recently retired and students)

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

Good



- 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.

Summary of findings

- The practice offered a range of additional in house services, including minor operations, joint injections, treatment for vertigo, and dermatoscopy to examine skin lesions.
- Early morning and late evening appointments were available with GPs, nurses, and nurse practitioners for patients who could not attend at other times.
- The practice provided telephone consultations for patients.
- Text messages were used for appointment reminders and to request feedback.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice offered facilities to encourage access for patients speaking languages other than English, with mobility or sensory difficulties.
- Notices were displayed in reception inviting patients with specific communication needs to inform the practice so that these could be accommodated.
- The practice worked closely with drug and alcohol misuse services and offered a substitute prescribing service.

People experiencing poor mental health (including people with dementia)

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

Good



- 94% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is higher than the CCG average of 86% and national average of 84%.

Summary of findings

- Performance for mental health related indicators was 95% which is comparable to the CCG average of 96% and national average of 93%.
- The practice percentage of patients aged 18 or over with a new diagnosis of depression in the preceding 1 April to 31 March, who had been reviewed within recommended timescales was 77% which was lower than the CCG average of 87% and national average of 83%. A review of patient records had taken place and appropriate clinical action had been undertaken by GPs.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice had registered as 'dementia friendly' and staff had undertaken training on how to support patients with dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 240 survey forms were distributed and 107 were returned. This represented 0.8% of the practice's patient list.

- 89% of patients found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) average of 84% and national average of 73%.
- 89% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 89% and national average of 85%.
- 92% of patients described the overall experience of this GP practice as good compared to the CCG average of 90% and national average of 85%.

- 86% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 83% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received one comment card which was positive about the staff at the practice and the standard of care received

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. 2111 had responded to the Friends and Family Test between May and September 2016. The results showed that 93% of patients would recommend the practice to friends and family, 4% would neither recommend or not recommend the practice to friends and family, and 4% would not recommend the practice for friends and family.

The Bridges Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.
The team included a GP specialist adviser.

Background to The Bridges Medical Practice

The Bridges Medical Practice is located in Weymouth, Dorset. It is based in a purpose built premises and there is parking available. The practice is based on two floors accessible by stairs and a lift. There is a branch surgery called the Littlemoor Surgery in Weymouth and the practice also has a lease agreement to use rooms at Littlemoor Health Centre in Weymouth. These sites share a patient list and staff work at all sites.

The practice is part of NHS Dorset Clinical Commissioning Group. The practice provides services via a Personal Medical Services (PMS) contract (PMS contracts are a contract between NHS England and general practices for delivering general medical services).

The practice has approximately 14000 registered patients. The practice has patients from all age groups with a slightly higher proportion of patients aged over 65 compared to other age ranges. The area in which the practice is located is placed in the fourth most deprived decile. In general, people living in more deprived areas tend to have a greater need for health services. According to the Office for National Statistics and information provided by the practice, the practice catchment area has a high proportion of people from a White British background.

There are eight GP partners, two salaried GPs, and two GPs in training. There are four male and nine female GPs. Three locum GPs also provide cover if required. In total, the GPs provide approximately 7.9 whole time equivalents per week. The practice employs four nurse practitioners, five practice nurses, one emergency care practitioner, one phlebotomist, and one health care assistant. The practice manager is supported by a deputy manager and team of administrative and reception staff. The practice provides training to doctors training to be GPs.

The Bridges Medical Practice is open between 8.15am to 6pm Monday to Friday, and until 8pm on Wednesdays. Telephone lines are open between 8am and 6.30pm Monday to Friday. Appointments are available from 8.30am and 5.30pm Monday to Friday, and until 8pm on Wednesdays. Appointments are available at Littlemoor Surgery from 8.30am and 5.30pm Monday to Friday, and until 8pm on either a Monday or Thursday each week. When telephone lines are closed a message provides patients with information about alternative healthcare services including NHS 111 and 999. The practice uses rooms at Littlemoor Health Centre to provide consultations when required.

Services are provided from the following locations:

The Bridges Medical Practice (main practice)

26 Commercial Road

Weymouth

Dorset

DT4 7DW

Littlemoor Surgery (branch site)

Louviers Road

Littlemoor

Detailed findings

Weymouth

DT3 6SA

We visited The Bridges Medical Practice as part of this inspection. The service has not previously been inspected by the CQC before. We did not visit the branch site as part of the inspection.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 2 December 2016. During our visit we:

- Spoke with four GPs, one nurse practitioner, one nurse, one phlebotomist, one receptionist, and the practice manager.

- Spoke with five patients who used the service.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the treatment records of patients.
- Reviewed one comment card received where a patient shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the significant events coordinator of any incidents and there was a recording form available on the practice's computer system and in paper copy. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a verbal or written apology and were told about any actions to improve processes to prevent the same thing happening again where appropriate.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an event where a vaccine had accidentally been administered twice, the practice contacted the patient to apologise, sought advice from the manufacturers of the vaccine, ensured that no harm had come to the patient, and reviewed systems for checking vaccines with the involved staff member.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff on the practice computer system. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There were also flowcharts in the clinical rooms and reception providing this information. There were lead members 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 had received training on safeguarding children and vulnerable adults relevant to their role. The practice told us that GPs were trained to child protection or child safeguarding level three. Nurses and other clinical staff were trained to child safeguarding level two and reception and administrative staff were trained to level one. The practice told us that all staff had completed safeguarding adults training, but for two GPs no evidence of this training was recorded. The practice told us that these two GPs had informed the practice that they had undertaken this training.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who kept up to date with best practice. There was an infection control protocol in place. Most staff had received up to date infection control training, however one clinical and one non-clinical member of staff had not completed this in accordance with practice timescales. Infection control audits were undertaken and the practice told us that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored. Records to track the location of blank prescriptions through the practice were in place, but these did not always contain all relevant information.

Are services safe?

- Four of the nurses had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the administration office. The practice had fire risk assessments and carried out regular fire drills. However, evidence of fire safety training was not recorded for one clinical staff member and two non-clinical members of staff. Some staff were overdue a fire safety training update, however we saw evidence that these staff had fire safety training booked for 7 December 2016.
- Electrical equipment was checked to ensure appliances were safe to use. Clinical equipment was checked in 2016 to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice had completed a legionella risk assessment and carried out control measures to reduce the likelihood of legionella. They told us that they had sought guidance and reviewed relevant information about legionella in order to conduct this.

- The practice told us that they occasionally used rooms at Littlemoor Health Centre to provide clinical services. The practice had a lease agreement with this location and staff stated that the owners of the building were responsible for maintenance of the premises. Risk assessments and actions were undertaken for Littlemoor Health Centre by the practice in a number of areas. However, the practice had not obtained assurance that all relevant checks had been undertaken, for example gas and electrical safety checks.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Staff had received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. The practice held educational meetings to ensure that clinical staff remained up to date with changes in guidance and minutes from these were circulated to share learning with staff that were unable to attend.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available.

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. Exception reporting was higher than CCG and national averages for some indicators relating to cancer, dementia, diabetes, cardiovascular disease, and osteoporosis. Where exception reporting was higher than CCG and national averages the GP reviewed a sample of these exceptions and told us that care had been provided appropriately. The practice told us that in some cases exceptions were due to patients being incorrectly coded on the computer system. The practice sent patients reminders to attend appointments to try and reduce the number of exceptions reported.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015-16 showed:

- Performance for diabetes related indicators was 89% which was similar to the CCG average of 94% and national average of 90%. The practice also offered an insulin conversion service and liaised closely with the diabetes specialist nurse at the local hospital.
- Performance for mental health related indicators was 95% comparable to the CCG average of 96% and national average of 93%.
- The practice percentage of patients aged 18 or over with a new diagnosis of depression in the preceding 1 April to 31 March, who had been reviewed within recommended timescales was 77% which was lower than the CCG average of 87% and national average of 83%. A review of patient records had taken place and appropriate clinical action had been undertaken by GPs.

There was evidence of quality improvement including clinical audit.

- There had been 15 clinical audits completed in the last year and five of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and was part of the Local Primary Care Research Network.
- Findings were used by the practice to improve services. For example, the practice had conducted an audit of the number of patients prescribed two particular medicines at the same time. They found two patients were taking both medicines, which was against recommendations. Following this, they had implemented additional measures to reduce the likelihood of this occurring again, including staff education and providing additional reminders in patients' notes. A recent re-audit showed that no patients were taking both medicines at the same time. However, not all additional reminders had been added to patients' notes. As a result, the practice had updated all patients' notes, introduced further measures to encourage staff to add additional reminders to notes, and planned to re-audit in 12 months' time.

One partner GP had developed a business case for a community pharmacist to visit older patients with complex needs to complete medicines reviews on an ongoing basis. An audit demonstrated that between November 2015 and August 2016, 465 patients registered at the practice were reviewed by the pharmacist. The introduction of this

Are services effective?

(for example, treatment is effective)

service had helped ensure that patients were prescribed appropriate medicines and had saved approximately £109,000 in medicine use. 87% of patients reported that they felt they could better manage their medicines as a consequence of the service. 90% of GPs rated the service as useful or very useful.

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 health and safety, emergency procedures, and confidentiality.
- The practice could demonstrate how they ensured role-specific training for those reviewing particular patients, for example with long-term conditions and contraceptive needs.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Staff had received an appraisal within the last 12 months, with the exception of one staff member who was scheduled to receive an appraisal.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. All staff received protected learning time every three months to enable them to undertake training. The practice maintained records of staff training. However, the practice did not have comprehensive systems to monitor and record that all staff had undertaken all training updates in line with practice policy. For example, in infection control.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation, or substance misuse. Patients were signposted to the relevant service and / or provided with in house support in the form of medical assessment or treatment.

The practice's uptake for the cervical screening programme in 2015-16 was 80%, which was comparable to the CCG

Are services effective?

(for example, treatment is effective)

average of 84% and the national average of 82%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening during appointments and by sending letters. In 2014 -15 the percentage of females, aged 50-70 years, screened for breast cancer was 74% compared to the CCG average of 76% and national average of 72%. The percentage of patients aged 60-69 years, screened for bowel cancer was 62% compared to the CCG average of 64% and national average of 58%. The practice informed us that 70% of all cancer was diagnosed through the fast track

system, compared to the CCG average of 50% and national average of 48%. The practice provided figures of 72 patients per 100,000 for emergency presentation at hospital with cancer compared to CCG figures of 91 per 100,000.

Childhood immunisation rates for the vaccines given were comparable to CCG and national averages. For example, for April 2015 to March 2016 childhood immunisation rates for the vaccines given to under two year olds ranged from 67% to 99% and five year olds from 81% to 100%. Childhood immunisation rates for the CCG for vaccines given to under two year olds ranged from 71% to 97% and five year olds from 75% to 97%. National childhood immunisation rates for the vaccines given to under two year olds ranged from 73% to 95% and five year olds from 81% to 95%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed that 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.

The practice had taken measures to ensure that confidentiality was preserved by placing guidance for staff in reception areas and ensuring that staff had completed information governance training.

The one patient Care Quality Commission comment card we received was positive about the service experienced. Comments were that the practice offered an excellent service.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. We spoke with three further patients and comments were that staff were kind and respectful.

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

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.

- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 85%.
- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 91%.
- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 91% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patients were aware that longer appointments were available if needed. Patient feedback from the comment cards we received was also positive. Care plans were personalised and reflected patients' perspectives.

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:

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 82%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language
- Information leaflets were available in languages other than English.
- Accessible communication services were advertised in the waiting area.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 232 patients as carers (1.6% of the practice list). Carers were identified when registering at the practice and during consultations. Written information was available to direct carers to the various avenues of support available to them. A dedicated

carers' board in the waiting area provided carers with information about local services. There was a carers' lead who attended quarterly meetings to receive updates about carers' services in the area. The lead sent out information packs to carers about support services and upcoming carers' events. There was also carers' information on the practice website.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. There was a proactive approach to understanding the needs of different groups of people and deliver care in a way that met these needs and promoted equality. This included people who were in vulnerable circumstances or who had complex needs.

- Early morning and late evening appointments were available with GPs, nurses, and nurse practitioners for patients who could not attend at other times.
- There were longer appointments available for patients who needed these, such as patients with complex and / or long term conditions.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. The practice employed an emergency care practitioner and nurse practitioner who provided additional home visits during mornings and afternoons to patients who required this.
- The practice provided telephone consultations for patients.
- Same day appointments were available for children and those patients with medical problems that require same day consultation. The practice had recently introduced a sit and wait system between 11.30am and 12.30pm every day to enable patients to be seen on the day. GPs and nurse practitioners offered this service each day and patients attending the sit and wait appointments were seen by their named GP where possible.
- Text messages were used for appointment reminders and to request feedback from the Friends and Family Test.
- There was information about health and social care services on the practice website.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- Notices were displayed in reception inviting patients with specific communication needs to inform the practice so that these could be accommodated.
- An auditory and visual alert was provided for patients in the waiting area to inform them when the GP or nurse was ready to see them.
- There was a patient information screen in the waiting area and some information on this screen was translated by a sign language interpreter.
- Information leaflets were available in multiple languages and the practice website could be translated into other languages.
- Staff described occasions where appointment letters were translated into other languages to encourage patients to attend who did not speak English.
- There was a lift to improve access for patients who could not use stairs.
- There were facilities for children including baby changing and a separate children's area with a table, chairs and toys.
- There was information about support services for patients of diverse sexual orientations.
- The practice registered patients with no fixed address to enable them to receive medical treatment at the practice.
- The practice worked closely with drug and alcohol misuse services and offered a substitute prescribing service to help patients with substance misuse difficulties.
- The practice had obtained 'dementia friendly' status and staff had undertaken training on how to support patients with dementia.
- The practice made referrals to a local multidisciplinary service for patients with complex medical and social care needs.
- There was a holistic and systematic approach to care for the elderly or those at risk of hospital admission.
- The practice offered a range of additional services in house services including minor operations, long acting reversible contraception, joint injections, and a leg ulcer service. The practice provided specialised treatment for vertigo, a portable device to monitor heart function over time in patients' homes, dermatoscopy to examine skin lesions, and spirometry to help diagnose and monitor lung conditions.
- One of the GP partners at the practice had written the business plan for the development of a dedicated elderly care service aimed at hospital admission avoidance and supporting patients living in residential homes. The practice participated jointly with other practices in the area to provide funding for two GPs and

Are services responsive to people's needs?

(for example, to feedback?)

a nurse to provide this service. This involved provision of comprehensive assessment and care planning, medicines review, and education for care home staff. The practice invited practitioners from this service to attend team meetings to ensure information sharing and continuity of care. The practice had audited visits for urgent needs to residential homes before and after the introduction of the service and this demonstrated a 65% reduction. An audit in 2016, showed that 95% of patients using this service who had died, did so in their preferred place of death and in accordance with their care plan.

Access to the service

The Bridges Medical Practice was open between 8.15am to 6pm Monday to Friday, and until 8pm on Wednesdays. Telephone lines were open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am and 5.30pm Monday to Friday, and until 8pm on Wednesdays. Appointments were available at Littlemoor Surgery from 8.30am and 5.30pm Monday to Friday, and until 8pm on either a Monday or Thursday each week. When telephone lines were closed a message provided patients with information about alternative healthcare services including NHS 111 and 999.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them. The practice provided telephone consultations, home visits, and had recently introduced a sit and wait system between 11.30am and 12.30pm every day to enable patients to be seen on the day.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was in line with or better than local and national averages.

- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 76%.

- 89% of patients found it easy to get through to this practice by phone compared to the CCG average of 84% and national average of 73%.

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

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

This was done by telephoning the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

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 written information was available to help patients understand the complaints.

We looked at 26 complaints received in the last 12 months and found that these were satisfactorily handled. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, when a patient made a complaint about a misdiagnosis, the patient received an apology and an explanation, and further training and information was provided to staff on this condition at one of the staff education meetings.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients in a caring, responsive, and courteous manner.

- The practice had a mission statement and staff knew and understood the values. This demonstrated that the practice was committed to providing effective and high quality care and treatment in a manner that made best use of resources. This emphasised valuing and supporting staff and patients and seeking feedback from these parties to inform the running of the practice.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care.

- 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. Policies were updated with relevant information, and the practice had a system for ensuring that these were regularly reviewed.
- An understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- Appropriate records were not in place to track the location of blank prescriptions through the practice in line with national guidance.
- Systems to monitor and record that all training updates were undertaken in line with practice guidance were not always comprehensive.
- All appropriate checks had not been undertaken in all premises used for regulated activities.

Leadership and culture

The partners and manager in the practice told us they prioritised safe, high quality and compassionate care. Staff told us the partners and manager were approachable and always took the time to listen to all members of staff. Leaders had a proactive approach to understanding the

needs of different groups of people and delivering care in a way that met these needs and promoted equality. This included people who were in vulnerable circumstances or who had complex needs.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings. The practice also held specific meetings for GPs, nurses, reception, and administrative staff. The practice held weekly management meetings to discuss plans for the practice and a representative of each staff group attended.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team events were held regularly to encourage staff morale.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys, complaints, and compliments received. The PPG met regularly, had discussions via

Are services well-led?

Requires improvement 

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

email, and submitted proposals for improvements to the practice management team. For example, the PPG had been involved in providing feedback about the introduction of sit and wait appointments.

- 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. For example, staff told us that they had suggested that a written form could be completed by patients using the sit and wait service. This had been introduced to assist with triaging appointments and to

preserve confidentiality in the reception area as patients were not required to verbally describe their symptoms to reception staff. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, through the development of an additional service for patients living in residential homes and the introduction of a community pharmacist.

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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>Systems to monitor and document the quality and safety of the service required reviewing to ensure all aspects of the regulated activities were fully assessed.</p> <p>Systems to monitor blank prescriptions required reviewing to ensure they were tracked in line with appropriate guidance.</p> <p>The systems to ensure all staff had undertaken relevant training updates required reviewing to ensure all staff records were complete.</p> <p>Systems to monitor and document the quality and safety of the service required reviewing to ensure all aspects of the premises used were fully assessed.</p> <p>This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>