Heywood Family Practice

Quality Report

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

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	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 Heywood Family Practice on 23 & 24 February 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 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.
- Feedback from patients about their care was consistently and strongly positive.
- 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. The practice worked in partnership with the Community Nurses, for example, with the shared care of patients in 'Safe Haven beds' (these are community based beds in nursing homes intended to prevent hospital admission).
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example adjustments were made to the telephony service to improve access.
- 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 very good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- 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.

The areas where the provider should make improvement are:

- Ensure there is controlled access to the medicine keys.
- Ensure the audit process for prescriptions included any handwritten prescription forms.
- The practice should put a process in place for auditing minor surgery.
- Ensure access to the minor surgery room is restricted.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

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

Are services effective?

Good

The practice is rated as good for providing effective services.

- 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.

Are services caring?

Good

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.
- We saw staff treated patients with kindness and respect, and maintained patient information confidentiality.
- 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.

Summary of findings

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. They worked collaboratively with others in the Woodspring area to develop new services such as the Lindsay Leg Club which provided leg ulcer management in a social environment, where patients were treated collectively and the emphasis was on social interaction, participation, empathy and peer support where positive health beliefs were promoted. The Model impacted positively on healing and recurrence rates and helped isolated older people reintegrate into their communities.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this. The practice had a Patient Charter which outlined what patients could expect from them.
- 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

Summary of findings

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 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 patients 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 worked in partnership with the Community Nurses, for example, with the shared care of patients in 'Safe Haven beds' (these are community based beds in nursing homes intended to prevent hospital admission).
- The practice cared for patients in a nursing home and a care home for patients living with dementia. GPs provided weekly review visits and offer a rapid emergency service.

People with long term conditions

Good

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

- Nursing staff had specialist training for the management of chronic disease and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with chronic obstructive pulmonary disease who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2014 to 31/03/2015) was 97.76% compared to the national average of 89.9%.
- All these patients had a named GP and a structured annual review to check that 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.
- Longer appointments and home visits were available when needed.

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

Summary of findings

example, children and young people who had a high number of A&E attendances. The practice worked in partnership with other practices to provide a minor illness educational programme for parents to reduce these attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies. The practice had a dedicated play room for children to access when waiting for appointments.
- We saw good examples of joint working with midwives, health visitors and school nurses, for example, the GPs worked collaboratively with the midwives and completed 36 week checks for them.

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.
- The practice offered a 'well woman' clinic between 4pm-6pm every Monday.
- There were daily "Extended Hours" until 7.00pm and one weekly surgery starting at 7.30am for working patients.
- The practice hosted regular drug and alcohol counselling and worked in partnership to provide shared care.

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 patients, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.

Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- The practice had told 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.

People experiencing poor mental health (including people with dementia)

Good

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

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice undertook mini mental state examinations and blood screening for contributory illnesses before referral to the North Somerset Dementia diagnosis service. They worked in partnership with the Alzheimer's Society, to offer access to Memory clinics which had a trained counsellor for patients and their carers. 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 organisation.
- 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.
- The practice had a lead GP to support patients with mental health needs and dementia. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 94.74% and the national average was 88.47%.

Summary of findings

What people who use the service say

We spoke with one patient visiting the practice and we received 30 comment cards from patients who visited the practice. We also looked at the practices NHS Choices website to look at comments made by patients. (NHS Choices is a website which provides information about NHS services and allows patients to make comments about the services they received). We also looked at data provided in the most recent NHS GP patient survey.

NHS England - GP Patient Survey published January 2016. This contains aggregated data collected from January-March 2015 and July-September 2015. There were 235 survey forms distributed Heywood Family Practice and 112 forms were returned, this was a response rate of 47.7% and represented 1.6% of the number of patients registered at the practice.

The data indicated:

- 93% of patients described the overall experience of their GP surgery as fairly good or very good compared to the national average of 85%.
- 91.3% of patients said they would definitely or probably recommend their GP surgery to someone who had just moved to the local area compared to national average of 79.28%.
- 92.8% of patients found it easy to get through to the practice by phone compared to the national average of 73.26%.
- 94.6% of patients found the receptionists at this practice helpful compared to the to the Clinical Commissioning Group average of 89.6% and national average of 86.8%.
- 39.96% of respondents with a preferred GP usually get to see or speak to that GP compared to the national average of 36.17%.
- 92.57% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76.06%.
- 91.4% of patients said the last appointment they got was convenient compared to the to the Clinical Commissioning Group average of 94% and national average of 91.8%.

We found from the information that all but one of these results were better than the average for the North Somerset Clinical Commissioning Group and national results.

We read the commentary responses from patients on the comment cards and noted they included observations such as:

- The practice was described as excellent and receptionists polite and helpful.
- Patients confirmed they were able to get appointments on the day if urgent and praised the response from the surgery in emergency situations.
- Staff were identified as helpful, respectful and interested in the patients.
- Patients felt treated with dignity and respect with problems dealt with sensitively.
- Patients expressed their satisfaction overall with the treatment received.

The practice had a patient representative group (PRG), the group was widely advertised and information about the group was available on the website and in the practice. We met with four members of the group who told us they acted as a 'consultative' group for the practice. They told us suggestions had been listened to, for example, improvements to phone access which resulted in an improved telephony system.

We saw the practice had also commenced their current 'friends and family test' which was available in a paper format placed in the reception area and online. They consistently received 100% of responses which stated patients would recommend the practice.

Areas for improvement

Summary of findings

Action the service SHOULD take to improve

- Ensure the audit process for prescriptions included any handwritten prescription forms.
- The practice should put a process in place for auditing minor surgery.
- Ensure there is controlled access to the medicine keys.
- Ensure access to the minor surgery room is restricted.

Heywood Family Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Heywood Family Practice

Heywood Family Practice is located in a semi-rural area of North Somerset. They have approximately 6900 patients registeredand are a dispensing practice.

The practice operates from one location:

1 Lodway GardensPillBristolNorth SomersetBS20 0DL

The practice is sited in a purpose built two storey building. The consulting and treatment rooms for the practice are situated on the ground floor. The practice has six consulting rooms, one for each GP Partner and one allocated for any trainee GPs on placement. There is a treatment room (for use by nurses, health care assistants and phlebotomy), four clinic rooms and a minor surgery room; reception and records room; and a waiting room area for both GPs and nurses. There is patient parking immediately outside the practice with spaces reserved for those with disabilities.

The practice is made up of five GP partners (male and female), two salaried GPs, a nurse practitioner and the practice manager, working alongside two qualified nurses and a health care assistant and a phlebotomist. The practice is supported by an administrative team made of medical secretaries, receptionists and administrators. The practice is open from 8am - 7pm Monday to Friday for on the day urgent and pre-booked routine GP and nurse appointments. On the day telephone consultations are available for every patient who requests a same day response. There is daily "Extended Hours" until 7.00pm and one weekly surgery starting at 7.30am for working patients.

The practice has a Personal Medical Services contract with NHS England (a locally agreed contract negotiated between NHS England and the practice) and has a contract to be a dispensing 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, immunisations and unplanned admission avoidance.

The practice is a training practice and offers placements to medical students and trainee GPs.

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

Patient Age Distribution

5-14 years old: 10.39%

15-44 years old: 31.07%

45-64 years old: 27.92%

65-74 years old: 14.39%

75-84 years old: 8.44% - higher than the national average

85+ years old: 3.18% - higher than the national average

Patient Gender Distribution

Male patients: 50.12 %

Female patients: 49.88 %

Patients from BME populations: 1.92 %

Detailed findings

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2015, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 23 and 24 February 2016. During our visit we:

- Spoke with a range of staff including GPs, nurses, administrative and reception staff, dispensary staff, the practice management and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed 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 are provided for specific groups of patients and what good care looks like for them. The population groups are:

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

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

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events and the outcomes of the analysis were shared at weekly meetings.

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. For example, an incident occurred where a confirmation of diagnosis required a blood test. The test was sent incorrectly and there was a delay reading the result. The action taken was to ensure there was a follow up plan when ordering this type of test.

When there were unintended or unexpected safety incidents, patients receive 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 for example, GPs were trained to Safeguarding level 3 in child protection.
- A notice in the waiting room advised patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of patients 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. A practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- We found the minor surgery room was unlocked but was used to store medicines used for minor procedures such as adrenaline. The practice manager was made aware and took action to secure the room.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did keep patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice is a dispensing practice which provided a service to 1200 local patients.There were systems in place to monitor the temperature of all the fridges and a cold chain policy in place which was followed. The fridge used to store vaccines was kept locked. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccines after specific training when a doctor or nurse were on the premises.
- The dispensary held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by the practice staff however, the key to the controlled drugs cupboard was not kept securely and could have allowed unauthorised access. This was raised with the practice who took immediate action to secure the keys within a key safe and restrict access.
- Prescription paper wassecurely stored and there were systems in place to monitor daily use. Both blank

electronic (for use in printers) and handwritten prescription forms were securely stored with a system in place to monitor their use (register of serial numbers and locations). The same system for hand written prescriptions, was not so robust and serial numbers were not recorded when used. However,they were rarely used and only kept for the disaster recovery plan.

- We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Incidents were logged efficiently and then reviewed promptly. This helped make sure appropriate actions were taken to minimise the chance of similar errors occurring again.We found that the system for dispensing repeat prescriptions was safe, with prescriptions being signed before patients received their medicines.The practice was signed up to the Dispensing Services Quality Scheme to help ensure processes were suitable and the quality of the service was maintained. Dispensing staff had all completed appropriate medicines training. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy team, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice had established a number of ways to order repeat prescriptions and patients could decide from which pharmacy they could collect their prescriptions.
- We reviewed four personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice 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. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- 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.

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. The practice had undertaken a first aid risk assessment and provided suitable equipment; we saw there was a statutory accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

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

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to 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. For example, we found the practice discussed guidance at the weekly business meeting and its implementation.
- The practice monitored that these guidelines were followed through their governance arrangements.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 96.9% of the total number of points available. Data from 2014-15 showed the practice consistently performed above the national average:

- The percentage of patients with chronic obstructive pulmonary disease who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2014 to 31/03/2015) was 97.76% and the national average was 89.9%.
- The percentage of patients with atrial fibrillation with a CHADS2 score () of 1, measured within the last 12 months, who were currently treated with anticoagulation drug therapy or an antiplatelet therapy (01/04/2014 to 31/03/2015) was 100% and the national average was 98.32%.
- Performance for mental health related indicators was comparable to the Clinical Commissioning Group and national average, for example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months (01/04/2014 to 31/03/2015) was 95.24% and the national average was 89.55%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months (01/04/2014 to 31/03/2015) was 81.33%and the national average was 84.01%.

Clinical audits demonstrated quality improvement.

- There had been two significant clinical audits completed in the last two years, where the improvements identified were implemented and monitored.
- Findings were used by the practice to improve services. We found in 2012 the practice performed an audit looking at surveillance colonoscopies for patients with inflammatory bowel disease (IBD). This was done due to the automatic discharge of a number of patients from the local hospital trust. This process identified 10 patients who might be in need of a colonoscopy; six patients where a colonoscopy was potentially overdue, and four patients where a colonoscopy would be due for review in future years. Alerts were added to patient notes to this effect. Re-audit in 2015 found this was a useful exercise which ensured the good practice for follow up of patients with inflammatory bowel disease from a cancer surveillance stance, for example, three patients had gone on to have a colonoscopy as a result of this audit who otherwise may have been lost to the follow up procedures.
- The practice participated in applicable local audits, national benchmarking, accreditation, and peer review.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. An induction checklist was held in each staff file and signed off when completed. The records we checked had all been completed and signed and the staff we spoke with confirmed they had been through the induction process.

Good

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- 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 weekly basis and that care plans were routinely reviewed and updated.

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 patient's capacity to make an informed decision about their treatment, and if appropriate, recorded the outcome of the assessment. We saw evidence of the process in place which demonstrated that due process of best interest meeting was followed for administration of a covert medicine.
- The process for seeking consent was demonstrated through records and showed the practices met its responsibilities within legislation and followed relevant national guidance.

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 and substance misuse. Patients were then referred or signposted to the relevant service.

National data from the Quality Outcomes Framework (01/04/2014 to 31/03/2015) indicated the percentage of women aged 25-64 whose notes record that a cervical screening test had been performed in the preceding 5 years was comparable to other Clinical Commissioning Group practices at 80.99% and the national average of 81.83%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. We saw the exception reporting rate for cervical screening at 1.6% was lower than the Clinical Commissioning Group (4.4%) and national averages (6.3%).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 and

Good

Are services effective?

(for example, treatment is effective)

national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 75.8% to 98.4% and five year olds from 91.1% to 98.2%.

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 on 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 that members of staff were courteous and very helpful to patients and treated patients 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 and that 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 leaflet was available on a CD for patients who needed this type of communication.

All of the 30 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with four members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required.

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

- 92.7% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group average of 90.3% and national average of 88.6%.
- 91.1% of patients said the GP gave them enough time compared to the Clinical Commissioning Group average of 88% and national average of 86.6%.
- 95.9% of patients said they had confidence and trust in the last GP they saw compared to the Clinical Commissioning Group average of 96% and national average of 95.2%.
- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85.3%.
- 86.3% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 85%.

Care planning and involvement in decisions about care and treatment

Patients told us that 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:

- 84.3% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group average of 88.9% and national average of 86.0%.
- 87.11% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 81.6%.
- 86.38% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85.09%.

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?

We heard from patients that the practice were excellent at providing continued support and care for patients at the end of their life. We were given examples of GPs making home visits without being specifically requested and maintaining contact with patients and families outside of normal working hours. The practice worked in partnership with patients and their families to formulate advanced care plans which enabled patients to have a 'good death'.

The practice had dedicated GPs for the two care homes they supported which enabled them to develop relationships with patients and their families.

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them.

Staff told us 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.

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. Through their membership of the One Care Consortium they had recently introduced eConsult for patients to access an online consultation.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- 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. The practice worked in partnership with other practices to provide a minor illness educational programme for parents to reduce these attendances.
- The practice offered a 'well woman' clinic between 4pm-6pm every Monday.
- The practice worked in partnership with the Community Nurses, for example, with the shared care of patients in 'Safe Haven beds' (these were community based beds in nursing homes intended to prevent hospital admission).
- The practice had reviewed their performance for patients with diabetes whose control values were above the target ranges and had implemented changes to their management to improve on the reviewing process.
- The practice hosted regular drug and alcohol counselling and worked in partnership to provide shared care.
- The practice undertook mini mental state examinations and blood screening for contributory illnesses before referral to the North Somerset Dementia diagnosis service. They worked in partnership with the Alzheimer's Society, to offer access to Memory clinics which had a trained counsellor for patients and their carers. The practice carried out advance care planning for patients with dementia.
- The practice had a lead GP to support patients with mental health needs and dementia. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 94.74% and the national average was 88.47%.
- We saw good examples of joint working with midwives, health visitors and school nurses, for example, the GPs worked collaboratively with the midwives and completed 36 week antenatal checks for them.
- For patients with chronic obstructive pulmonary disease the practice had 160 of whom 90% attended for an annual review of their condition and 99% received a flu vaccination. 77 patients were identified with more severe disease of whom 99% had an annual review and only seven patients were admitted to hospital with an acute exacerbation of their condition in the last year.
- There were accessible facilities, hearing loop and translation services available.

Access to the service

The practice was open from 8am until 7pm Monday to Friday for on the day urgent and pre-booked routine GP and nurse appointments. 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. On the day telephone consultations were available for every patient who requested a same day response. All requests for appointments were triaged by GPs. There was daily "Extended Hours" until 7.00pm and one weekly surgery started at 7.30am for working patients.

The practice was a dispensing practice which provided a service to 1200 local patients.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Patients told us on the day that they were were able to get urgent appointments when they needed them and accepted that if they wished to see a specific GP there may be a delay.

- 82.4% of patients were satisfied with the practice's opening hours compared to the national average of 73.3%.
- 92.8% of patients said they could get through easily to the surgery by phone compared to the national average of 73.3%.
- 85.6% of patients described their experience of making an appointment as good compared to the Clinical Commissioning Group average of 76.2% and national average of 73.3%.

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 on the website and a practice leaflet.

We looked at a selection of complaints received in the last 12 months and found these were dealt with in a timely way to achieve a satisfactory outcome for the complainant. For example, complaints were responded to by the most appropriate person in the practice and wherever possible by face to face or telephone contact. The information from the practice indicated all the complaints received had been resolved.

Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. We found the learning points from each complaint were not always clearly and communicated to the team but on discussion found that appropriate action had been taken. For example, additional support for reception staff with customer care training.

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 clear aims and objectives to deliver high quality care and promote good outcomes for patients which were:

- To provide a high standard of care to all patients.
- To deliver a high quality, safe and effective service and environment.
- To ensure they have effective management and governance systems in place.
- To ensure that patients are treated with dignity & respect, regardless of age, race, religious beliefs, gender or sexual orientation.
- To ensure we provide effective communication channels for patients (website, Newsletter, Patient Leaflets etc.).
- To include patients in decisions about their care and provide information about treatment and support options.
- To recruit, retain and develop a highly motivated and appropriately skilled workforce.

These objectives were displayed in the waiting areas and staff areas so patients and staff knew and understood the values. The practice had a strategy and supporting business plans which reflected the vision and values which were regularly reviewed. The practice had a Patient Charter which outlined what patients could expect from them.

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 via a shared drive and through the staff handbook.
- A comprehensive understanding of the performance of the practice was maintained.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

However, we found there was no process in place for auditing minor surgery.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff and support new ideas.

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 patients 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 that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at role specific team meetings.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice.
- The practice had a buddy system in place to cover any absence. We heard GP absence for example, due to illness, was covered by the partners. The culture in the practice was to divide up the work between them, with some clinical administrative work being completed from home by staff outside their normal working hours. This ensured there was continuity of service provision for the patients.

Are services well-led?

Good

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

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 patient surveys (including a specific survey for younger patients), compliments and complaints. There was a patient representative group which was consulted about practice performance and improvements.
- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run and gave us examples of how they had been able to implement changes and improvements.

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 was included in the One Care Consortium and could offer patients access to weekend GP review services.
- They used the local hospice end of life prescribing plan to provide appropriate prescribing for patients.
- The practice worked in partnership with other practices to provide a minor illness educational programme for parents to reduce attendances at accident and emergency departments.
- They worked collaboratively with others in the Woodspring area to develop new services such as the Lindsay Leg Clubwhich provided leg ulcer management in a social environment, where patients were treated collectively and the emphasis was on social interaction, participation, empathy and peer support where positive health beliefs were promoted. The Model impacted positively on healing and recurrence rates and helped isolated older people reintegrate into their communities.