Sunnyside Surgery

Quality Report

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Date of inspection visit: 18 August 2015
Date of publication: 15/10/2015

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

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 6

What people who use the service say 8

Detailed findings from this inspection

Our inspection team 9

Background to Sunnyside Surgery 9

Why we carried out this inspection 9

How we carried out this inspection 9

Detailed findings 11

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Sunnyside Surgery on 18 August 2015. Overall the practice is rated as good.

Specifically, we found the practice to be good for providing safe, well led, effective, caring and responsive services. It was also rated as good for providing services for all of the population groups.

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

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

However there were areas of practice where the provider needs to make improvements.

Importantly the provider should

- Develop consistent systems for recording meeting minutes and significant events so they demonstrate the action taken and the shared learning. This would contribute to the quality monitoring processes.
- Further develop the GP buddy system to cover absences.

Summary of findings

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. For example, we were shown the investigations and significant event analysis that had been carried out and the action taken. Staffing levels and skill mix was planned and reviewed so that patients received safe care and treatment at all times. The arrangements in place to safeguard adults and children from abuse reflected relevant legislation and local requirements. The practice had arrangements in place to respond to emergencies and other unforeseen situations such as the loss of utilities.

Are services effective?

Good

The practice is rated as good for providing effective services. Our findings at inspection showed systems were in place to ensure all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines. We also saw evidence to confirm these guidelines were positively influencing and improving practice and outcomes for patients. Information about the outcomes of patients' care and treatment was routinely collected and monitored through auditing and data collection. For example, the practice undertook medicine audits to identify appropriate monitoring of prescribed medicines. We found staff had the skills, knowledge and experience to deliver care and treatment and had undertaken additional training to support this.

Are services caring?

Good

The practice is rated as good for providing caring services. We observed a strong patient-centred culture. Patients' feedback about the practice said they were treated with kindness, dignity, respect and compassion while they received care and treatment. Patients told us they were treated as individuals and partners in their care. We found the practice routinely identified patients with caring responsibilities and supported them in their role. Patients told us their appointment time was always as long as was needed, there was no time pressure, and patients were reassured that their emotional needs were listened to empathetically.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. The practice had initiated positive service improvements for its patients. It acted upon suggestions for improvements and changed the way it delivered services in response to feedback from the patient

Summary of findings

participation group (PPG). It 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. We found urgent and routine appointments were available the same day. Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.

Are services well-led?

Good

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

Summary of findings

The six population groups and what we found

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

Older people

Good

The practice is rated as good for the care of older people. Nationally reported data showed outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older patients in its population and had a range of enhanced services, for example, emergency admission avoidance. We found integrated working arrangements with community teams such as the community lead nurse for older people. The practice also supported older patients in care homes and each home was visited by a specific GP. The practice provided GP cover for inpatient rehabilitation beds at the local community hospital and safe haven beds in care homes. The practice worked closely with carers and two staff members acted as the carer's champions.

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. Patients diagnosed with long term conditions were supported through a range of clinics held for specific conditions such as, asthma, chronic obstructive pulmonary disease (COPD) and heart failure. Nurse led clinics and home review visits were available to patients diagnosed with long term conditions such as diabetes. Longer appointments and home visits were available when needed. All of these patients had a structured annual review to check their health and medicines needs were being met. Patients receiving palliative care, those with cancer diagnosis and patients likely to require unplanned admissions to hospital were added to the Out of Hours system to share information and patient choices and decisions with other service providers. The practice participated in research programmes specifically for patients with long term conditions.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. Appointments were available outside of school hours and the premises were suitable for children

and babies. There was joint working with midwives, health visitors and school nurses. The practice worked to provide inclusive services for younger patients, such as hosting the 'No Worries' initiative which enables young patients to access sexual health care.

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 service availability it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs of this age group, such as NHS Health checks for those between 40 and 74 years. The practice offered good access to GPs for telephone consultations.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable. They held a register of vulnerable patients such as those with a learning disability. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. Patients could access additional services onsite such as substance misuse services.

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 patients 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 supports two care homes specifically for patients living with dementia. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations such as talking therapies, the practice also hosted counselling sessions.

Summary of findings

What people who use the service say

We spoke with nine patients visiting the practice and we received 26 comment cards from patients who visited the practice. We also looked at the practices NHS Choices website to look at comments made by patients. (NHS Choices is a website which provides information about NHS services and allows patients to make comments about the services they received). We also looked at data provided in the most recent NHS GP patient survey.

The patient survey data showed:

- 85% of respondents found it easy to get through to the practice by phone
- 96% of respondents found the receptionists at this practice helpful
- 51% of respondents with a preferred GP usually get to see or speak to that GP (this is lower than the CCG average)
- 92% of respondents were able to get an appointment to see or speak to someone the last time they tried
- 93% of respondents said the last appointment they got was convenient
- 83% of respondents described their experience of making an appointment as good

All but one of these results were better than the average for the North Somerset Clinical Commissioning Group.

We read the commentary responses from patients and noted they included observations such as

- The services are very good.
- Appointment access is mostly good for patients who confirmed they were able to get appointments on the day if urgent.
- Staff are helpful, respectful and interested in the patients.
- Patients felt treated with dignity and respect
- Patients expressed their satisfaction overall with the treatment received.

We also spoke to nine patients; the comments made by patients were very positive and praised the care and treatment they received. Patients had commented positively about being involved in the care and treatment provided, and feeling confident in their treatment.

The practice had a patient participation group (PPG) of approximately 46 patients. The gender and ethnicity of group was representative of the total practice patient population, the group was widely advertised and information about the group was available on the website and in the practice. From the PPG action plan for 2013-2014 the practice had managed the following issues :

- Online appointments with the practice nurse –the practice is planning to introduce online appointments for Asthma Reviews with the practice nurse and Seasonal Flu Vaccination with a health care assistant.
- Telephone System – Reduce waiting time for patients to have calls answered. The practice had reviewed their current system and discussed options with regard to implementing a facility to select various departments to deal with the call. However there were costs which would be incurred to enable this service and the practice needed to look into this further to see if it was financially viable.
- Privacy for the self-test blood pressure monitor in the waiting area – this had been completed, however patients we spoke with told us they would like greater privacy to have confidence to use it.
- Texting – the date and time of the reminder appointment can be sent to patients this is in place and will be reviewed again after September 2015.

The practice had also commenced their current 'friends and family' survey which was available in a paper format placed in the reception area and online. The result from this was that all the patients who responded stated they would recommend the practice – a 100% success rate.

Sunnyside Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP special advisor.

Background to Sunnyside Surgery

Sunnyside Surgery is located in an urban area in Clevedon, North Somerset. They have approximately 7055 patients registered.

The practice operates from one location:

Sunnyside Surgery

4 Sunnyside Road

Clevedon

North Somerset

BS21 7TA

It is sited in a converted 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 are three treatment rooms (for use by nurses, health care assistants and phlebotomists); reception and records room; and a waiting room area. Upstairs there are administrative offices, a meeting room and a staff rest area. Attached to the building there is a pharmacy. There is limited patient parking immediately outside the practice with spaces reserved for those with disabilities.

The practice is made up of four GP partners, two salaried GPs providing 38 sessions per week. There is a nurse prescriber who runs minor illness clinics, and the practice manager, working alongside two qualified nurses and three health care assistants. The practice is supported by an administrative team made of medical secretaries, receptionists and administrators. The practice is open from 8.00am until 6.30pm Monday to Friday for on the day urgent and pre-booked routine GP and nurse appointments.

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

The practice is a training practice with two trainers, and also offers placements to medical students and sixth form students.

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

Patient Age Distribution

0-4 years old: 5.1%

5-14 years old: 9.52%

15-44 years old: 30.1%

45-64 years old: 29.66%

65-74 years old: 12.54%- higher than the national England average.

Detailed findings

75-84 years old: 8.4% - higher than the national England average.

85+ years old: 4.8% - higher than the national England average.

Information from NHS England indicates the practice is in an area of low deprivation with a much higher than national average number of patients in nursing homes.

Why we carried out this inspection

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

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 18 August 2015. During our visit we spoke with a range of staff including GPs, nurses, reception and administrative staff and the management team, and spoke with patients who used the service. We observed how patients were being cared for and talked with carers and/or family members and reviewed anonymised treatment records of patients.

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

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

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

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

Good

Are services safe?

Our findings

Safe track record

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

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

The practice was able to provide evidence of a good track record for safety for example;

- The practice demonstrated it was safe over time through the safe management of incidents, concerns and near misses. For example, the significant event records demonstrated their understanding of reporting and learning from events such as treating patients living with severe dementia. This incident resulted in specific training for the team.
- Staff understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally where appropriate.
- Patient safety was monitored using information from a range of external sources such as National Patient Safety Agency and National Institute for Health and Care Excellence (NICE) guidance which we saw evidence of being used through audits.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse 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.
- A notice was displayed in the waiting room, advising patients staff 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). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster on display. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was 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, infection control and legionella.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. A practice nurse acted as the infection control clinical lead and attended specific training 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 action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medicines audits were carried out with the support of the local Clinical Commissioning Group pharmacist to ensure the practice was following best practice guidelines for safe prescribing. For example, a review of the treatment for patients with bronchiectasis and inhaler usage. This instigated an on-going review of 34 patients. Prescription pads were securely stored and there were systems in place to monitor their use.

Good

Are services safe?

Additional safety measures were in place for any 'at risk' medicines such as controlled drugs to ensure the prescribing was correct according to latest guidance, and patients received their prescription safely.

- Recruitment checks were carried out and the three files we reviewed showed 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.
- 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. We heard staff ensured there were sufficient numbers of staff to ensure the safety of patients, for example, the nurse team worked additional hours to cover sickness or annual leave. Regular locum GPs were used by the practice to cover absences. All locums had undergone appropriate checks prior to employment, and we saw the practice supplied a specific 'locum file' to inform them about the practice and their processes.

Arrangements to deal with emergencies and major incidents

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

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

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. We saw several examples of this in the practice, such as the guidance self-management of chronic pulmonary disease and the guidance for diagnosis and treatment of hypertension.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. The 2013/14 results were 98.8% of the total number of points available, with 7.9% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/14 showed;

- Performance for diabetes related indicators was better than the Clinical Commissioning Group (CCG) and national average at 99.3%.
- The percentage of patients with a diagnosis of hypertension having regular blood pressure tests was better than the CCG and national average at 98.1%.
- Performance for patients with a diagnosis of mental health related and hypertension indicators were better than the CCG and national average at 100%.
- Performance for the patients with dementia related indicators was above the CCG and national average at 100 %.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and patient's outcomes. We were shown three clinical audits which had been completed in the last two years, one of these was a completed audit which demonstrated where the improvements made were implemented and monitored.

The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, recent action taken as a result included reviewing patients prescribed aspirin to ensure they still met the guidance for continued usage.

Information about patient's outcomes was used to make improvements such as an audit of the patient experience of receiving long term contraceptive implants which suggested the possibility of prescribing medicine for the side effects of the implant.

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, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisal, 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 on-going support during sessions, one-to-one meetings, appraisal, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had received 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 test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when patients were referred to other services.

Good

Are services effective?

(for example, treatment is effective)

Staff worked together and with other health and social care services to understand and meet the range and complexity of patient's needs and to assess and plan on-going 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 quarterly basis and care plans were routinely reviewed and updated.

Emergency hospital admission rates for the practice were relatively low from January 2014 to December 2014 at 80.46% with national average 89.78%. The practice was commissioned for the unplanned admissions enhanced service and had a process in place to follow up patients discharged from hospital. (Enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).

Information sharing

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

Staff worked together and with other health and social care services to understand and meet the range and complexity of patient's needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a quarterly basis and care plans were routinely reviewed and updated.

Consent to care and treatment

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

Health promotion and prevention

Approximately 250 vulnerable patients who may be in need of extra support had been identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice about their diet, smoking and alcohol cessation. The practice participated in the 'Slimming on Referral' North Somerset Council scheme with a national weight loss club.

The practice had a comprehensive screening programme. The percentage of women aged 25 or over and who have not attained the age of 65 whose notes record that a cervical screening test has been performed in the preceding 5 years was 88%, which was above the Clinical Commissioning Group (CCG) and the national average, with an exception rate of 3.2% which is below the CCG and national average. There was a policy to send letters and telephone invitations for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds were 100% and five year olds ranged from 77.8% to 88.9%. Flu vaccination rates for the over 65s were 77.6%, and at risk groups 50.98%. These were comparable to CCG and national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74years of age. Each year there is a random selection of 20% of eligible patients who are invited to attend. The practice told us that between 1st April 2015 to 24 August 2015, 180 had been completed. Appropriate follow-up on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and patients were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs

All of the 26 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 three members of the patient participation group (PPG) on the day of our inspection. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted staff responded when they needed help and provided support when required.

Results from the national GP patient survey showed that approximately 86% of patients said the last GP they saw or spoke with was good at treating them with care and concern, approximately 81% of patients said the last time they saw or spoke with a GP; the GP was good or very good at involving them in decisions about their care and this was slightly lower than the national average. We asked the patients we spoke with and they confirmed this had not been their experience of the practice.

Other results from the national GP patient survey indicated patients' responses to the question "were they well treated". The practice scored mostly at or above the CCG and national average for its satisfaction scores about consultations with doctors and nurses. For example:

- 89% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 82% said the GP gave them enough time compared to the CCG average of 88% and national average of 87%.
- 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%
- 86% said the last GP they spoke with was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 91% said the last nurse they spoke with was good at treating them with care and concern compared to the CCG average of 92% and national average of 90%.
- 96% patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%.

The practice had a confidentiality policy in place and all staff were required to sign to say they would abide by the protocols as part of their employment contract. The website informed patients that GP telephone consultations were available each day for patients to discuss test results, medicines review for problems which did not require a medical examination. However telephone calls to the practice could be recorded for the protection of patients, GPs and staff. Any recording made would be kept securely with access strictly controlled to maintain patient confidentiality.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example, 94% said the last nurse they saw or spoke with was good or very good at involving them about their care which was slightly higher than the national average. The survey also showed that approximately 99% said the last nurse they had confidence and trust in the last nurse they saw or spoke with and this was higher than the national average.

Good

Are services caring?

Staff told us translation services were available for patients who did not have English as a first language.

The practice participated in the avoidance of unplanned admissions scheme. Regular meetings took place to discuss patients on the scheme to ensure all care plans were regularly reviewed.

Patient/carer support to cope emotionally with care and treatment

Patients and carers were advised by the practice about the North Somerset Dementia Roadmap which provided information about the dementia journey alongside local information about services, support groups and care pathways to assist primary care to support patients with a diagnosis of dementia and cognitive impairment, their families and carers. Notices in the patient waiting room informed patients how to access a number of support groups and organisations.

Information on the practice website identified two Carer's Champions, who provided information about the services and support groups that are available in the North Somerset area. There was supporting information to help patients who were carers on a notice board in the waiting room. The practice also kept a list of patients who were carers and alerts were on these patients' records to help identify patients who may require extra support.

There was a counselling service hosted by the surgery, which was provided by Positive Step. Patients accessed it either by a referral from a GP or by self-referral.

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 by giving them advice about 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 NHS England Area Team and Clinical Commissioning Group (CCG) told us the practice engaged regularly with them and other practices to discuss local needs and service improvements that needed to be prioritised. The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, they hosted a 'No Worries' clinic targeted at younger patients to be able to access contraceptive and sexual health advice which met the CCG priority target of tackling rising levels of sexually transmitted infections (STIs) and variations in sexual health provision.

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

- The practice was accessible for patients with services located on the ground floor.
- There were longer appointments available for patients with a learning disability or complex health needs.
- Home visits were available for older patients or any patients who would benefit from them such as those in care homes.
- The practice had access to an elderly care nurse whose focus was improvement of care to residents in care homes.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were accessible facilities, a hearing loop and translation services were available.
- The surgery hosted a health visitor drop-in clinic available every Wednesday between 1.30pm and 3.00pm.
- Extended hours for appointments were available.
- Weekend clinics were held during the influenza vaccination campaigns.
- The surgery participated in a free condom distribution scheme.
- The practice provided GP cover for inpatient rehabilitation beds at the local community hospital and 'safe haven' beds in care homes.
- The practice participated in the community 'Safe Haven' scheme for people with learning disabilities who could go to the practice for support if they were anxious or distressed.

The GP contract for 2015-2016 now requires practices to allocate a named, accountable GP for all patients (including children) who will take lead responsibility for the co-ordination of all appropriate services required under the contract. When patients registered with the practice they were told who their accountable GP was and their medical record was coded to reflect this.

Tackling inequity and promoting equality

The practice had a small proportion of minority groups for whom English was not their first language but this was recorded at registration. The surgery had access to translation services and one GP spoke Polish. The building had access and facilities for disabled patients.

The practice had an equal opportunities and anti-discrimination policy which was available to all staff on the practice's computer system.

Access to the service

The practice was open from 8.00am until 6.30pm Monday to Friday. They offered a number of emergency appointments each day to support those patients who needed to be seen urgently. The duty GP triaged patients who required urgent appointments. There were pre-bookable early morning appointments available with the practice nurse. A limited number of pre-bookable appointments were available on alternate Saturday mornings for patients who found it difficult to get to the practice during normal working hours; priority was given to those in full time employment or education. Pre-bookable GP and nurse appointments were also available on a Monday evening up to 7pm.GP telephone consultations were available each day for patients to discuss test results, medicines review or problems which did not require a medical examination.

Good

Are services responsive to people's needs?

(for example, to feedback?)

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

- 85% patients said they could get through easily to the surgery by phone compared to the CCG average of 71% and national average of 73%.
- 83% patients described their experience of making an appointment as good compared to the CCG average of 76% and national average of 73%.
- 73% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 58% and national average of 65%.
- 92% of patients who were able to get an appointment to see or speak with someone the last time they tried compared to the CCG average of 89% and national average of 85%

Listening and learning from concerns and complaints

The practice had a 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 information was available to help patients understand the complaint system in the patient leaflet and on the website. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at two of the 16 complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. Complainants received an apology from the practice and information (when appropriate) about further action the practice would be taking. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, in response to a complaint about ear syringing equipment the practice purchased another syringe. Where the complaint concerned a significant clinical impact on patient welfare then it was escalated to a significant event.

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 objective on their statement of purpose was:

"Sunnyside Surgery aims to provide the highest quality evidence-based healthcare to all its patients within the confines of the Primary Medical Services contract which the general practitioners have with NHS England and North Somerset CCG."

The staff we spoke with demonstrated an awareness of the culture and values of the practice and told us patients were at the centre of everything they did. They felt patients should be involved in all decisions about their care and that patient safety was also paramount. Comments we received were very complimentary of the standard of care received at the practice and confirmed that patients were consulted and given choices as to how they wanted to receive their care.

The practice was engaged with the local Clinical Commissioning Group (CCG) to ensure services met the local population needs.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

The practice had policies and procedures to support governance arrangements which were available to all staff on the practice's computer system. However, some of the processes to support the governance of the service provided were inconsistent, for example, the recording of significant events processes did not always demonstrate actions had been implemented and templates for recording minutes of meetings were variable and did not always record the action to be taken and by whom.

The GPs had a buddying system to ensure test results were reviewed promptly. However, because the GPs worked part time, we found there could be a delay in the system. For example, a recent incident had occurred and there was a delay prescribing antibiotics for a patient.

Leadership, openness and transparency

The management team in the practice have 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 they were approachable and always took time to listen to them. The management team encouraged a culture of openness and honesty.

Staff had specific lead roles within the practice for example safeguarding and infection control and were supported with allocated time and training to be the lead person. We found regular team meetings were held. Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings. Staff said they felt respected, valued and supported by the practice management team. They were involved in discussions about the day to day running of the practice, and the management team encouraged staff to identify opportunities to improve the service delivered by the practice.

The practice had a protocol for whistleblowing and staff we spoke with were aware of what to do if they had to raise any concerns.

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

We saw the practice had undertaken an improving practice survey in 2014; this survey benchmarked the practice against other participating practices. The results showed improvement in patient's feedback about the service. This survey helped the practice identify areas of improvement as it also included patient comments.

There was a patient participation group (PPG) in place and minutes from meetings and results of surveys demonstrated actions were taken when necessary. We spoke with three members of the PPG who told us they felt

Are services well-led?

Good

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

the practice was responsive to any issues raised by the group. They told us the practice was very patient centred and had involved them in any proposed changes to the service. The practice website invited patients to become involved with their PPG.

The practice staff told us they worked well together as a team and there was evidence that staff were supported to attend training appropriate to their roles and use their skills to further develop the services at the practice.

Innovation

There was a strong focus on continuous learning and improvement at all levels within the practice. There was protected time once a month for staff training. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area, for example, developing a specific leg ulcer club to offer treatment and an opportunity to socialise with other patients. The practice participated in research programmes such as Barrack-D improving outcomes for patients with chronic kidney disease. The practice also worked jointly with other practices in the area to provide medical cover for the inpatient unit at the local community hospital.

The practice implemented innovative change and worked with the patients to ensure the success of changes. For example, they had implemented the online services and had approximately 1300 patients signed up to access on line services from appointment booking to accessing personal patient records. Alongside this the surgery planned to release more online appointment slots to relieve the pressure on telephone bookings first thing in the morning.

The practice is part of the One Care Consortium but was not actively involved with any current projects. The practice and patient participation group were working together to offer new services such as a volunteer transport service for patients and a befriending service, however these were still at the planning stage at the time of our visit.