Nailsea Family Practice

Quality Report

Tower House Medical Centre
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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 Nailsea Family Practice on 6 December 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence-based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a 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.
- 91% of patients said they could get through easily to the practice by phone (compared with the national average 73%).
- The practice worked closely with patient volunteers to improve care. For example, a voluntary service worked with the practice in order to identify patients in need and otherwise unable to attend, and arranged transport to the practice and the local hospital.
- The practice hosted a range of talking therapy services for patients who had experienced bereavement, were carers, or were experiencing mental health issues. The services were funded by the local clinical commissioning group (CCG) and were available on referral. For example, the practice worked closely with organisations such as Positive Steps, Addaction and Wellspring.
- The practice participated in a social prescribing scheme to support patients who attend their GP surgery but did not necessarily require medical care.

Summary of findings

Social prescribing supported patients with issues such as social isolation and coping with caring responsibilities, to connect to services and groups that could help improve their wellbeing and meet their wider needs.

- Staff had lead roles that improved outcomes for patients, such as a carer's champion.
- The practice received almost 100% of the points available (558.5 from a total of 559) for the Quality and Outcomes Framework (QOF). QOF rewards practices for the provision of 'quality care' and helps to fund further improvements in the delivery of clinical care.
- 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.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

We saw two areas of outstanding practice:

- There were several examples of the practice proactively working with its patient participation group (PPG) to make changes to the practice and raise awareness of patients. For example, liaison with a local school to explore ways to improve services for young people; Health Awareness Days held on Saturday mornings; and evening education sessions held for patients.
- The practice was proactive in helping to establish Nailsea District Leg Club and we saw evidence of improved clinical outcomes and social benefits for patients.

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 things went wrong patients received reasonable support, truthful information, and a 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 for April 2015 to March 2016 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.
- We saw a programme of clinical audits that included improvements for patient care.
- 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 (July 2016) showed patients rated the practice as comparable with other local practices for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified patients who were carers and alerted them whenever a local carers group met. A member of staff acted as a carer's champion. Carers were offered a health check and were referred to Crossroads Care, a local carer's support group, for advice and support.
- Vulnerable patients who did not attend their scheduled appointments were contacted by a practice nurse, to check their welfare.

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 NHS community health services to secure improvements to services where these were identified. For example, the practice supported The Deteriorating Patients Group. The Group implemented a scoring tool for the early assessment and treatment of patients at risk of clinical deterioration, and had developed a sepsis tool aligned to the national standard for use in the community. The use of the scoring tool has been extended across the whole of North Somerset.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with regular appointments available the same day.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of patient feedback.
- 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 the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.
- The practice worked with other health professionals to minimise unnecessary hospital admissions.
- Patients were able to access the practice in ways to suit their needs. For example, patients could access the practice by telephone and face-to-face; telephone consultations were offered where appropriate; and extended hours appointments were offered mornings and evenings during the week and on one Saturday each month.

Summary of findings

- Patients could access a monitor to record their own blood pressure. A blood pressure monitor was located in a room near to the reception area.
- The practice increased the length of individual appointment times for patients with complex medical conditions.
- The practice hosted talking therapy services for patients who had experienced bereavement, were carers, or were experiencing mental health issues. The services were funded by the local clinical commissioning group (CCG) and available on referral. For example, the practice worked closely with organisations Positive Steps, Addaction and Wellspring.
- The practice initiated the use of a recognised clinical measure of fitness and frailty in older patients to assess their health needs.
- The practice identified patients at risk of developing diabetes and implemented changes that could help to delay or prevent the progression of this health condition.
- The practice was proactive in helping patients manage existing health conditions and promote healthy living. For example, the practice hosted a confidential sexual health clinic for young people which provided advice on relationships and sexual health issues; and t
- The practice helped to establish a Leg Ulcer Club for the effective management of wounds in a local setting.

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 it.
- 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.
- Practice partners held an annual away day, to discuss issues such as the recent merger with other practices, management structure and partner responsibilities.
- 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 provider 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 from staff and patients, which it acted on.

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.
- Older patients with complex care needs or those at risk of hospital admissions had personalised care plans which were shared with local organisations to facilitate continuity of care.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- A carer's champion worked closely with district nurses, occupational therapists and social services agencies to avoid unplanned hospital admissions for older patients.
- The practice initiated the use of a recognised clinical measure of fitness and frailty in older patients to assess their health needs.
- The practice helped to establish a Leg Ulcer Club for wound management in the local community.

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, such as in diabetes care and patients at risk of hospital admission were identified as a priority.
- Performance for patients with long-term conditions either compared with or exceeded national averages. For example, 84% of patients with asthma, on the register, had had an asthma review in the preceding 12 months, compared to the national average of 75%. The review included three patient-focused outcomes that act as a further prompt to review treatment.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice routinely offered longer appointments for patients with complex medical needs.

Summary of findings

- The practice identified patients at risk of developing diabetes and implemented changes that could help to delay or prevent the progression of this health condition.

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 patients who had a high number of A&E 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, and we saw evidence to confirm this. The practice assessed the capability of young patients using Gillick competencies. These competencies were an accepted means to determine whether a child was mature enough to make decisions for themselves.
- The percentage of women aged 25-64 whose notes record that a cervical screening test had been performed in the preceding five years was 81%, which was comparable to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice hosted a confidential sexual health clinic for young people, which provided advice on relationships, and general and sexual health issues.

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 extended morning and evening appointments during the week, and on one Saturday a month, with a GP and nurse.

Summary of findings

- Patients were able to book appointments and order repeat prescriptions online.
- The practice was developing a system for text reminders for appointments.
- Telephone appointments were offered where appropriate, as an alternative to face-to-face 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.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice was proactive in ensuring that vulnerable patients who did not attend their scheduled appointments were contacted by the practice nurse, assessed and if necessary, booked for a same day appointment at the practice.

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).

- 85% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to both the clinical commissioning group (CCG) average of 85% and national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their records in the preceding 12 months was 94%, which exceeded the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

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- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The latest national GP patient survey results were published in July 2016. The results showed the practice performance generally exceeded national averages. For the survey 217 forms were distributed and 130 were returned, representing around 1% of the practice's patient list. Results from the survey showed:

- 91% of patients found it easy to get through to the practice by telephone compared with the national average of 73%.
- 78% of patients were able to get an appointment to see or speak to someone the last time they tried compared with the national average of 76%.
- 92% of patients described the overall experience of their GP practice as good compared with the national average of 85%.
- 88% of patients said they would recommend their GP practice to someone who has just moved to the local area, compared with the national average of 80%.

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our visit. We reviewed the four comment cards we had received, all of which were positive about the service experienced. Patients described GPs and reception staff as being caring and respectful; and taking the time to listen to their concerns. Patients told us they were given advice about their care and treatment which they understood and which met their needs. We spoke with six patients during the inspection who told us they were happy with the care they received and thought staff were approachable, committed and caring.

We looked at the latest submitted NHS Friends and Family Test results, where patients were asked if they would recommend the practice. The practice submitted data in 2016 which showed that 332 of 371 respondents (89%) would recommend the practice to family and friends, and 22 of 371 respondents (6%) would not recommend the practice.

Nailsea Family Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and included a second CQC inspector and a GP specialist advisor.

Background to Nailsea Family Practice

Nailsea Family Practice is located close to the centre of Nailsea, North Somerset. The practice has recently changed its name to Tyntesfield Medical Group (TMG) and serves a local and rural population of approximately 31,600 patients from the towns of Nailsea, Backwell and Long Ashton, and the surrounding areas. Nailsea Family Practice served 11,200 patients and merged, in October 2016, to form TMG, with Long Ashton Surgery (6850 patients) and Backwell and Nailsea Medical Group (13,550 patients). The latter operated from two sites, both of which were inspected by CQC in 2015 and which are now branch surgeries. This report relates to Regulated Activities carried out at the main site and includes some details of the Long Ashton branch which we also visited as part of the inspection.

The name and address of the main location is:

Nailsea Family Practice

Towerhouse Medical Centre

Stockway South

Nailsea

BS48 2XX

The branch surgery we visited shares common systems and processes with the main location and the address is:

Long Ashton Surgery

55 Rayens Cross Road

Long Ashton

BS4 1DY

The other branch sites also share common systems and processes and the addresses are:

Brockway Medical Centre

8 Brockway

Nailsea

BS48 1BZ

Backwell Medical Centre

15 West Town Road

Backwell

BS48 1BZ

Nailsea Family Practice has several GP consulting rooms along with rooms for nurse treatment, phlebotomy and minor operations. There are also rooms for health visitors, district nurses and psychological counsellors. A general office is situated away from the front reception desk. The first floor can be accessed by stairs or a lift, and the premises are fully accessible for disabled users.

Nailsea Family Practice is one of 21 GP practices in the NHS North Somerset Clinical Commissioning Group (CCG) area and most registered patients live within a three mile radius of the practice. The practice patient populations do not align with the England average for some age groups, thus giving an indication of the area's demography, and explaining why there may be increased or reduced demand

for certain services. These deviations are most noticeable for the 65 to 69 age group, which is well above the England average; and the 20 to 24 age group, which is well below the England average.

96% of the practice population describes itself as white British, and around 2% as having a Black, Asian and Minority Ethnic background. A measure of deprivation in the local area recorded a score of 10, on a scale of 1-10. A higher score indicates a less deprived area. (Note: an area itself is not deprived, it is the circumstances and lifestyles of the people living there that affect its deprivation score. Not everyone living in a deprived area is deprived and not all deprived people live in deprived areas).

The practice team at Nailsea Family Practice consists of seven GP partners (two male, five female) and five salaried GPs (three female, two male). The nursing team consists of eight nurses and three health care assistants (HCAs). The clinicians are supported by a practice management team of five, along with teams of administrators and receptionists.

The practice team at Long Ashton Surgery consists of an individual provider GP (female) and five salaried GPs (two male, three female). The nursing team consists of two nurses, a phlebotomist and two health care assistants (HCAs). The clinicians are supported by a practice manager, along with teams of administrators, receptionists and a prescribing clerk.

Tyntesfield Medical Group has a Personal Medical Services (PMS) contract to deliver health care services; the contract includes enhanced services such as childhood vaccination and immunisation scheme, facilitating timely diagnosis and support for patients with dementia and minor surgery services. An influenza and pneumococcal immunisations enhanced service is also provided. These contracts act as the basis for arrangements between the NHS Commissioning Board and providers of general medical services in England.

Nailsea Family Practice is open between 8am and 6.30pm Monday to Friday. Appointments are available from 8:30am and telephone access is available from 8am. Appointment sessions are typically from 8.30am until 11.30am and from 3pm until 6pm. Extended hours appointments with a GP and nurse are available from 7.30am to 8am on Monday and Friday; and from 6.30pm to 7pm on Wednesday and Thursday. Appointments are also offered on one Saturday each month from 9am to 12pm. The practice operates a mixed appointments system with some GP appointments available to pre-book and others available to book on the day, or up to six weeks in advance.

Long Ashton Surgery is open between 7.30am and 6.30pm Monday to Friday. Appointments are available from 8am and telephone access is available from 8am. Appointment sessions are typically from 8am until 11.20am and from 2.30pm until 6pm. Extended hours appointments with a GP are available from 7.30am to 8am, Monday to Friday, and once a week on alternate Wednesdays and Thursdays, from 6.30pm to 7.30pm. The practice operates a mixed appointments system with some GP appointments available to pre-book and others available to book on the day, or up to four weeks in advance.

Tyntesfield Medical Group has opted out of providing Out Of Hours services to its own patients. Outside of normal practice hours, patients can access NHS 111, and an Out Of Hours GP service is available. Information about the Out Of Hours service was available on the practice website, on the front doors of the main and third branch sites, in the patient registration packs, and as an answerphone message.

Nailsea Family Practice acts as a teaching and training practice for junior doctors and currently has one registrar in their final year of a postgraduate medical training programme.

Why we carried out this inspection

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

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

Detailed findings

How we carried out this inspection

We reviewed a range of information we hold about the practice in advance of the inspection and asked other organisations to share what they knew. We carried out an announced visit on 6 December 2016. During our visit to Nailsea Family Practice and Long Ashton Surgery sites we:

- Spoke with a range of staff including three GPs, one nurse, and three members of the administrative team. We also spoke with six patients who used the service.
- Observed how patients were being cared for and talked with carers and family members.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed four Care Quality Commission comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the Care Quality Commission 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 a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. Discussions took place immediately following a significant event, at one of the regular clinical meetings, and information was cascaded to staff through circulated minutes. We saw evidence that lessons learnt were shared and action was taken to improve safety in the practice. For example, staff were initially unable to make telephone contact with a patient to book an appointment with the practice diabetic nurse, and a (telephone) consultation with a practice GP; and so wrote to the patient, asking them to make the necessary appointments. The patient subsequently contacted the practice as requested, but informed staff that the letter had not indicated that they had a diagnosis of diabetes. The practice apologised to the patient and held discussions with staff. Among other outcomes, the practice reviewed its measures to ensure its GPs discuss newly-diagnosed cases with patients before being asked to book an appointment with a nurse, and that receptionists discuss a newly-diagnosed patient with their GP before contacting them.

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. These arrangements reflected relevant legislation and local requirements. 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. Practice staff had designed a template to record any concerns they may have about a patient's welfare. The completed template was then referred to the GP safeguarding lead, and acted as an additional assurance process.
- All staff had received the appropriate safeguarding training. A GP was the lead member of staff for safeguarding adults and children. 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 on safeguarding children and adults relevant to their role. All GPs and nursing staff were trained to safeguarding level three and all non-clinical staff were trained to level two.
- A notice at the reception desk and in all the consulting rooms advised patients that chaperones were available if required. The practice had risk assessed its procedures and was in the process of ensuring that all staff who acted as chaperones had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A treatment room nurse was the infection control lead for the practice who liaised with the local infection prevention teams to keep up-to-date with current practice. There was an infection control protocol in place and staff had received up-to-date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing,

recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.

- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and we saw examples of Patient Specific Directions (PSDs) from a prescriber.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS).

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 which identified local health and safety representatives. 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 had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- 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. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date, fit for use and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results, for 2015-16, showed almost 100% performance (558.5 points achieved from a total of 559 points), with 9% exception reporting overall. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The overall exception reporting rate for the clinical commissioning group (CCG) was 11% and nationally was 10%. We saw there were higher exception reporting rates (12% overall) in data for patients originally registered at Long Ashton Surgery. We spoke to the practice who provided evidence that they were taking action to address this in line with the new policy being implemented following the merger.

This practice was not an outlier for any other QOF (or other national) clinical targets. Data from 2015-2016 showed:

- The percentage of patients with diabetes, on the register, whose last blood pressure reading (measured in the preceding 12 months) was at or below a high point of This clinical commissioning group (CCG) average of 81% and the national average of 78%.
- The percentage of patients with high blood pressure having regular blood pressure tests was comparable with local and national averages. For example, the percentage of patients with high blood pressure in whom the last blood pressure reading (measured in the preceding 12 months) was a satisfactory level was 86%, compared to the CCG average of 82% and national average of 84%.
- Performance for mental health related indicators was comparable with local and national averages. For example, 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 was 94%, compared to the CCG average of 93% and national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits completed in the last year, four of which were completed second-cycle (and in some cases third-cycle) audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, the practice conducted an audit in April 2011 to collect data on patients who had had Long Acting Reversible Contraceptive (LARC) implants either inserted or removed at the practice, and identify reasons for removal. The audit found that 37 patients had implants inserted and 24 removed. Despite low numbers, the data highlighted the importance of fully counselling patients about the extent of possible problems prior to fitting and the possible symptoms once fitted. The audit also found that there was a need for GPs and nurses to more fully document why patients want the implants removed. A re-audit in February 2016 found that despite numbers still being small (38 insertions, 37 removals), more patients were being counselled and the practice was documenting why patients wanted the implants removed by using a template for recording and coding all insertions and removals.

Effective staffing

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

Good

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly-appointed staff. They covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, we saw evidence of a well-qualified nursing team including an advanced nurse practitioner who could prescribe medicines for patients with long-term conditions such as asthma.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes. For example, by accessing on-line resources and discussion at practice nurse meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- 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.
- The practice nurses regularly attended multi-disciplinary team meetings to review patients' care.

Coordinating patient care and information sharing

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

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

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

Consent to care and treatment

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

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

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, those requiring advice on their diet, smoking and alcohol cessation and those aged over 75 years. Patients were then signposted to the relevant service.
- The practice nurses offered support with health and well-being issues for patients. We saw evidence that this support included self-managing a long term health condition or changing health behaviours.
- The percentage of women aged between 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was 81%, which was comparable with both the clinical commissioning group (CCG) average of 82% and the national average of 82%. The practice demonstrated how they encouraged uptake of the screening programme by using a system of alerts for those patients with an identified learning disability, by using information in different languages,

Good

Are services effective?

(for example, treatment is effective)

and by ensuring that a female sample taker was available whenever possible. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred following abnormal results.

- The practice also encouraged patients to attend national screening programmes for bowel and breast cancer screening. Bowel cancer screening rates in the last 30 months for those patients aged between 60 and 69 years of age were 65%, which was comparable with the clinical commissioning group (CCG) average of 61% and exceeded the national average of 58%.
- Childhood immunisation rates were comparable with CCG averages. For example, vaccination rates for under two year olds at the practice ranged from 79% to 99% compared with a range from 72% to 98% for the CCG. Vaccination rates for under five year olds at the practice ranged from 72% to 99% compared with the CCG rates that ranged from 71% to 98%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. We saw evidence that 21 of 26 patients with a learning disability on the practice's register had had a health check in the last year, or were due to have a health check in the near future.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patient privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed and could offer them a private room to discuss their needs.
- Vulnerable patients who did not attend their scheduled appointments were contacted by a practice nurse, to check their welfare.
- We noted that the practice had installed an electronic booking-in system to speed up the process and help maintain patient privacy.

All four of the patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful and caring, and treated them with dignity and respect. The practice proactively sought feedback from staff and patients, which it acted on. For example, following patient feedback, the practice now runs education sessions for harder to engage patients. Invited health care professionals focused on such issues such as managing chronic pain, and the sessions attracted around 50 patients.

Results from the national GP patient survey (July 2016) showed patients felt they were treated with compassion, dignity and respect. The practice in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 85% of patients said the last GP they saw or spoke to was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 86% of patients said the last GP they saw or spoke to gave them enough time compared with the CCG average of 89% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw or spoke to compared with the CCG average of 96% and the national average of 95%.
- 82% of patients said the last GP they saw or spoke to was good at treating them with care and concern compared with the CCG average of 87% and the national average of 85%.
- 90% of patients said the last nurse they saw or spoke to was good at treating them with care and concern compared with the CCG average of 93% and the national average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared with the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They 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 positive and aligned with these views. We were given positive feedback from a local care home where the practice provided care to patients living there.

We saw examples of the use of computer systems to guide best practice and enhance patient care. For example, we saw a template used for patients with diabetes had been extended to include information on driving and acute kidney disease to guide best practice.

Children and young people were treated in an age-appropriate way and recognised as individuals and we saw evidence to confirm this. For example, the practice assessed the capability of young patients using Gillick competencies. These competencies were an accepted means to determine whether a child was mature enough to make decisions for themselves.

Results from the national GP patient survey (July 2016) 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:

Good

Are services caring?

- 86% of patients said the last GP they saw or spoke to was good at explaining tests and treatments, compared with the clinical commissioning group (CCG) average of 87% and the national average of 86%.
- 82% of patients said the last GP they saw or spoke to was good at involving them in decisions about their care, compared with the CCG average of 84% and the national average of 82%.
- 82% of patients said the last nurse they saw or spoke to was good at involving them in decisions about their care, compared with the CCG average of 87% and the national average of 85%.

Patient and carer support to cope emotionally with care and treatment

- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 264 patients as carers (over 2% of the practice list). A member of staff acted as a carer's champion and alerted them whenever a local carers group met. Written information was available to direct carers to the various avenues of support available to them. For example, carers were offered a health check and referred to a local carer's support group, Crossroads Care.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs 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. For example, the practice was participating in a social prescribing scheme to support patients who attend their GP surgery but did not necessarily require medical care. Social prescribing supported patients with issues such as social isolation and coping with caring responsibilities, to connect to services and groups that could help improve their wellbeing and meet their wider needs.
- Home visits were available for patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- The practice system alerted staff to patients with a learning disability who would benefit from flexibility around length and times of appointments.
- Patients were able to receive travel vaccines available on the NHS. Those vaccines only available privately were also available at the practice.
- Receptionists dealt with all queries both in person and on the phone, and were responsible for booking appointments.
- Patients with a long term condition were offered an annual review.
- We saw evidence that the practice was working to the Gold Standards Framework for those patients with end of life care needs. The framework is a model of good practice that is concerned with helping patients live well until they reach the end of their life. The practice showed us examples of patients with completed advanced care plans and evidence to show that patients were dying in their preferred place.
- The practice worked with other health professionals to minimise unnecessary hospital admissions.
- Patients could access a monitor to record their own blood pressure. A blood pressure monitor was located in a room near to the reception area.
- Patients were able to access the practice in ways to suit their needs. For example; patients could access the practice by telephone, online, and face-to-face; a text reminder system for appointments was being developed; telephone appointments were offered where appropriate, as an alternative to face-to-face consultations; and extended hours appointments were offered mornings and evenings during the week and on one Saturday each month, with a GP and a nurse.
- We noted that the practice had installed an electronic self-booking-in system, to speed up the process and help maintain patient privacy. The practice website had the functionality to translate information into around 90 different languages. Staff told us translation services were also available for patients who arrived at the practice and did not have English as a first language.
- As well as portable hearing loops, interpreting and translation services were available for patients who were either deaf or had a hearing impairment. Practice leaflets could be made available in large print and Easy Read format. Notices produced in this format make information easier to access for patients with learning disabilities.
- The practice initiated the use of a recognised clinical measure of fitness and frailty in older patients to assess their health needs.
- The practice provided 'Patient Education Sessions', for hard to engage patients. The sessions focused on such health issues as exercising, smoking cessation and diabetes management.
- There was a proactive approach to understanding the needs of different groups of patients and to deliver care in a way that met these needs and promoted equality. The practice identified patients at risk of developing diabetes who were not on the diabetes register, and implemented changes that could help to delay or prevent the progression of this health condition.
- The practice was proactive in meeting patient needs by helping to establish Nailsea District Leg Club, in July 2015. Over 200 patients have become members since the Leg Club's launch. Members attended weekly for treatment for lower limb problems, such as varicose veins and leg ulcers; and benefitted from meeting others who have similar conditions. Records showed that members whose ulcers had healed during the Club's first year, had not experienced a recurrence of the condition by the report end date (July 2016). The Club was established in conjunction with the Lindsay Leg Club Foundation and the North Somerset Community Partnership.
- The practice hosted talking therapy services for patients who had experienced bereavement, were carers, or

Good

Are services responsive to people's needs?

(for example, to feedback?)

were experiencing mental health issues. The services were funded by the local clinical commissioning group (CCG) and available on referral. The practice worked closely with organisations concerned with improving mental health such as Positive Steps, Addaction and Wellspring.

Access to the service

Nailsea Family Practice was open between 8am and 6.30pm Monday to Friday. Appointments were available from 8:30am and telephone access was available from 8am. Appointment sessions were typically from 8.30am until 11.30am and from 3pm until 6pm. Extended hours appointments with a GP were available from 7.30am to 8am on Monday and Friday, and from 6.30pm to 7pm on Wednesday and Thursday. Appointments were also offered on one Saturday each month from 9am to 12pm. The practice operated a mixed appointments system with some GP appointments available to pre-book and others available to book on the day, or up to six weeks in advance.

Long Ashton Surgery was open between 7.30am and 6.30pm Monday to Friday. Appointments were available from 8am and telephone access was available from 8am. Appointment sessions were typically from 8am until 11.20am and from 2.30pm until 6pm. Extended hours appointments with a GP and nurse were available from 7.30am to 8am, Monday to Friday, and once a week on alternate Wednesdays and Thursdays, from 6.30pm to 7.30pm. The practice operated a mixed appointments system with some GP appointments available to pre-book and others available to book on the day, or up to four weeks in advance.

Tyntesfield Medical Group had opted out of providing Out Of Hours services to its own patients. Outside of normal practice hours, patients could access NHS 111, and an Out Of Hours GP service was available. This is provided by Brisdoc. Information about the Out Of Hours service was available on the practice website, on the front doors of the main and third branch sites, in the patient registration packs, and as an answerphone message.

Results from the latest national GP patient survey (July 2016) showed that patient satisfaction generally exceeded local and national averages. For example:

- 87% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 81% and the national average of 79%.
- 91% of patients said they could get through easily to the practice by phone compared with the clinical commissioning group (CCG) average of 71% and the national average of 73%.
- 43% of patients said they usually get to see or speak to the GP they prefer compared with the clinical commissioning group (CCG) average of 32% and the national average of 35%.
- 78% of patients who wanted to see or speak to a GP or nurse were able to get an appointment the last time they tried compared with the clinical commissioning group (CCG) average of 76% and the national average of 76%.

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

Listening and learning from concerns and complaints

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

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The operations manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, through feedback forms available at reception and in the waiting area, and comment cards on the practice website. A Friends and Family Test suggestion box and a patient suggestion box were available within the patient waiting area which invited patients to provide feedback on the service provided, including complaints.

We looked at three complaints received by the practice in 2016 and found these were satisfactorily handled, in a timely way and with openness and transparency. These were discussed and reviewed, and learning points noted. Complaints were a standing agenda item at monthly staff meetings. We saw evidence of lessons learnt from patient complaints and action taken to improve the quality of care. For example, individual patient email addresses were accidentally emailed to everyone on a large-group emailing

Good

Are services responsive to people's needs?

(for example, to feedback?)

list. Following an immediate apology to all patients on the list from the staff member concerned, a complaint was made to the practice. The practice referred the matter to the Information Commissioner's Office (responsible for the enforcement of the Data Protection Act 1988 and for Freedom of Information) who concluded that the practice had taken prompt and proportionate action. The practice reminded all staff about their data protection responsibilities and emailing respondents as appropriate.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. The practice mission statement was: 'A friendly and accessible team providing excellent health care in our community.'
- The practice had a strategy and supporting business plans which reflected the vision and values and was regularly monitored.

Governance arrangements

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

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

Leadership and culture

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

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

When there were unexpected or unintended safety incidents:

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

There was a clear leadership structure in place and staff felt supported by management. The practice management team was described as engaged, professional, dynamic and very competent in their role.

- Staff told us that partners and practice meetings were held weekly and that the nursing team met regularly.
- We saw evidence of leadership in clinical areas resulting in improvements. For example, the mental health lead had developed a leaflet for patients with depression.
- Practice partners held an annual away day, to discuss issues such as the recent merger with other practices, management structure and partner responsibilities. We saw evidence of a clear transformation plan being used to implement the merger of the three practices.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. For example, staff have made suggestions about the format and frequency of staff meetings following the recent merger.

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

The practice encouraged and valued feedback from patients, the public and staff. The practice proactively sought patient feedback and engaged patients in the delivery of the service. We looked at the latest submitted NHS Friends and Family Test results, where patients were asked if they would recommend the practice. Data for 2016 showed that 89% of 371 respondents would recommend the practice to family and friends; and 6% of respondents would not.

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys

Are services well-led?

Good

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

and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example:

- PPG members helped to establish evening education sessions for harder to engage patients. Invited health care professionals focused on such issues such as managing chronic pain, and the sessions attracted around 50 patients.
- The practice and PPG arranged an educational session with a local school and engaged with a working group of older teenagers, to discuss ways of improving services for young people.
- The practice liaised with the PPG to run patient Health Awareness Days. These were held on Saturday mornings and focused on such issues as domestic violence, dementia care, and managing minor illness. The sessions attracted around 40 patients.

Continuous improvement:

There was a strong focus on continuous learning and improvement at all levels within the practice. We saw examples of support and development for a range of staff including health care assistants, nurses and GPs. Nailsea Family Practice acts as a training practice for junior doctors and currently has one registrar in their final year of a postgraduate medical training programme.

Practice staff reviewed the needs of its local population and engaged with NHS community health services to secure improvements to services where these were identified. For example, the practice supported The Deteriorating Patients Group. The Group implemented a scoring tool for the early assessment and treatment of patients at risk of clinical deterioration, and developed a sepsis tool aligned to the national standard for use in the community. The use of the scoring tool has been extended across the whole of North Somerset. The practice had been an early adopter of a new computer system, Map of Medicine, that enabled access to up to date clinical pathways and more efficient referral of patients to specialists.