Stoke Gifford Medical Centre

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Stoke Gifford Medical Centre

on 5 July 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, however, where the partners had delegated authority to staff to undertake areas of work within the practice, processes were needed to ensure there was continuous clinical oversight of these areas. Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said there were urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- The partners had delegated authority to staff to undertake areas of work within the practice, such as dissemination of patient safety alerts, patient

Summary of findings

medicines changes and exception reporting, however, the processes to ensure there was continuous clinical oversight of these areas should be further developed.

- Where a patient's mental capacity to consent to care or treatment was assessed the outcome of the assessment should always be recorded on the patient record.

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.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of an appraisal system and personal development plans for all staff.
- The staff at the practice had received training to understand the Mental Cpapcity Act 2005 however, when a patient's mental capacity to consent to care or treatment was assessed the outcome of the assessment was not always recorded on the patient record.
- Staff worked with other health care professionals 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.

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

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- Information for patients about the services available was easy to understand and accessible. We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, they hosted the new social prescribing pilot project. The project will create a team of social prescribers who will work locally to signpost referred patients on to local community based groups and resources.
- Patients said there were urgent appointments available the same day; the practice offered on-line services training to patients to enable them to access online booking and other online services.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

- The practice had a clear mission statement and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the practice 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.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care, where the partners had delegated authority to staff to undertake areas of work within the practice, for example, changes to patient's medicines, the processes to ensure there was continued clinical oversight could be further developed. This included the arrangements to monitor and improve quality and identify risk.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels with regular educational meetings.

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. They used the risk assessment tools to identify those patients who require palliative care input or would benefit from a care planning approach due to the fact that they were found to be at high risk of hospital admission.
- The practice held weekly clinics in three care homes for older people and a monthly 'virtual ward' with the multidisciplinary health care team in order to have proactive care planning for hospital admission avoidance and end of life care.
- The practice policy was for patients over trhe age of 75 to have appointment with their usual GP to promote continuity of care.
- The practice held a palliative care register, for all those patients in the last year of life to promote a "good death", in line with patient choice and wishes.
- Use of triage for appointments had enabled GPs to prioritise care of unwell older patients and ensuring timely home visits. The practice used emergency care practitioners from the local community healthcare services to undertake some home visits.
- The practice held a carers register and signposted patients to services who offered carers assessment.
- The practice had successfully applied to work with South Gloucestershire Council and Age Concern to be part of a funded scheme to develop a visiting and befriending service for the older patients and to help improve resilience for patients who were high risk of hospital admission. The practice held regular meetings with the health visitor for the elderly and reviewed all patients 80 -85 years.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.

Summary of findings

- 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 nurse or GP followed up patients who have experienced chronic obstructive pulmonary disease or asthma exacerbation episodes leading to intervention from secondary of out of hours services.
- The practice employed a pharmacist who carried out medication reviews and planned to deliver face to face consultations.
- The practice used a recall system for patients with a range chronic diseases (including those not on the quality and outcomes framework, for example, coeliac disease) and had a dedicated member of the administration team co-ordinating recall appointments. There were text reminders 24 hours ahead of the appointment and telephone prompts from an administrator for specific vulnerable patients.

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 good for all standard childhood immunisations.
- New parents were invited to education sessions based on 'When Should I Worry Guidance 'on common childhood illness.
- The threshold for seeing unwell children or responding to parental concern was low and embedded within the telephone triage system. The practice had nurse led minor illness sessions which were supported by the duty GP. These offered flexible and easy access which was particularly useful for families with young children.
- The practice was part of a research programme 'Action Plans for Children with Eczema (APACHE) study' to improve outcomes for children with eczema.
- Sexual health, contraception advice and treatment were provided for young people including opportunistic chlamydia screening.

Summary of findings

- They had a system of alerts on the medical records for patients at risk of, or with a history of, domestic violence and for those families who are a cause for concern due to safeguarding children concerns. Families were allocated to a named GP.
- The practice operated a minor injuries walk in service.
- Appointments were available outside of school hours and the premises were suitable for children and babies; the triage system prioritised sick children.
- We saw positive examples of joint working with midwives, health visitors and school nurses. Written invitations were sent for eight week post-natal checks and immunisations with active recall for non-attenders using specific 'Did Not Attend Immunisation' protocol.

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. Examples of this were increased provision of telephone appointments, both in-hours and extended hours; web based GP consultation service; evening and early morning appointments; 65% of appointments were available to book on- line or in advance. There were four Saturday morning surgeries in the winter when pressure for appointments is greater.
- The practice was proactive in offering on-line services as well as a full range of health promotion and screening that reflects the needs for this age group such as on-line prescription ordering and Electronic prescribing service, referral to weight management; exercise programme; cervical screening; flu immunisations; Chlamydia screening; support to stop smoking.
- The practice offered NHS health checks and a new patient's check to those identified as higher risk.
- The practice publicised team specific e-mail addresses for patients to access on their website for non-urgent queries.

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.

Summary of findings

- 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.
- Patients with a cancer diagnosis and those on the palliative care register had a named GP.
- 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; adult safeguarding concerns were discussed at the multidisciplinary 'virtual' ward round.
- The practice hosted a substance misuse worker providing a fortnightly clinic
- Text reminders were sent prior to pre-booked appointments.
- Patients with hearing impairments were able to text the practice mobile to arrange appointments.

People experiencing poor mental health (including people with dementia)

Good

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

- The practice regularly carried out screening for dementia and were engaged in the local dementia pilot scheme to develop appropriate services.
- The practice worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia, to develop registers and formalise shared management plan with a usual GP.
- 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 and had awareness of the Mental Capacity Act (2005); the practice had alerts on the records of patients who had a Deprivation of Liberty authorisation in place.

Summary of findings

What people who use the service say

The national GP patient survey results were published on January 2016. The results showed the practice was performing in line with local and national averages. 277 survey forms were distributed and 162 were returned. This represented 1.1% of the practice's patient list.

- 45% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 70% and the national average of 73%.
- 65% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the clinical commissioning group average of 81% and the national average of 76%.
- 73% of patients described the overall experience of this GP practice as good compared to the clinical commissioning group average of 86% and the national average of 85%.
- 68% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the clinical commissioning group average of 80% and the national average of 79%.

The practice were aware that their satisfaction scores were below the CCG average and had an action plan in place to address them.

We were given details of the Friends and Families test scores for May 2016 which indicated that 96% of respondents were likely to recommend the practice whilst only 2% were unlikely to recommend the practice. These responses were significantly better than those from the national GP patient survey and there were numerous comments from respondents stating their satisfaction with the practice.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received two comment cards which were positive about the standard of care received.

The practice had an active and engaged patient participation group. We spoke with four members of the group who spoke positively about the services offered at the practice and the recent developments at both sites. As a group they felt they had more to give and wished to have a more participant role at the practice so that the patient voice was more in evidence in decisions about the future developments. However, the group described the practice as being forward thinking with an emphasis on making a positive contribution to the local community, which included literary contributions to the local free journal.

Areas for improvement

Action the service SHOULD take to improve

- The partners had delegated authority to staff to undertake areas of work within the practice, such as dissemination of patient safety alerts, patient medicines changes and exception reporting, however, the processes to ensure there was continuous clinical oversight of these areas should be further developed.
- Where a patient's mental capacity to consent to care or treatment was assessed the outcome of the assessment should always be recorded on the patient record.

Stoke Gifford Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Stoke Gifford Medical Centre

Stoke Gifford Medical Centre is a suburban providing primary care services to patients resident in the Stoke Gifford and Conygre Road areas of South Gloucestershire.

The service operates from two locations:

Stoke Gifford Medical Centre,

Ratcliffe Drive,

Stoke Gifford,

South Gloucestershire

BS34 8UE

And

Conygre Medical Centre

3 Conygre Road,

Filton,

South Gloucestershire,

BS34 7DA

The practice has six GP partners (male and female), three associate GPs, a strategic manager, two nurse practitioners, five practice nurses, two health care assistants and three phlebotomists. This staff team worked across the two sites. The site at Stoke Gifford had six consulting rooms, two clinic rooms, two treatment rooms and one interview room available for patients. We saw there was a large waiting room and a smaller waiting area for patient with nurse appointments. Each GP has a lead role for the practice and nursing staff have specialist interests such as diabetes and infection control. The practice is open Monday to Friday 8am-6.30pm. GP appointments were available outside core hours on different days, starting at 7.30am. The practice also has a branch surgery based at Conygre Road.

The practice had a Personal Medical Services contract (GMS) with NHS England to deliver general medical services. The practice provided enhanced services which included facilitating timely diagnosis, support for patients with dementia and childhood immunisations.

Stoke Gifford Medical Centre, in line with other practices in the South Gloucestershire Clinical Commissioning Group, is situated within a significantly less deprived area than the England average.

The practice is a teaching practice and takes medical students from the Severn deanery. No registrars or students were present during our visit.

The practice has opted out of providing Out Of Hours services to their own patients. Patients can access NHS 111 or BrisDoc provide the out of hours GP service.

Patient Age Distribution

0-4 years old: 6.8%

5-14 years old: 11.9%

15-44 years old: 43.2%

45-64 years old: 24.9%

65-74 years old: 7%

Detailed findings

75-84 years old: 4.1%

85+ years old: 2.1%

Patient Gender Distribution

Male patients: 49.8 %

Female patients: 50.2 %

Other Population Demographics

% of Patients from BME populations: 13.53 %

Patients at this practice have a higher than average life expectancy for men at 81 years and women at 85 years.

The practice had made an application to the commission to add the newest partner to the registration.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 5 July 2016. During our visit we:

- Spoke with a range of staff including nursing staff, GPs, pharmacist and administrative staff.
- Observed how patients were being cared for and undertook an observation exercise in the reception area.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

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 saw there were clear records of the incidents with appropriate actions.

We reviewed safety records, incident reports, and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, an incident occurred when a patient fainted in a small clinical room used for phlebotomy and space constraints made it difficult to move the patient. The response from the practice was to purchase a phlebotomy chair with wheels which could be easily moved if another incident occurred and to undertake phlebotomy in the larger treatment rooms when a patient had a history of fainting. In addition as the practice created a designated ambulance bay in the car park so that the practice was accessible for emergency vehicles.

We asked the practice how patient safety alerts were implemented throughout the practice. The response was mixed and we were assured that alerts were received and disseminated to relevant staff; the process of ensuring all appropriate action was taken was less robust.

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. 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 on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. They had a system of alerts on the medical records for patients at risk of, or with a history of, domestic violence and for those families who were a cause for concern due to safeguarding children concerns. Families were allocated to a named GP. There was a significant event analysis meeting annually focused on child protection issues.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurse's was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- 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 had a designated prescribing team with protocols for patient recall for blood monitoring and medication reviews.

- The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy team and their in house pharmacist, to ensure prescribing was in line with best practice guidelines for safe prescribing. We saw from clinical commissioning group information that the practice performed well for medicines optimisation with low levels of antibiotic prescribing and a predicted underspend. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Two of the nurses had qualified as an advanced practitioners and independent prescribers and could therefore prescribe medicines for specific clinical conditions.They received mentorship and support from the medical staff for this extended role.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction 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.

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 at the practice. There was a health and safety policy available with a poster in the administrative staff only corridor 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).
- The practice ensured they held their own policies and procedures as required of an employer. For example, they had a health and safety policy for staff employed by the practice, they had nominated first aiders and fire wardens. The practice had regular meetings to discuss health and safety issues, review the policies and plan training updates for staff. We found there was a timetable for premises inspections and a planned maintenance programme.
- The practice used risk assessment tools to identify patients at risk of hospital admission who were identified as a priority and had care management plans in place. These were reviewed at monthly multidisciplinary meeting and at a planned six monthly interval.
- The practice had a specific protocol so that documentation from acute admissions and accident and emergency attendances by vulnerable patients was scanned as a priority and sent to the namedGP for appropriate follow-up.
- The practice operated a safety net system to check patient's welfare when a suitable appointment for them was unavailable a code added to their record. These were reviewed daily to ensure any patient who was on any of the at risk registers was identified and proactively followed up.
- 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 across both sites.
- The practice used a regular locum GP for whom they undertook appropriate checks to ensure they were suitable to be employed, for example, checking the GMC register and the NHS England performer's List.

Arrangements to deal with emergencies and major incidents

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

Good

Are services safe?

- 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 was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

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

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 implemented through the root cause analysis of significant events and complaints.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available. Exception reporting by the practice was comparable to clinical commissioning group and national averages in most domains. (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). We found that when asked the GPs were not always aware of the exception reporting numbers as this had been delegated to a nurse lead. We found there were discrepancies between the exception reporting numbers for QOF and those appearing on the locally run reports directly from EMIS Web (the computer programme used for patient records by the practice). On investigation this we were told this was due to exception codes not being included in the report parameters; this was an ongoing action for the practice to resolve. The practice acknowledged this was an area where continuous clinical oversight was required as part of the governance process.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was similar to the local and national averages. The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2014 to 31/03/2015) was 85% with the clinical commissioning group average of 83% and the national average of 81%.
- Performance for mental health related indicators was comparable to the local and national averages. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) 97% with the clinical commissioning group average of 94% and the national average of 88%.

There was evidence of quality improvement including clinical audit.

- The practice had undertaken a range of clinical audits to monitor the quality of the service provided by both nurses and GP staff and including a number of different prescribing audits undertaken by the practice pharmacist lead.For example, a clinical audit was in progress to review the outcome for patients who have had steroid injections in their shoulders and knee joints. This group of patients were monitored over a six month period to see if symptoms had improved and to assess if the treatment had reduced need for onward referral. An example of an audit of nursing practice was of how much time was spent processing samples which were brought to the practice and whether this could be improved. The audit found that three to four hours were spent each week on this task and indicated that better information from patients and care homes was needed to be able to process the samples more quickly. The nursing team had redesigned the sample information slip to aid this process.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. For example, the practice was taking part in the Action Plans for Childhood Eczema (APACHE) research project examining the value of written self-management plans in children with eczema.
- Findings were used by the practice to improve services. For example, the practice had used a computerised tool to highlight increased risk of falls for 57 patients at a care home. This led to detailed falls assessments and interventions being implemented such as seven

patients at high falls were assessed further including physical examination, with a lying standing BP measurement and a pharmacist review of medications. Three of these patients required mobility aids and physiotherapy referral.

Effective staffing

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

- The practice had a general induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Staff then completed a role-specific induction programme.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions, or that undertaking minor illness treatment.
- 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 access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of team appraisals, 1:1 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, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had participated in the appraisal process within the last 12 months.
- Staff received mandatory training which included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example, when referring patients to other services, or sharing information with the out of hours services.
- We were told patient correspondence from other health and social care providers was scanned into patient records once the GPs had seen the results. This ensured the patient records were current and held electronically to be accessible should they be needed, for example, for a summary care record to take to the hospital. The practice operated a protocol for scanning which allowed for the correspondence which was routine and not requiring any action to be placed directly on the patient record, whilst that requiring action was prioritised and directed to the most appropriate clinician.
- Community nurses teams could access a restricted area of the patient records remotely for any test results and to add details of their visits.
- Patients' blood and other test results were requested and reported electronically to prevent delays. The GPs operated a 'buddy' system so that results were reviewed on the day they were sent to the practice to minimise any risks to patients so that any necessary actions were taken in a timely way.

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

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

Good

Are services effective?

(for example, treatment is effective)

When providing care and treatment for children and young people, staff carried out and recorded 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 and recorded on the patient record the outcome of the assessment in respect of the patient's treatment. We found this had been completed for patients living in the community but not always for those who were living in care homes which was not best practice especially when a 'Do Not Attempt Resuscitation' statement had been completed.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation were signposted to the relevant service.

Information from the National Cancer Intelligence Network (NCIN) published March 2015 indicated the practice's uptake for the cervical screening programme was 74%, which was comparable to the national average of 74%. There was a policy to offer telephone reminders 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 similar to clinical commissioning group (CCG) averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 96% compared to the CCG average from 84% to 98.7% and the results for five year olds from 90% to 98% were comparable to the CCG average from 93% to 99%.

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

Both 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, caring and treated them with dignity and respect.

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

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

- 74% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 76% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 71% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and to the national average of 85%.
- 80% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and to the national average of 91%.

The practice were able to provide additional evidence which showed patient satisfaction with consultations and their interactions with clinicians. We saw the results for four GPs GMC patient feedback survey from a total of 152 patients, which constituted part of their appraisal process for 2015 and 2106. The aggregated results showed that for each GP the responses were in the satisfactory (0.7%), good (7%) or very good (89%) categories for listening to them, making them feel at ease and being polite. No respondents rated them as less than satisfactory or poor.

The practice had a single practice list across both sites with staff working across both sites. In order to improve continuity of care for patients they had changed their GP allocations and the balance of triage calls against pre-bookable appointments so that the GPs were be fairly allocated between the two sites according to demand.

- 67% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

To reduce telephone calls the practice publicised team specific e-mail addresses for patients to access on their website for non-urgent queries, and had a protocols in place for reception staff to use to signpost patients to the most appropriate service.

Care planning and involvement in decisions about care and treatment

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

We saw the practice publicised their End of Life charter for patients about the care they could expect at this time. They held a palliative care register, for all those patients in last year of life to promote a "good death". These patients had had a named GP.

Good

Are services caring?

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

- 78% of patients said the last GP they saw was good at explaining tests and treatments compared to the clinical commissioning group (CCG) average of 84% and the national average of 86%.
- 64% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 71% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and to the national average of 85%.

Additional evidence provided by the practice showed patient satisfaction with consultations and their interactions with clinicians. The results for four GPs GMC patient feedback survey from a total of 152 patients, which constituted part of their appraisal process. The aggregated results showed that for each GP the responses were in the satisfactory (3%), good (10%) or very good (82%) categories for explaining your condition and involving you in decisions.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- Use of text messaging for patients with hearing impairment.
- Patients with hearing impairments were able to text the practice mobile telephone to arrange appointments.
- The practice policy was for over 75's to have appointment with their usual GP to promote continuity of care.

The practice had been successful with an infrastructure fund bid to support the practice development to improve accessibility and offer a wider range of services at the branch surgery. This development allowed for installation of a passenger lift; increased the number of accessible clinical rooms and allowed for upgrading lighting and sinks in all rooms and refurbishment of the treatment room. This work increased the range of services offered from the site.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 189 patients on the practice list as carers. Written information was available to direct carers to the various avenues of support available to them. Carers could also be referred for an assessment to identify any support needs.

The practice had recruited a Retired and Senior Volunteer Programme (RSVP) volunteer, who visited patients identified by the practice as being at particular risk of social isolation. We spoke with the volunteer who had only recently started this work but commented favourably on the role and its potential impact for patients.

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

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 South Gloucestershire Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- There were longer appointments available for patients with a learning disability.
- The practice hosted additional services to encourage patient uptake and attendance. For example, annual retinopathy screening checks.
- The practice had a supply of blood pressure monitors for loan to patients for home blood pressure monitoring to aid diagnosis and monitoring of hypertension.
- The practice employed a pharmacist who carried out medication reviews by telephone and are proposing they will have face to face consultations with patients.
- The practice used a recall system for patients with a range chronic diseases (including those not on the quality and outcomes framework such as coeliac disease) and had a dedicated member of the administration team co-ordinating recall appointments. Text reminders 24 hours ahead of the appointment and telephone prompts from an administrator were employed for specific vulnerable patients.
- The practice hosted a new social prescribing pilot. The project will create a team of social prescribers who will work locally to signpost referred patients on to local community based groups and resources which promoted healthy living such as the weight loss group.
- The practice had successfully applied to work with South Gloucestershire Council and Age Concern to be part of a funded scheme to develop a visiting and befriending service for the older patients and to help improve resilience for patients who were high risk of hospital admission.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population. They used the risk assessment tools to identify those patients who require palliative care input or would benefit from a care planning approach due to the fact that they were found to be at high risk of hospital admission.
- The practice held weekly clinics in three care homes for older people and a monthly 'virtual ward' with the multidisciplinary health care team in order to have proactive care planning for admission avoidance and end of life care.
- The practice policy was for over 75's to have appointment with their usual GP to promote continuity of care.
- The practice offered a 'drop in' minor injuries service for the local community to access.
- The practice offered Web GP for online consultations.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were accessible facilities and designated parking bays for blue badge holders.

Access to the service

The core hours for the practice were between 8am and 6.30pm Monday to Friday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

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

- 61% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 78% and the national average of 78%.
- 45% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% and the national average of 73%.

In response to complaints about patient waiting times and feedback from the patient participation group (PPG) the

Good

Are services responsive to people's needs?

(for example, to feedback?)

practice added four new incoming phone lines to double capacity and allow excess lines to hold patients and added two additional staff members to support peak time call handling when the phone lines open from 8am.

In addition in response to patient feedback the practice had change their appointment system and increased the extended hours appointments from 7.30am to 8am on a Tuesday, Wednesday and Thursday, with a range of clinicians and at both sites. All on the day requests for appointments were triaged and signposted to the most appropriate resource. The practice had availability for telephone consultations with GPs between 6.30pm and 7pm daily.

They had also recently changed the percentage of pre-bookable and on the day appointments to improve access to pre-bookable appointments for working patients. The staff numbers had increased with an additional minor illness nurse and training for treatment room nurses to offer appropriate appointments for a limited range of minor illnesses. The practice had a system of managing when there was less than planned GP availability by reconfiguring the pre-bookable online to urgent appointments which enabled them to meet appointment needs and to share the workload. In addition they employed a regular locum GP when needed. The practice were proactive when reviewing the demand from patients and had recruited a range of healthcare professionals to meet their need including nurse practitioners and pharmacists.

The practice had a system in place to assess whether a home visit was clinically necessary. This was carried out by telephone triage when patients first contacted the practice, the administration staff had a process of assessing each patients need and sought advice from the duty clinician. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. The practice used emergency care practitioners from the local community healthcare services to undertake some home visits. This followed a protocol and it was the responsibility of the duty doctor to ensure requested visits had been undertaken. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

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

We looked at a selection of the 78 complaints received in the last 12 months which encompassed a period of time when the practice changed their appointment system and their computer system; this showed a significant decrease from the previous year (115) when building work was taking place. We also saw following completion of building work and system changes that from 1 April 2016 there were a minimal number of complaints. The practice analysed complaints to identify areas for development and this was discussed at the monthly operations meetings in order that any trends could be quickly addressed.

We reviewed a selection of eight and found these were dealt with in a timely way to achieve a satisfactory outcome for the complainant. For example, complaints were responded to by the most appropriate person in the practice and wherever possible by face to face or telephone contact. The information from the practice indicated at what stage the complaint was in its resolution.

Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. We found the learning points from each complaint had been recorded and communicated to the team or appropriate action taken.

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 mission statement of 'Helping you to make the most of your health' this was displayed in the waiting areas and staff knew and understood the values.

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

Their stated aims were :

- provide high-quality, accessible, general practice health care to patients.

- to be committed to meeting patients' needs.

- to act with integrity and complete confidentiality.

- to be courteous, approachable and friendly.

- to ensure a safe and effective service and a safe environment.

- to maintain motivated and skilled teams.

- through monitoring and audit to continue to improve services.

- to maintain a high quality of care through continuous learning and training.

- to ensure effective and robust information governance systems.

- to deliver high quality teaching to undergraduate students and high quality training to specialist GP trainees.

- to treat all patients and staff with dignity respect and honesty.

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

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. All of the partners undertook responsibility in different areas of practice such as vaccines or mental health and reported back at meetings.
- The partners had delegated authority to staff to undertake areas of work within the practice, for example, the pharmacist was responsible for ensuring any changes to patient's medicines were made on the patient's record. However, the processes to ensure there was continuous clinical oversight of these areas should be further developed.This was needed because the GP partners ultimately retain responsibility for ensuring the accuracy of any changes to prescribing. This may be achieved using an audit or spot checking process which demonstrated the accuracy of the system.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- There was a formal schedule of meetings to plan and review the running of the practice, for example, the GPs and practice manager met weekly for business planning.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, they monitored data on unplanned admissions to hospital as part of their involvement with the local South GloucestershireClinical Commissioning Group (CCG).
- Partners involved in peer reviewing all clinical complaints as a learning process and to influence future service delivery.

Leadership and culture

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

Are services well-led?

Good

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment.

- The practice gave affected people 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.

- Staff confirmed to us that the practice held regular team meetings. All teams were represented at operational meetings and the nursing team were represented at the partners meeting.
- There was specific nurse and GP induction with on-going clinical assessment supported by a mentoring system.
- We observed strong leadership within the nursing team with examples of support for clinical work and professional development; monitoring and allocation of workload and delegation of tasks appropriate to level of skill. We saw the team had regular, minuted meetings which promoted information sharing and team involvement.
- The staff team all had appraisals including the management team who underwent a 360 degree appraisal process.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- The practice had a strong team ethos with regular social events, a staff newsletter and a staff of the month recognition award of a gift voucher.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly; an example of improvement delivered was the barrier in the reception area to promote greater confidentiality for patients when speaking to the receptionist.
- In response to patient feedback the practice improved accessibility at the branch surgery with the installation of a passenger lift to the first floor
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- The practice had a suggestion box and ran the family and friends test.
- The practice updated patients with a news section on their website.
- The practice had 'In The Know' a weekly newsletter.
- There was an informal lunch every Friday for the staff team.

Continuous improvement

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area, such as the patient self-referral physiotherapy scheme which enabled speedier access to physiotherapy assessment.

- The practice participated in the Productive General Practice programme which identified themes for improvement.

Are services well-led?

Good

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

- The practice piloted the new 'NHS Frequent Attenders' programme and identified four areas for improvement such as the development of a new chronic disease template with a focus on motivational interviewing to promote self-help and motivation to change.
- They supported parents of young children by offering GP lead training sessions to cover common ailments based on the Royal College of General Practitioners 'When Should I Worry' booklet.
- One GP acted as the clinical commissioning group lead link.
- South Gloucestershire Practice Managers' Forum was chaired by the practice strategic manager.
- A member of staff had been appointed the 'Freedom to speak up' champion.

There was a strong focus on continuous learning and improvement at all levels with a specific GP monthly meeting and staff development such as receptionist developing phlebotomy skills and moving into health care roles, and an apprentice pathway.