

# Greenway Community Practice

## Quality Report

Greystoke Avenue  
Southmead  
Bristol BS10 6AF

Tel: 0117 959 8939

Website: [www.greenwaycommunitypractice.co.uk](http://www.greenwaycommunitypractice.co.uk)

Date of inspection visit: 26 January 2016

Date of publication: 12/04/2016

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	11
Outstanding practice	11

### Detailed findings from this inspection

Our inspection team	12
Background to Greenway Community Practice	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	15

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Greenway Community Practice

On 26 January 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Feedback from patients about their care was consistently and strongly positive.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, a sign had been added at the reception desk to inform patients to respect patient's privacy and to wait to be called to the desk.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment; patients were encouraged to book with their personal GP for continuity of care.
- The practice offered teenage health checks for young patients on their fourteenth birthday.
- Information about services and how to complain was available and easy to understand.

# Summary of findings

- The practice had the lowest patient to GP ratio in the Clinical Commissioning Group area. GPs worked with personal patient lists, patients said they found it easy to make an appointment with their GP; 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.
- Two staff members were Dementia Friends.
- There was a clear leadership structure and staff felt supported by management.

We saw one area of outstanding practice:

- One of the practice secretary's had dedicated telephone appointments and provided assistance for patients to navigate through the secondary healthcare system.

The area where the provider should make improvement are:

- The practice must ensure they undertake all the required checks for personnel employed to carry on the regulated activities.
- The provider should ensure that the protocols for medicine management are maintained.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- The practice must ensure they undertake checks through the Disclosure and Barring Service for personnel employed to carry on the regulated activities.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rated the practice higher than others for all aspects of care compared to local and national figures.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

# Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

## Are services responsive to people's needs?

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 GP Care who provided NHS funded community based ultrasound and anticoagulation services for patients with suspected or diagnosed deep vein thrombosis.
- Patients said they found it easy to make an appointment with their named GP so there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of

Good



# 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. The patient participation group was active.
- There was a focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older people.

Good



- The practice offered proactive, personalised care to meet the needs of the older patients in its population with GPs holding personal patient lists.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Older patients could access longer consultations and additional telephone appointments.
- The practice had patients in local care homes each of which had a designated GP who visited at least weekly.
- An annual health fair for flu, pneumococcal and shingles vaccines achieved the highest flu immunisation levels for older people in the Clinical Commissioning Group area.

### People with long term conditions

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

Good



- Nursing staff had specialist training for the management of chronic disease management and patients at risk of hospital admission were identified as a priority. Each disease area had a designated lead GP who was responsible for keeping abreast of changes and advances in management of these conditions and disseminating information to the team.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2014 to 31/03/2015) was 92.11% .
- Longer appointments and home visits were available when needed.
- These patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Staff at the practice were members of the Bristol Diabetes Network and had helped produce the diabetes handbook.
- The practice employed a quality lead who undertook regular audits and invited patients in for review based on month of birth.

# Summary of findings

## Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The practice held an annual flu vaccination day for children, and took part in the 'catch up' vaccination programme for students aged 17 and above.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years (01/04/2014 to 31/03/2015) was 81.18% comparable to the national average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses. For example, a joint baby immunisation and health visitor drop in clinic.
- Additional training had been undertaken to offer flexible rapid access to longer acting contraception.
- The practice were part of the For Young People (4YP) initiative which enabled young patients to access sexual health care and contraceptive advice.

## Working age people (including those recently retired and students)

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

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice website offered a range of self-care advice.
- The text messaging (SMS) service from the practice reminded patients of pre-booked appointments.



# Summary of findings

## People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless patients, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- The practice had told vulnerable patients about how to access various support groups and voluntary organisations.
- The practice hosted substance misuse counsellors which allowed easy access for patients to the shared care programmes.
- One of the practice secretary's had dedicated telephone appointments and provided assistance for patients to navigate through the secondary health care system.

## People experiencing poor mental health (including people with dementia)

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

Good



- 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) was 96.23%
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- 88.64% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months.
- The practice had care plans in place for patients living with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia; two staff were 'Dementia Friends'.

# Summary of findings

## What people who use the service say

We spoke with six patients from the patient participation group and we received 31 comment cards from patients who visited the practice. We also looked at the practices NHS Choices website to look at comments made by patients. (NHS Choices is a website which provides information about NHS services and allows patients to make comments about the services they received). We also looked at data provided in the most recent NHS GP patient survey.

The NHS England-GP Patient Survey data was published on 2 July 2015. There were 292 survey forms distributed for Greenway Community Practice and 101 forms were returned, this was a response rate of 34.2% and represented 1.45% of the number of patients registered at the practice.

The data indicated that patient satisfaction with the service was higher than local and national averages:

- 92% of patients described the overall experience of their GP surgery as fairly good or very good compared to the Clinical Commissioning Group average of 85.9% and national average of 84.8%.
- 95.9% of patients said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to the Clinical Commissioning Group average of 79.6% and national average of 77.5%.
- 96.7% of respondents found it easy to get through to the practice by phone compared to the Clinical Commissioning Group average of 72.7% and national average of 73.3%.
- 79.9% of respondents with a preferred GP usually get to see or speak to that GP compared to the Clinical Commissioning Group average of 60.7% and national average of 60%.
- 93.2% of respondents 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 88% and national average of 85.2%.

- 100% of respondents said the last appointment they got was convenient compared to the Clinical Commissioning Group average of 91.2% and national average of 91.8%.
- 89.8% of patients usually wait 15 minutes or less after their appointment time to be seen compared to the Clinical Commissioning Group average of 62.1% and national average of 64.8%.

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

- The services were very good or excellent.
- Appointment access was good for patients who confirmed they were able to get appointments on the day if urgent.
- Staff were helpful and listened to patients.
- Patients felt staff cared about them.

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

The practice had a patient participation group (PPG), the group was widely advertised and information about the group was available on the website and in the practice. One example from the PPG report 2014-15 demonstrated how the practice had managed the issue of clarification around informing patients of test results. The outcome was that GPs when ordering tests, informed patients of when the results were available and that they would be contacted if there were any issues. Comments from the group discussion indicated that they were involved in planning developments for the practice such as addressing 'did not attend' concerns and promotion of patient self-management.

The practice had also commenced their current 'friends and family test' which was available in a paper format placed in the reception area and online. The aggregated

# Summary of findings

results for 2015 were that 97.3% of the patients who responded stated they would recommend the practice and commented about the efficiency and professionalism of the practice.

## Areas for improvement

### Action the service **SHOULD** take to improve

The area where the provider should make improvement are:

- The practice must ensure they undertake all the required checks for personnel employed to carry on the regulated activities.
- The provider should ensure that the protocols for medicine management are maintained.

## Outstanding practice

- One of the practice secretary's had dedicated telephone appointments and provided assistance for patients to navigate through the secondary healthcare system.

# Greenway Community Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Greenway Community Practice

Greenway Community Practice is located in a suburb area of Bristol. They have approximately 7000 patients registered; the practice has the lowest patient to GP ratio in the Clinical Commissioning Group area.

The practice operates from one location:

Greystoke Avenue

Southmead

Bristol BS10 6AF

The practice is sited in a purpose built multi occupancy site in a two storey building. The consulting and treatment rooms for the practice are fully accessible on the both floors. There is a patient car park immediately outside the practice with spaces reserved for those with disabilities.

The practice is made up of six GP partners and the practice manager, working alongside four qualified nurses and two health care assistant. The practice is supported by an

administrative team made of medical secretaries, receptionists and administrators. The practice is open from 8am until 7pm Monday to Friday for on the day urgent and pre-booked routine GP and nurse appointments.

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

The practice is a training practice and also offers placements to student nurses, medical students and trainee GPs.

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

#### Patient Age Distribution

0-4 years old: 6.93%

5-14 years old: 12.33%

15-44 years old: 39.96%

45-64 years old: 22.4%

65-74 years old: 9.08%

75-84 years old: 6.13%

85+ years old: 3.17%

#### Patient Gender Distribution

Male patients: 49.85 %

# Detailed findings

Female patients: 50.15 %

Other Population Demographics

% of Patients from BME populations: 4.42 %

Index of Multiple Deprivation 2010 (IMD): 30.57 – national average is 23.6

Life expectancy for male and female patients is lower than the national average.

The practice had tenants who provided other NHS services at this site:

NHS Community Dermatology Specialist Team

GP Care providing NHS funded community based ultrasound and anticoagulation services for patients with suspected or diagnosed Deep Vein Thrombosis

NHS Community specialist weight management dieticians.

Midwife.

GP Care providing NHS funded a community based audiology service and oxygen service.

They hosted services for Bristol ROADS (Recovery Orientated Alcohol and Drugs Service) and community mental health counsellors.

Other non NHS services available at the site included:

Bristol Hypnotherapy Clinic

Osteopath

Podiatrist services

Following the inspection we received notification of the following:

- The senior partner was leaving the partnership from 31 March 2016.
- The registered manager (Dr. Cross) would be absent from the practice for 16 weeks.
- One partner would be absent from the practice on maternity leave.

The remaining partner was nominated as the registered manager with other absences covered by locum GPs.

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 26 January 2016. During our visit we:

- Spoke with a range of staff including GPs, practice manager, nurses and administrative staff, and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

# Detailed findings

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

- People experiencing poor mental health (including people with dementia)

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

# Are services safe?

## Our findings

### Safe track record and learning

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

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

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, action taken as a result of a significant event prescribing error led to an audit of patients prescribed hypothyroid medicines. The practice then ensured all prescriptions issued to these patients indicated the total daily dose of the medicine to be taken.

When there were unintended or unexpected safety incidents, patients receive reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training in both adult and children's safeguarding procedures relevant to their role, for example, GPs were trained to Safeguarding level 3 for child protection.
- Staff attended awareness of domestic violence training and had an understanding of reporting procedures.
- 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 check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of patients barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- We found the arrangements for managing medicines, including emergency drugs and vaccinations on the day of our inspection, were unsafe as the fridges and store cupboards sited in a patient accessible area were unlocked. The practice responded to this on the day of the inspection by locking the fridges and cupboards and purchasing a key safe which was only accessible to named personnel. Following the inspection they provided evidence of a revised policy for the safe storage of medicines and photographic evidence of the installation of the key safe.
- We noted the practice had a home visiting medicines box which GPs took on home visits as a safer alternative to carrying medicines in individual GP bags. We found there was no audit trail when this box was taken from the practice. Following the inspection the practice provided evidence of a revised protocol and policy which included a sign in/out record.
- The practice carried out regular medicines audits, with the support of the local pharmacy teams, to ensure prescribing was in line with the best practice guidelines for safe prescribing. For example, they participated in an annual anticoagulation medicine review for the Clinical Commissioning Group. This was a review of patients who were prescribed anticoagulant medicine to ensure they were monitored and their International Normalised Ratio (INR is a value of how long it takes for blood to clot) fell within the designated range.

## Are services safe?

- We found that prescription pads were securely stored and there were systems in place to monitor their use. The practice had a process in place which promoted good practice and ensured the security of instalment prescriptions. However we observed this was not always being followed; this was raised with the practice who recognised that they had not responded to an external event (change in pharmacy provider) which had caused this to occur. The practice took action immediately this was raised with them.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations.
- We reviewed three personnel files and found that recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, and registration with the appropriate professional body. Two files indicated that the practice had not undertaken their own DBS checks for two employees, a GP and a nurse, but had relied on Disclosure and Barring Service checks undertaken by other organisations. The practice held relevant documentation about locum GPs employed at the practice.

### 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. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments and checks in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.
- The quality lead monitored any risks to patients and ensured that action was taken. For example, the practice had Admission Avoidance as an enhanced service; all of the patients included had a care plan which was monitored and reviewed, and where necessary shared with the out of hours services. They also undertook regular audits to ensure patients attended for their health review.

### Arrangements to deal with emergencies and major incidents

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

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



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date.
- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. For example, we found the practice held GP master class sessions where updates from NICE, Public Health England, Medicines and Healthcare products Regulatory Agency (MHRA) and the NHS Bristol, North Somerset, and South Gloucestershire (BNSSG) were discussed.
- The practice monitored that these guidelines were followed through their governance arrangements. We found medicine audits had been undertaken to ensure prescribing guidance had been implemented.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.4% of the total number of points available (2014-15). We found the practice had lower than the Clinical Commissioning Group (CCG) average exception reporting for example, their exception level for hypertension was 3.2% whilst the CCG average was 5.35%. Data from 2014-15 showed the practice consistently performed above the national average:

- Performance for diabetes related indicators was better than the national average. For example, the percentage of patients with diabetes, on the practice register, in whom the last IFCC-HbA1c was 64 mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015), was 84.9% and the national average was 77.72%.
- Data from the practice showed that their diabetic management programme had seen the average HbA1c

value for patients decreased from 67 to 65 from 2014 to 2015; during this time the practice also had an increase in the total number of patients with a diagnosis of diabetes.

- The percentage of patients with atrial fibrillation with a CHADS2 score () of 1, measured within the last 12 months, who are currently treated with anticoagulation drug therapy or an antiplatelet therapy (01/04/2014 to 31/03/2015) was 100% and the national average was 98.32%.
- Performance for mental health related indicators was comparable to the Clinical Commissioning Group and national average, for example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2014 to 31/03/2015) was 96.15% and the national average was 88.61%.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months (01/04/2014 to 31/03/2015) was 88.64% and the national average was 83.82%.

Clinical audits demonstrated quality improvement.

- We were provided with copies of two clinical audits completed in the last two years, where the improvements made were implemented and monitored.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.

### Effective staffing

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

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

# Are services effective?

## (for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity to make an informed decision about their treatment, and if appropriate, recorded the outcome of the assessment. We saw an example of this including a 'best interest' meeting recorded in respect of administration of covert medicines.
- The process for seeking consent was demonstrated through records and showed the practice met its responsibilities within legislation and followed relevant national guidance.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

### Consent to care and treatment

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

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, alcohol cessation and substance misuse. Patients were then referred or signposted to the relevant service.
- The shared premises meant that patients could access additional health care services at the site such as chiropody and weight management.
- The practice employed a smoking cessation advisor. The data for 1/1/2015 to 31/12/2015 indicated that 58 patients attended appointments. 43 patients successfully quit at 4 weeks, which was 75% successful quit rate at 4 weeks. This was above the national quit rate for all users of NHS smoking cessation services which was 51% (provided by the practice from HSCIC data 2013-2014).
- Practice staff were members of the Bristol Diabetes Network and had helped produce the diabetes handbook for Bristol Clinical Commissioning Group.
- The practice were part of the For Young People (4YP) initiative which enabled young patients to access sexual health care and contraceptive advice.

# Are services effective?

(for example, treatment is effective)

National data from the Quality Outcomes Framework (01/04/2014 to 31/03/2015) indicated the percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was comparable to other practices at 81.18% and comparable to the national average of 81.83%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to Clinical Commissioning Group (CCG) and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 86.2% to 95.6% and five year olds from 94% to 97.6%. The practice held an annual flu vaccination day for children, and took part in the 'catch up' programme for students aged 17 and above for measles, mumps and rubella (MMR), Meningitis B, Meningococcal (Men) A, C, W and Y diseases, and Meningitis C vaccinations.

The practice were opportunistic in health promotion and used an annual health fair, where a number of community groups and organisations come together. Up to 1000 eligible patients attended for flu, pneumococcal and shingles vaccines. This achieved the highest flu immunisation levels for older people and at risk clinical groups in the CCG. The flu vaccination rates for the over 65s were 82.55%, and at risk groups 62.24%. These were above Clinical Commissioning Group and national averages.

Patients had access to appropriate health assessments and checks, such as NHS health checks for patients aged 40-74. New patients completed a 'new patient health questionnaire'; the information provided was used to assess if a health check was indicated. Teenagers were invited for a comprehensive nurse-led teen health check on their 14th birthday. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

All of the 31 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with six members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when 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 above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 99.2% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group average of 89.5% and national average of 88.6%.
- 95.4% of patients said the GP gave them enough time compared to the Clinical Commissioning Group average of 86.5% and national average of 86.6%.
- 99.2% of patients said they had confidence and trust in the last GP they saw compared to the Clinical Commissioning Group average of 96% and national average of 95.2%.

- 94.5% of patients said the last GP they spoke to was good at treating them with care and concern compared to the Clinical Commissioning Group average of 85.3% and national average of 85.1%.
- 93.9% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the Clinical Commissioning Group average of 91.7% and national average of 90.4%.
- 92.2% of patients said they found the receptionists at the practice helpful compared to the Clinical Commissioning Group average of 88.5% and national average of 86.8%.

### Care planning and involvement in decisions about care and treatment

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

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

- 94% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group average of 86.4% and national average of 86.0%.
- 92.2% of patients said the last GP they saw was good at involving them in decisions about their care compared to the Clinical Commissioning Group average of 81.8% and national average of 81.4%.
- 90.4% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the Clinical Commissioning Group average of 85.5% and national average of 84.8%.

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.

## Are services caring?

### **Patient and carer support to cope emotionally with care and treatment**

The practice operates a personal list system so patients benefit from continuity of care with their GP. The practice had initiated a social art group (Brushstrokes) for patients who had suffered a stroke; overtime this had evolved to include other patients with long term conditions. Responsibility for the organisational support and management of the group had been taken over by the local community association. The practice were also able to access a social prescriber (funded by the local authority) to address the social issues that may be causing or exacerbating health problems, and provide vouchers for the local food bank. Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was a carer. The practice had identified 500 of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them. The practice had a member of staff who was the carer champion and community resource coordinator. The practice also offered a carer review which included an annual health check, influenza vaccination and a carer support appointment.

Staff told us that if families had suffered bereavement, they sent them a sympathy card. This 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.

# 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. The practice was part of the One Care consortium and offered bookable weekend reviews for patients.

- The practice offered proactive, personalised care to meet the needs of the older patients in its population as each GP operated a personal patient list.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Older patients could access longer consultations and additional telephone appointments.
- The practice had patients in local care homes, each of which had a designated GP who visited at least weekly.
- Nursing staff had specialist training for the management of chronic disease management and patients at risk of hospital admission were identified as a priority. Each disease area had a designated lead GP who was responsible for keeping abreast of changes and advances in management of these conditions and disseminating information to the team.
- Staff at the practice were members of the Bristol Diabetes Network and had helped produce the diabetes handbook.
- Additional training had been undertaken to offer flexible rapid access to longer acting contraception.
- The practice were part of the For Young People (4YP) initiative which enabled young patients to access sexual health care and contraceptive advice.
- The practice held a joint baby immunisation and health visitor drop in clinic.
- The practice offered longer appointments for patients with a learning disability.
- The practice hosted substance misuse counsellors which allowed easy access for patients to the shared care programmes.

- One of the practice secretary's had dedicated telephone appointments and provided assistance for patients to navigate through the secondary healthcare system.
- Staff had a good understanding of how to support patients with mental health needs and dementia; two staff were 'Dementia Friends'.

### Access to the service

The practice was open between 8am-7pm Monday to Friday. Extended hours surgeries were offered up 7pm on weekdays and included chronic disease clinics. 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. Both nurses and doctors offered telephone consultations during the day to patients with difficulties accessing the surgery during normal hours. Patients could access appointments with their named GPs directly online, by telephone or in person. Patients received text messaging confirmation and reminders. Patients also accessed prescriptions and medical records online.

The practice has the lowest patient to GP ratio in the Clinical Commissioning Group area. Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above local and national averages. Patients told us on the day that they were able to get appointments when they needed them.

- 82.5% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group average of 74.6% and national average of 73.8%.
- 96.7% of patients said they could get through easily to the surgery by phone compared to the Clinical Commissioning Group average of 72.7% and national average of 73.3%.
- 91.6% of patients described their experience of making an appointment as good compared to the Clinical Commissioning Group average of 72.5% and national average of 73.3%.
- 89.8% of patients said they usually waited 15 minutes or less after their appointment time compared to the Clinical Commissioning Group average of 62.1% and national average of 64.8%.

### Listening and learning from concerns and complaints

# Are services responsive to people's needs?

(for example, to feedback?)

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

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

We looked at a selection of complaints received in the last 12 months and found these were dealt with in a timely way

to achieve a satisfactory outcome for the complainant. For example, complaints were responded to by the most appropriate person in the practice and wherever possible by face to face or telephone contact. The information from the practice indicated all the complaints received had been resolved.

Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. We found the learning points from each complaint 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 strategy and vision for the service.

The practice had an underpinning core values statement and supporting business plan which reflected the strategy.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice.
- GPs had a buddy system which ensured continuity of care for patients.
- There was a daily morning GP meeting which was an opportunity to reflect and discussion any issues that had arisen during the morning.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements. For example, they undertook an annual medical procedure competency audit which specifically reviewed consent and post procedural complications. The clinicians were benchmarked against agreed standards for competency for invasive procedures.
- There were robust 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 that 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
- they kept written records of verbal interactions as well as written correspondence.

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

- Staff told us that the practice held regular operational team meetings, specific team meetings and two half day whole team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues with the management team.
- Staff said they felt respected, valued and supported especially with training and career development.
- There were two internal awards for staff presented to individuals and teams as recognition of their good working practices.

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

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

- The practice had gathered feedback from patients through patient surveys, compliments and complaints. There was a Patient Participation Group (PPG) which was consulted about practice performance and improvement.
- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and



# Are services well-led?

Good 

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

engaged to improve how the practice was run and gave us examples of how they had been able to implement changes and improvements such as the development of the carer champion role.

## Continuous improvement

There was a focus on continuous learning and improvement within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

The practice was a level one research practice, participating in around three studies per year; and a Royal College of GP Research & Surveillance Centre and will be helping to ascertain the prevalence of different strains of influenza in the community for this year (2016).

The practice worked collaboratively with three other local practices to share resources and technology.

The practice was a training practice with two GP trainers. Another GP was the North Bristol Academy GP Lead for Bristol Medical School; the practice hosted 4th and 5th Year medical student placements for the school.