

Nightingale Valley Practice

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



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	3
The six population groups and what we found	6
What people who use the service say	9
Areas for improvement	9

Detailed findings from this inspection

Our inspection team	11
Background to Nightingale Valley Practice	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the Nightingale Valley Practice on the 26 November 2015. Overall the practice is rated as good but the safe domain was rated as requires improvement.

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.
- Most risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- 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.
- 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:

- Areas of risk identified at the Riverside site should be improved in respect of the management of infection control.
- At the Riverside site, Control of Substances Hazardous to Health items were not stored safely or in accordance with guidance.
- At the Riverside site, there was no method of assuring that there was a trained first aider present at all times when the practice was open.

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 requires improvement for providing safe services.

Requires improvement



- 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 are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are 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 people safe and safeguarded from abuse.
- At the time of inspection there was no recorded risk assessment process in regard to a requirement for a Disclosure and Barring Check for certain staff roles. Following inspection this had been put in place.
- Risks to patients and staff were assessed and managed. However, we did note there were some areas of risk at Riverside for the management for infection control that could be improved.
- At Riverside the assessment and management of Control of substances hazardous to health (COSHH) items was the responsibility of staff. We found that COSHH items were not stored safely or in accordance with guidance as they were kept on open shelves in an accessible area or unsecured cupboards.
- At Riverside there was no method of assuring that there was a trained first aide present at all times when the practice was open.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes were at or above average for the locality.
- 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.

Summary of findings

- There was evidence of appraisals and personal development plans for staff.
- Staff worked closely with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data showed that patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Good



- It 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.
- The appointment system was kept under review so that patients had good access to GPs which promoted continuity of care; and urgent appointments were 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 that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good



- It 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.
- The appointment system was kept under review so that patients had good access to GPs which promoted continuity of care; and urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice could access a community based nurse specifically overseeing the care of older people.

Good



People with long term conditions

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. Nurse lead roles included palliative care, care planning, diabetes, asthma and chronic obstructive pulmonary disease (COPD) and prescribing.
- Longer appointments and home visits were available when needed.
- Patients with long term conditions had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.

Good



Summary of findings

- The percentage of women aged 25-64 whose notes record that a cervical screening test had been performed in the preceding year, based on data from the practice, was 80.74% which was comparable to other practices.
- 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. All vulnerable families had a named GP which provided continuity of care to the whole family.

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).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. .
- The practice hosted counsellors for substance misuse three days a week which included appointments later in the day for patients who worked.

Good



People whose circumstances may make them vulnerable

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.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

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.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



Summary of findings

What people who use the service say

We spoke with four patients visiting the practice and we received three comment cards from patients who visited both practice locations. We also looked at the practice's NHS Choices website to look at comments made by patients, some of which expressed a negative view of the practice. (NHS Choices is a website which provides information about NHS services and allows patients to make comments about the services they received). We also looked at data provided in the most recent NHS GP patient survey.

The patient survey data showed NHS England- GP Patient Survey published on 4 July 2015. There were 307 survey forms distributed for Nightingale Valley Practice and 108 forms were returned. This was a response rate of 35.2%:

- 83.7% 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%.
- 79.9% said the GP gave them enough time compared to the Clinical Commissioning Group average 86.5% and national average of 86.6%.
- 93.2% said they had confidence and trust in the last GP they saw compared to the Clinical Commissioning Group average 96% and national average of 95.2%.
- 81.6% said the last GP they spoke to was good at treating them with care and concern compared to the Clinical Commissioning Group average 85.3% and national average of 85.1%.
- 94.3% said the last nurse they spoke to was good at treating them with care and concern compared to the Clinical Commissioning Group average 91.7% and national average of 90.4%.

- 96.1% said they found the receptionists at the practice helpful compared to the Clinical Commissioning Group average 88.5% and national average of 86.8%.

We also spoke to patients and 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 patient participation group (PPG) and was in the process of developing a virtual patient reference group where it sought the opinion and views of patients about a number of different topics. The PPG group was advertised and information about the group was available on the website and in the practice. The practice carried out patient surveys and those who contributed to their social media site made suggestions for improvements to the practice management team. For example:

- the appointment systems
- confidentiality at the reception desks
- parking
- missed/failure to attend appointments.

The practice had also commenced their friends and family test survey which was available in a paper format placed in the reception area and online. The September 2015 result from this was that 78.9% of the patients who responded stated they would recommend the practice.

Areas for improvement

Action the service **SHOULD** take to improve

- Areas of risk identified at the Riverside site should be improved in respect of the management of infection control.
- At the Riverside site, Control of Substances Hazardous to Health items were not stored safely or in accordance with guidance.

Summary of findings

- At the Riverside site, there was no method of assuring that there was a trained first aider present at all times when the practice was open.

Nightingale Valley 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 Nightingale Valley Practice

Nightingale Valley Practice is located in the Brislington area of Bristol. They have approximately 15750 patients registered.

The practice operates from two locations:

Brooklea Health Centre

Wick Road

Brislington

Bristol

BS4 4HU

And

Riverside Surgery

Wyatts View

St Anne's Park

Bristol

BS4 4WW

Nightingale Valley Practice is sited in a leased purpose built health centre which is shared with other healthcare providers. The consulting, treatment rooms and

administration area for the practice are situated on one level. There are treatment rooms (for use by nurses, health care assistants and phlebotomists); reception and administration and records room; and a waiting room area. There is patient parking immediately outside the practice with spaces reserved for those with disabilities. Riverside Surgery is also a purpose built leased surgery which has two consulting rooms and one treatment room, a large waiting area. The surgery premises are sited in a local shopping precinct and with plenty of parking and accessibility to a local pharmacy.

The practice is made up of six GP partners, five salaried GPs and the practice manager. The practice is a teaching practice with three GPs as trainers and they had three GP registrars at the time of this inspection. They have an advanced nurse practitioner, senior nurse and two practice nurses and two healthcare assistants. The practice is supported by an administrative team consisting of medical secretaries, receptionists and administrators. The Nightingale Valley practice is open from 8.00am until 6.30pm Monday, Thursday and Friday. On Tuesday the practice opens from 7.00am and closes at 7.30pm. On Wednesday the practice opens 8.00am and closes later at 7.30pm. The Riverside Surgery is open between the hours 8.00am to 12.30pm, Monday and Thursday, 7.00am Wednesday and Friday. There is no morning surgery on Tuesdays. The practice opens for afternoon surgeries from 2.00pm to 6.00pm Monday to Thursday and is closed on Friday afternoons.

The practice has a Personal Medical Services contract with NHS England (a nationally agreed contract negotiated between NHS England and the practice). The practice is contracted for a number of enhanced services including extended hours access, immunisations and unplanned admission avoidance.

Detailed findings

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

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

Patient Age Distribution

0-4 years old: 7.67% (higher than the national average)

5-14 years old: 10.29% (higher than the national average)

15-44 years old: 45.28%

45-64 years old: 23.43%

65-74 years old: 7.53%

75-84 years old: 4.19%

85+ years old: 1.6%

Patient Gender Distribution

Male patients: 50.31 %

Female patients: 49.69 %

Other Population Demographics

% of Patients in a Residential Home: 0.12 %

% of Patients on Disability Living Allowance: 4.3 % (higher than the national average)

% of Patients from BME populations: 1.22 %

Practice List Demographics / Deprivation

Index of Multiple Deprivation 2010 (IMD): 19.26

Income Deprivation Affecting Children (IDACI): 0.2 –

Income Deprivation Affecting Older People (IDAOPI): 0.18

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 November 2015. During our visit we:

- Spoke with a range of staff such as GP, nurses, reception, deputy practice manager and spoke with patients who used the service.
- Observed how people 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 people and what good care looks like for them. The population groups are:

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

Detailed findings

- 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 knew how to raise any concerns or incidents and there were detailed records kept.
- The practice carried out a thorough analysis of the significant events.

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 patient safety in the practice. One example was where gaps in communication between clinicians and relatives were identified in regard to a home visit and the expected outcomes for the patient concerned. This led to reviewing information given to patients and relatives over the telephone and a review of how information is recorded in patient's records. We found that safeguarding incidents and cancer diagnosis were included in the review of practice safety and scenarios and case presentations were discussed and clinicians learnt from each other. All significant events were reviewed by the GPs and nursing staff when they happened and revisited at a six to eight weekly review meeting which ensured any actions and learning from events had been completed. The practice manager coordinated the reviews and record keeping to ensure that they were managed effectively. Learning from the significant event was shared with the reception and administration team at meetings where a GP attends. We saw an example of a complaint made to a third party which the practice escalated to significant event. The complainant had raised the question of a missed diagnosis. The GPs had reviewed the information, the investigation pathway and the actions they took to support the patient. The outcome was the clinicians reviewed their method of recording in the patient's notes, highlighted areas of improvement such as reviewing the clinical decisions taken when a diagnosis was made.

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. All GP partners and nurses were trained to Safeguarding level 3 for child protection.
- A notice in the waiting rooms at both locations advised patients that nurses would act as chaperones, if required.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed both premises to be mostly clean and tidy. Some aspects such as dirty wall areas, dirty windows and missing grouting around sinks had been highlighted by practice staff in an infection control audit, October 2015, at the health centre where Nightingale Valley Practice was located. There were regular audits of the cleanliness of the practice at Nightingale Practice, carried out by the building provider who also had a schedule of cleaning in place for the whole health centre. Staff reported concerns directly to the representative of the building provider. At Riverside Surgery the practice organisation was responsible for all aspects of internal standards of hygiene and infection control. The last documented cleaning audit carried out at Riverside was December 2015. There was a designated lead accountable for infection control at both sites. The annual audit for the practice showed evidence that action was taken to address any improvements identified as a result. However, we did note there were some areas of risk at Riverside for the management that could be improved. For example, paper towels and other paper goods were stored in the staff toilet. There was an infection control protocol in place and staff could access online training.

Are services safe?

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). A small amount of controlled drugs were held by the practice and the GPs did not routinely take medicines on home visits. The practice followed the Clinical Commissioning Group (CCG) shared care protocols for monitoring high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patients who required a Drug Misuse instalment prescription (blue script) were seen by the lead GPs for substance misuse which promoted continuity of care. 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. Medicine alerts were received by the practice manager and disseminated to the prescribing clinicians.
- We reviewed personnel files and found evidence that a range of recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, and registration with the appropriate professional body. However, the files we reviewed did not all have the complete information in one place, and not everyone had the appropriate checks through the Disclosure and Barring Service and there was no recorded evidence of a risk assessment to the effect the reasoning why they were not required. We were forwarded details following the inspection visits that risk assessments and a protocol was now in place.

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 and posters were on display in prominent areas. There were procedures in place for monitoring and managing risks to patient and staff safety. Some aspects of risk management were coordinated and managed by the building provider at Nightingale practice. The practice staff at the

Nightingale location participated in regular fire drills led by the building provider who also carried out fire risk assessments of the building and facilities. However, there was not a method of checking within the practice that all staff had participated in a fire evacuation drill regularly. At the Riverside location, (a different building provider who did not take responsibility for all of the aspects of health and safety), there was evidence that a fire risk assessment had been recently carried out by the practice. The practice was still awaiting a report from the external contractor. Previously this had last been done in April 2013 and there was no evidence that the risk assessment had been reviewed or updated since then. 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 processes and risk assessments in place to monitor safety of the premises at both sites such the management of infection control. A recent buildings risk assessment at Riverside had been carried out highlighted a small number of changes needed to be in place which had yet to be completed. This risk assessment had last been done in December 2013.

- The practice also had a variety of other risk assessments in place to monitor safety of the premises at both locations. At Nightingale Valley Practice the building provider led in such areas as control of substances hazardous to health (COSHH), legionella and some aspects of infection control. At Riverside the assessment and management of COSHH items was the responsibility of staff. We found that COSHH items were not stored safely nor in accordance with guidance as they were kept on open shelves in an accessible area or in unsecured cupboards
- 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 practice used the electronic record system to identify patient risk for example, to ensure certain patients were booked with a GP familiar with their medical history.

Arrangements to deal with emergencies and major incidents

Are services safe?

- The practice (Nightingale Valley Practice) had adequate arrangements in place to respond to emergencies and major incidents such as fire. At Riverside staff had recognised that some aspects of fire safety risks had not been recently assessed and implemented actions to ensure any safety issues would be identified.
- 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 rooms at both locations.
- 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. However, at Riverside there was no method of assuring that there was a trained first aider present at all times when the practice was open.

- Emergency medicines were easily accessible to staff in a secure area at both of the practice sites and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had in place for both locations an amended and updated comprehensive business continuity plan 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 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 peoples' needs. Likewise other information from medicines alerts was also used to deliver care in line with best practice. For example, we saw guidance in regard to prescribing for treatment for patients with diabetes had been followed up with reviews of patient's healthcare needs. A GP had reviewed all those patients prescribed a specific modified release medicine to check that they were appropriate for their needs. The outcome was that all patients had been prescribed medicines appropriate to their needs and no changes to their planned care had been required.

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 98.4% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013-14 showed:

- Patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2013 to 31/03/2014) was 88.57% and the national average was 88.35%.
The percentage of patients with hypertension having regular blood pressure tests was higher than other practices within the CCG at 85.65% and the national average of 83.11%.

- The percentage of patients at 84.44% diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months (01/04/2013 to 31/03/2014) was similar to other practices in the CCG at 83.82%

Clinical audits demonstrated quality improvement.

- There had been 15 clinical audits commenced in the last year, several of these were scheduled to be re-run annually. Others were in progress such as to check that all over 75 year olds who had not attended the practice within a two year period had their needs reviewed.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. For example, working with the CCG in regard to best practice prescribing audits where they looked at antibiotics used in the treatment of patients at the practice. Research projects the practice has been involved with included topics such as cancer presentation and depression. The practice has also participated in clinical trials.

Findings were used by the practice to improve or sustain services in the best interests of patients. For example, recent action taken to analyse outcome of orthopaedic referrals to examine whether secondary care services are being effectively used. A recent change in the referral process for further diagnostic procedures for patients identified with knee and spinal problems had occurred. GPs reviewed how they could access directly these procedures so that they could appropriately facilitate patients to the right secondary care to meet their needs. The GPs had identified that it had increased their work load, but streamlined the referral process and reduced waiting times for patients to have the most appropriate care, such as referrals to the pain relief clinics.

The practice employed an Advanced Nurse Practitioner who assisted the on call GP with triaging urgent requests and who had their own pre-booked appointments. Practice nurses had trained and extended their roles to provide insulin conversion at the practice. This is a process of introducing or amending insulin therapy to patients with Type II diabetes which meant that patients could obtain treatment and support in the locality.

Effective staffing

Are services effective?

(for example, treatment is effective)

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

- The practice had a general 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.
- 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. There was a system of support for the GP registrars, Foundation Level Two doctors and medical students.
- 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.
- The practice employed an Advanced Nurse Practitioner to take the lead in research projects and clinical trials at the practice.

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 was also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services. Referrals, patients' needs and welfare were discussed informally at the daily GPs meeting or at any time of the day with the appropriate

GP. There was also the opportunity to discuss at the weekly GP meetings and other clinical meetings held at the practice. All referrals were sent to the South Bristol referral service who screened them for information and appropriateness.

- All out of hours contacts with patients were reviewed and if needed arrangements were made for patients to be followed up by a GP. Three of the GPs and the Advanced Nurse Practitioner at the practice also worked for the out of hour's service which provided continuity of care for patients.
- The GPs had a system for ensuring results were received and reviewed in a timely fashion and had a buddy system in place.
- There was a GP lead for patients with dementia, and others took responsibility for aspects of the service. One was the named GP for learning disabilities patients living in care services. Others had responsibilities for working with the Bristol Drugs Project staff with caring for patients with substance abuse.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people 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. These care plans also included for unplanned emergency admissions where they were reviewed with the community nursing teams on a quarterly basis. Staff had ready access to the district nurses, health visitors, physiotherapists and community matron who were all based in the Brooklea Health Centre. We had feedback from one of these health care professionals which highlighted that the GP's were friendly, welcoming and were happy to discuss patient issues in between their morning surgeries if required.

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.

Are services effective?

(for example, treatment is effective)

When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment or used an Independent Mental Capacity Assessor (IMCA) for the decision and recorded this on the patient record.
- The practice had a 'Do Not Resuscitate' policy and procedure in place. Where this had been discussed with the patient and a decision made, copies of the assessment and agreement were given to the patient, scanned in their medical records and shared with the ambulance and out of hour's services.

Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and substance misuse. Patients were then signposted to the relevant service.
- The practice offered a 4YP (for young people) service to young patients for support with sexual health.

- The practice had also implemented a social media site to communicate with and provide information to patients

The practice's uptake for the cervical screening programme for women aged 25-64 whose notes record that a cervical screening test had been performed in the preceding 5 years (01/04/2013 to 31/03/2014) was 80.74% which was comparable to other Clinical Commissioning Group practices. There was a policy to offer telephone and letter 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 higher than the Clinical Commissioning Group and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 78.5% to 98% and five year olds from 91% to 95.6%. Flu vaccination rates for the over 65s were 76.53%, and at risk groups 44.56%. These were similar to or above the Clinical Commissioning Group and national averages. Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40-74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that conversations taking place in these rooms could not be overheard.
- Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

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

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

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

- 83.7% 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%.
- 79.9% said the GP gave them enough time compared to the Clinical Commissioning Group average 86.5% and national average of 86.6%.

- 93.2% said they had confidence and trust in the last GP they saw compared to the Clinical Commissioning Group average 96% and national average of 95.2%.
- 81.6% said the last GP they spoke to was good at treating them with care and concern compared to the Clinical Commissioning Group average 85.3% and national average of 85.1%.
- 94.3% said the last nurse they spoke to was good at treating them with care and concern compared to the Clinical Commissioning Group average 91.7% and national average of 90.4%.
- 96.1% said they found the receptionists at the practice helpful compared to the Clinical Commissioning Group average 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 were comparable with the Clinical Commissioning Group average but below national averages. For example:

- 78% 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%.
- 76.2% said the last GP they saw was good at involving them in decisions about their care compared to the Clinical Commissioning Group average 81.8% and national average of 81.4%.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Notices in the patient waiting room told patients how to access a number of support groups and organisations. Information was also available on their website.

The practice also retained compliments received from patients who had appreciated the care and concern from the practice staff.

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them. The practice worked well with the Dementia Lead for the area and the Carer Lead for the community.

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.

In order to address health inequalities and meet the specific needs of their patients the practice had established various additional services including:

- The practice had improved access for urgent and vulnerable patients to consultations with the on call GP and the Advanced Nurse Practitioner.
- Saturday flu clinics for patients who can only attend with the help of a working relative, those patients who work Mon-Fri and children of working parents. Home flu visits for the housebound.
- Home visits were available for older patients and patients who would benefit from these.
- There were accessible facilities, hearing loop and translation services available.
- The practice delivered weekly ward rounds to local care homes and specialist care services caring for patients being treated for drug and alcohol abuse.
- The practice lead person for supporting those patients with a diagnosis of dementia had implemented processes and systems to diagnose, refer and liaise and support patients with dementia. The practice had 90 patients identified as requiring support and care for dementia and shared care with the district nursing team, community matron and social services.
- The practice provided healthcare access, treated on an individual basis, to vulnerable patients who could not provide proof of identity.
- The practice were part of the dedicated 4YP (for young people) service to provide contraceptive and sexual health advice.
- The practice hosted councillors for substance misuse three days a week.
- Insulin conversion was undertaken by the practice nurses which meant that patients could receive treatment locally.
- Special clinics were provided to support patients with contraception such as Inter-Uterine Devices and implants.

Access to the service

Nightingale Valley practice is open from 8.00am until 6.30pm Monday, Thursday and Friday. On Tuesday the practice opens from 7.00am and closes at 7.30pm. On Wednesday the practice opens 8.00am and closes later at 7.30pm. The Riverside Surgery is open between the hours 8.00am to 12.30pm, Monday and Thursday, 7.00am Wednesday and Friday. There is no morning surgery on Tuesdays. The practice opens for afternoon surgeries from 2.00pm to 6.00pm Monday to Thursday and is closed on Friday. Patients could choose to see GPs and nursing staff at Riverside as this was easily accessible and there was plenty of parking. There was on line access for patients to order prescriptions and book appointments and an electronic prescribing service for patients who had repeat medicines.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages. Patients told us on the day that they were able to get appointments when they needed them.

- 76.6% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group average of 77.2% and national average of 74.9%.
- 68.5% of patients described their experience of making an appointment as good compared to the Clinical Commissioning Group average of 85% and national average of 85.2%.
- 47.6% 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

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

- The practice complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

Are services responsive to people's needs?

(for example, to feedback?)

- 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 as leaflets were left on display in the waiting area, near the reception desk and information could be found on the practice website.

We looked at the 20 complaints received in the last 12 months and found there was a range of concerns expressed including clinical care, repeat prescriptions and communication. We also looked at comments listed on NHS Choices website. The complaints were satisfactorily handled, dealt with in a timely way, demonstrating

openness and transparency when dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, in regard to clinical care, GPs discussed and agreed a change in the point of referral for particular symptoms. For repeat prescriptions, staff involved in repeat prescriptions were reminded about the checks they should put in place to ensure they were sent to the correct pharmacy. It could be clearly seen throughout the investigations, response to patients and further actions taken there was a focus on improving all aspects of communication and understanding patient's expectations.

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 vision was to provide a health centre of excellence delivering wider health services to the community locally whilst continuing to listen to their patients and provide a caring experience and excellent patient outcomes.

This was evidenced through the actions taken by the practice as they had embraced innovative ways of working such as employing nurse practitioners for minor illness, providing services locally such as insulin conversion, and contraception services.

When observed staff demonstrated the ethos of the practice throughout their communication and actions with patients. 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 staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- There was a comprehensive understanding of the performance of the practice and benchmarking against others practices.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. Where gaps in the management of risks had been identified, actions were taken to reduce or eliminate the risks.

Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality

care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. When discussed with staff they showed a good understanding of their responsibilities and this was evident in the management of complaints and significant events. 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 people 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 leadership structure in place and most staff felt supported by management.

- Staff told us that the practice held regular team meetings and we read minutes of meetings which demonstrated staff participation in the process.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings, were confident in doing so and felt supported if they did.
- 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.

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.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received.

Are services well-led?

Good 

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

The practice had patient participation group (PPG) and was in the process of developing a virtual patient reference group where it sought the opinion and views of patients about a number of different topics. The PPG group was advertised and information about the group was available on the website and in the practice. The practice carried out patient surveys and those who contributed to their social media site made suggestions for improvements to the practice management team. For example, the appointment systems, confidentiality at the reception desks, parking and missed/failure to attend appointments.

- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff

told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team had reviewed the services it provided, was in the process of developing strategies to improve what was provided in the community for patients and worked well with the other GP practice and health care services located in the health centre. This included developing plans for joint training for staff and health promotion events.