Concord Medical Centre

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Concord Medical Centre on Friday 23 January 2015. Overall the practice is rated as outstanding.

Specifically, we found the practice to be outstanding for providing responsive, caring and effective services and for being well led. They were also outstanding for providing services for the all the population groups. They were good for providing safe services.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised and used to enhance services for patients.
- The practice used innovative and proactive methods to improve patient outcomes, working with other providers; locally and within the self-care forum to share best practice.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Information was provided to help patients understand the care available to them.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients.
- 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
- The practice had a clear vision which had quality and safety as its top priority. A business plan was in place which was monitored and regularly reviewed and discussed with all staff. High standards were promoted and owned by all practice staff with evidence of team working across all roles.

We saw several areas of outstanding practice including:

- The practice had invested in a DEXA scanner to aid diagnosis of Osteoporosis and they provide a free

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assessment for its own patients and a private service for those from other practices. This provided a much faster access to diagnosis for local patients and reduced the need for those patients to attend hospital. In the last year the practice had provided a total of 213 individual patient scans and resulted in improved treatment outcomes for those patients.

- The practice had developed an integrated service provision with the Bristol Oncology Centre hospital staff to provide in house oncology treatment, a branch of medicine which deals with cancer, for their own patients and patients from other practices within the community. The service started in April 2014 and they have the facilities to see up to 20 patients per day. The Oncology unit has provided care to 336 patients since opening and out of these approximately two to four patients from the practice are seen daily.
- The practice employed a full-time mental health nurse consultant who had improved faster patient access for mental health treatment and reduced patient referrals to secondary care by 85%. The practice had employed the mental health consultant in replacement of a GP which had proved successful for reducing GP workload as they saw 40 patients and produced 20 prescriptions per week. This would have otherwise been part of the GPs workload and GPs now report less pressurised surgeries. The mental health nurse consultant also had an important role in working closely with health visitors and GPs to help prevent families from reaching crisis point and needing intervention.
- The practice had been accredited with the Royal College of General Practitioners quality practice award in 2008 and was awaiting reaccreditation in January 2015. This was awarded in recognition of how they improved patient quality care and outcomes, and had demonstrated good practice and organisational and clinical excellence in their practice. Only three other practices in the Bristol and South Gloucestershire area have achieved the award.
- The practice is involved in a programme called 'Productive General Practice' supported by the NHS Improving Quality. The practice had been very involved with this scheme and had helped to develop a number of guides to support other practices involved within the scheme. One of the GPs had produced 'shaping our future practice' and a number of other staff within the practice helped develop 'improving todays practice'. One of the GPs led on this and they told us the programme sought to provide better care through a structured whole practice approach. (Both modules are still available on the NHS Institute of Innovation and improvement website). So far the practice had achieved innovation and improvement by empowering members of the administration team in ways such as, dealing with safeguarding correspondence with the GP having the overall responsibility. They had also recruited a mental health nurse consultant following a review of their patient needs. The practice wanted to further develop this and they were planning on reviewing the patient pathway for musculoskeletal conditions and how they could improve a more effective patient focused service.
- Leaders motivated staff to succeed. There was a staff recognition award held twice a year for three staffing areas; nursing, administration and reception. The recognised member of staff would have their picture taken and was celebrated in the patient newsletters. This was one instance of many that contributed to an extremely cohesive and motivated team.
- The practice had recently developed a carers group in September 2014 working with the carers association to ensure patients received the most up to date support and guidance. The practice arranged with the carers association to see carers (may not necessarily be registered patients of the practice) once a week at the practice. The practice made the room freely available as they recognised the benefits of this contact to the carers of their patients. The carers association worked with the practice to deliver a carers awareness evening in September 2014 to provide additional support to patients.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good 

The practice is rated as good for providing safe services.

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

Are services effective?

Outstanding 

The practice is rated as outstanding for providing effective services.

Our findings at inspection showed systems were in place to ensure all clinicians were up to date with both National Institute for Health and Care Excellence guidelines and other locally agreed guidelines. We saw evidence to confirm these guidelines were positively influencing and improving practice and outcomes for patients. Data from the Quality and Outcomes Framework showed the practice was performing highly when compared to neighbouring practices in the CCG. The practice was using innovative and proactive methods to improve patient outcomes and it linked with other local providers to share best practice.

The practice employed a full-time mental health nurse consultant who had improved faster patient access for mental health treatment and reduced patient referrals to secondary care by 85%. The practice had employed the mental health consultant in replacement of a GP which had proved successful for reducing GP workload as they saw 40 patients and produced 20 prescriptions per week. This would have otherwise been part of the GPs workload and GPs now report less pressurised surgeries. The mental health nurse consultant also had an important role in working closely with health visitors and GPs to help prevent families from reaching crisis point and needing intervention.

Are services caring?

Outstanding 

The practice is rated as outstanding for providing caring services.

National GP patient survey data showed 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

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involved in decisions about their care and treatment. Information to help patients understand the services available was easy to understand. We also saw staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Outstanding ☆

The practice is rated as outstanding for providing responsive services.

The practice had initiated positive service improvements for its patients that were over and above its contractual obligations. They acted on suggestions for improvements and changed the way it delivered services in response to feedback from patients. The practice reviewed the needs of its local population and engaged with the NHS England Local Area Team and South Gloucestershire Clinical Commissioning Group to secure service improvements where these had been identified.

Patients told us it was easy to get an appointment with a named GP or a GP of choice which ensured continuity of care. Urgent appointments were available on 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 the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

The practice provided additional services to benefit patients including a scanner used for detecting osteoporosis, Aural Suction for chronic ear problems and Dermatoscopy for diagnosing skin conditions. All of these facilities had reduced referrals to hospital and enabled patients to be treated locally.

Are services well-led?

Outstanding ☆

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

The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff. High standards were promoted and owned by all practice staff and teams worked together across all roles. Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice. The practice carried out proactive succession planning. There was a high level of constructive engagement with staff and a high level of staff satisfaction.

Rigorous and constructive challenge from stakeholders was welcomed and seen as a vital way of holding services to account.

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The practice was accredited with the Practice Quality Award by the Royal College of General Practitioners for their work around continuous improvement in the practice. They were and continue to be very involved in Productive General Practice (An organisation-wide change programme, developed with general practice staff, which supports general practices in realising internal efficiencies, while maintaining quality of care and releasing time to spend on more value added activities) to continuously improve their own practice and encourage others.

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

Outstanding

The practice is rated as outstanding for the care of older patients. The practice was rated as outstanding for effective, caring, well led and responsive overall and this includes for this population group. The practice was rated as good for safety. The overall rating applies to everyone using the practice, including this population group.

The practice had a high population of older patients. The Quality and Outcomes Framework showed outcomes for patients were good for conditions commonly found in older patients. The practice offered proactive, personalised care to meet the needs of the older patients in its population and was responsive to the needs of patients who were living with dementia or were receiving end of life care. They offered home visits and rapid access appointments for those with enhanced needs.

If the practice were made aware of when a patient suffers a bereavement the practice sent a condolence card to them. The named GP made contact with the patient if needed, to offer their condolences and establish if any additional support was needed.

People with long term conditions

Outstanding

The practice is rated as outstanding for the care of patients with long-term conditions. The practice was rated as outstanding for effective, caring, well led and responsive overall and this includes for this population group. The practice was rated as good for safety. The overall rating applies to everyone using the practice, including this population group.

Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check their health and medicine needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

The practice had invested in a bone density scanner to provide a free assessment for its own patients and a private service for those from other practices. This provided a much faster access to diagnosis for local patients and reduced the need for those patients to attend hospital. In the last year the practice had provided a total of 213 individual patient scans and resulted in improved treatment outcomes for those patients.

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Families, children and young people

Outstanding

The practice is rated as outstanding for the care of families, children and young people. The practice was rated as outstanding for effective, caring, well led and responsive overall and this includes for this population group. The practice was rated as good for safety. The overall rating applies to everyone using the practice, including this population group.

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 most 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. Appointments were available outside of school hours. The premises were suitable for children and babies. The practice planned to start sending letters of their congratulations and information about what to expect next from the practice to mothers following childbirth starting in February 2015.

Working age people (including those recently retired and students)

Outstanding

The practice is rated as outstanding for the care of working-age patients (including those recently retired and students). The practice was rated as outstanding for effective, caring, well led and responsive overall and this includes for this population group. The practice was rated as good for safety. The overall rating applies to everyone using the practice, including this population group.

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 of this age group.

People whose circumstances may make them vulnerable

Outstanding

The practice is rated as outstanding for the care of patients whose circumstances may make them vulnerable. The practice was rated as outstanding for effective, caring, well led and responsive overall and this includes for this population group. The practice was rated as good for safety. The overall rating applies to everyone using the practice, including this population group.

The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with

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a learning disability. They had carried out annual health checks for patients with a learning disability and 60% of these patients had received a follow-up appointment in the previous year. They also offered longer appointments for patients with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. They informed vulnerable patients about how to access local support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

The practice offered development opportunities to staff that could benefit patients with disabilities. A receptionist and a health care assistant had been trained in British Sign Language which enabled them to provide support to patients who used this language.

People experiencing poor mental health (including people with dementia)

Outstanding ☆

The practice is rated as outstanding for the care of patients experiencing poor mental health (including patients with dementia). The practice was rated as outstanding for effective, caring, well led and responsive overall and this includes for this population group. The practice was rated as good for safety. The overall rating applies to everyone using the practice, including this population group.

The practice employed a full-time mental health nurse consultant who had improved faster patient access for mental health treatment and reduced patient referrals to secondary care by 85%. The practice had employed the mental health consultant in replacement of a GP which had proved successful for reducing GP workload as they saw 40 patients and produced 20 prescriptions per week. This would have otherwise been part of the GPs workload and GPs now report less pressurised surgeries. The mental health nurse consultant also had an important role in working closely with health visitors and GPs to help prevent families from reaching crisis point and needing intervention.

The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. They carried out advanced care planning for patients with dementia. The practice informed patients experiencing poor mental health about how to access various support groups and voluntary organisations including MIND. They had a system in place to follow up patients who had attended

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accident and emergency (A&E) where they may have been experiencing poor mental health. Staff received training about how to care for patients with mental health needs and dementia ensuring patients remained calm when visiting the practice.

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What people who use the service say

During our inspection we spoke with seven patients who were very complimentary about the practice. Patients said they felt the service had staff who were kind, patient and knowledgeable, and who always had time to listen and meet their individual needs.

The practice completed an annual patient satisfaction survey. The last one had been completed for the year 2013-2014. This showed an 87% satisfaction rate for all aspects of the service from the 485 patients surveyed. The survey showed the least satisfactory area of the services provided was the telephone appointment system. Since the survey the practice had implemented a new appointment system. They anticipated patient satisfaction would be increased in the next survey.

Prior to our inspection we reviewed other information sources of what patients experienced with the services provided. This included NHS Choices (a forum for patients to publicly provide their views about the practice and where the practice can respond to these views). We saw there had been six patient comments made about the practice in the last year. Five out of six of these were highly positive about their experience at the practice. One patient comment indicated they were not happy with the service received. The practice had responded to all these comments and encouraged patients to provide feedback directly to the practice.

We reviewed the National GP Patient Survey information taken from patients for the periods of January to March and July to September 2014. This is a national survey sent to patients by an independent company on behalf of NHS England. We saw 100 patients had completed the surveys from the 262 sent. We saw 84% of patients surveyed said their overall experience of the practice was good. There were 30% of patients who said they saw their preferred GP with 92% of patients stating they trusted and had the confidence in the last GP they spoke with.

Outstanding practice

- The practice had invested in a DEXA scanner to aid diagnosis of Osteoporosis and they provide a free assessment for its own patients and a private service for those from other practices. This provided a much faster access to diagnosis for local patients and reduced the need for those patients to attend hospital. In the last year the practice had provided a total of 213 individual patient scans and resulted in improved treatment outcomes for those patients.
- The practice had developed an integrated service provision with the Bristol Oncology Centre hospital staff to provide in house oncology treatment, a branch of medicine which deals with cancer, for their own patients and patients from other practices within the community. The service started in April 2014 and they have the facilities to see up to 20 patients per day. The Oncology unit has provided care to 336 patients since opening and out of these approximately two to four patients from the practice are seen daily.
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involved with this scheme and had helped to develop a number of guides to support other practices involved within the scheme. One of the GPs had produced 'shaping our future practice' and a number of other staff within the practice helped develop 'improving todays practice'. One of the GPs led on this and they told us the programme sought to provide better care through a structured whole practice approach. (Both modules are still available on the NHS Institute of Innovation and improvement website). So far the practice had achieved innovation and improvement by empowering members of the administration team in ways such as, dealing with safeguarding correspondence with the GP having the overall responsibility. They had also recruited a mental health nurse consultant following a review of their patient needs. The practice wanted to further develop this and they were planning on reviewing the patient pathway for musculoskeletal conditions and how they could improve a more effective patient focused service.

- Leaders motivated staff to succeed. There was a staff recognition award held twice a year for three staffing areas; nursing, administration and reception. The recognised member of staff would have their picture taken and was celebrated in the patient newsletters. This was one instance of many that contributed to an extremely cohesive and motivated team.
- The practice had recently developed a carers group in September 2014 working with the carers association to ensure patients received the most up to date support and guidance. The practice arranged with the carers association to see carers (may not necessarily be registered patients of the practice) once a week at the practice. The practice made the room freely available as they recognised the benefits of this contact to the carers of their patients. The carers association worked with the practice to deliver a carers awareness evening in September 2014 to provide additional support to patients.

Concord Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team also included specialist advisors a GP and an inspection manager.

Background to Concord Medical Centre

We inspected the location of Concord Medical Centre, Brayden Avenue, Little Stoke, Bristol, BS34 6BQ, where all registered regulated activities were carried out.

The practice serves approximately 14,000 patients and sees patients who live in Little Stoke, Bradley Stoke, Charlton Hayes, Patchway, Stoke Gifford and Filton within the South Gloucestershire area. The national general practice profile shows the practice has a higher than average to England population of patients aged between the ages of 25 and 34 years old. They are also below the national and local average for 75 years and older. The practice population was identified as being one of the lowest deprived than the National average resulting in patients having less support needs from the practice.

Additional services are provided from the practice premises including ear, nose and throat audiology service, DEXA scanning (this aids the diagnosis of Osteoporosis) and dermatology. Patients can also access an acupuncturist, chiropractor and a foot health service privately within the practice.

There are six GP partners and seven salaried GPs; five male and eight female. Each week collectively the GPs work the equivalent of approximately 10 full time GPs.

The practice has been registered as a GP teaching and training practice for six years. There are three GP trainers. The practice provides training opportunities to both medical students during each year of university and for doctors seeking to become qualified GPs.

The practice has also employed a mental health nurse consultant to oversee patients with mental health conditions to provide assessment, monitoring and treatment to those who needed it.

There are eight female members of the nursing team which include one nurse coordinator, three practice nurses and one physician's assistant, two health care assistants and a phlebotomist.

The practice had a Personal Medical Services contract with NHS England. Their core opening hours were 8:00am to 6:30pm to enable patients to contact them between these times. The practice referred their patients to Brisdoc for out-of-hours services to deal with urgent needs when the practice was closed.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We also inspected the service to check on compliance of a breach of regulation 13 management of medicines following a previous inspection carried out in August 2014.

Detailed findings

How we carried out this inspection

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 patient'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:

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. Prior to the previous inspection in August we had spoken with the South Gloucestershire Clinical Commissioning Group, NHS England local area team and local area Healthwatch. We carried out an announced visit on the 23 January 2015. During our visit we spoke with 12 staff including the three GP's, the practice manager, the mental health nurse consultant, a nurse co-ordinator, two practice nurses, one health care assistant, a patient co-ordinator and two administration staff.

Good

Are services safe?

Our findings

Safe track record

The practice used a range of information to identify risks and improve patient safety. For example, they reported incidents and reviewed patient safety alerts as well as reviewed and learnt from comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses. Incidents were assessed by the lead GP who graded the level of risk and decided if they should be reviewed as significant events. For example, a letter had been allocated to the wrong patient and so treatment for the patient was slightly delayed. Investigations carried out found that staff were unclear about letter processing processes. Learning identified that staff involved as requiring additional training. The correct patient was seen by the GP and correct notes were attached to their file.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. We saw 21 significant events had occurred during 2014. Significant events were discussed with relevant members of staff, usually during weekly clinical meetings. There was evidence the practice had learned from the events and the findings were shared with staff. Staff, including receptionists, administrators and nursing staff, knew how to raise an issue for consideration at the meetings and they felt encouraged to do so.

Staff could access incident forms via the practice intranet or hard copy forms were available and completed forms were sent to the practice manager. They showed us the system used to manage and monitor incidents. We saw incidents were logged and evidence of action taken as a result.

National patient safety alerts, such as from the Medicines and Healthcare Products Regulatory Agency (MHRA) were disseminated by the lead GP or nurse to relevant practice staff. Staff we spoke with were able to give examples of recent alerts that were relevant to the care they were responsible for. They also told us alerts were discussed at clinical meetings, where necessary, to ensure all staff were aware of any that were relevant to the practice and where they needed to take action. For example, prescribing protocols were revised when new guidance was produced for antibiotic use for patients with renal impairment.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. We read training records which showed that all staff had received relevant role specific training for safeguarding children and adults. We asked members of medical, nursing and administrative staff about their most recent training. Staff explained to us how they would recognise signs of abuse in vulnerable adults and children. They were aware of their responsibilities of sharing information, properly record documentation of safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours.

The practice had appointed a dedicated GP to lead in safeguarding vulnerable adults and children. All GPs had been trained to level three in child protection. All staff we spoke with were aware who the lead was and who to speak with in the practice if they had a safeguarding concern. The lead GP attended quarterly safeguarding meetings for GP leads and shared learning of what was discussed with the other relevant staff.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information to make staff aware of any relevant issues when patients attended appointments. For example, a child who was on the child protection register.

We saw evidence of the practice advertising the use of a chaperone if a patient wanted one. There was a chaperone policy, which was visible on the waiting room noticeboard and in consulting rooms. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). Nursing staff, including health care assistants and receptionists had been shown how to be a chaperone by a GP and had their criminal background checked by the practice.

Medicines management

We last inspected this practice in August 2014. At that time we reported that the practice must ensure controlled drugs were held securely, accounted for when used and disposed

of in line with national guidance. We also reported that the practice must ensure other medicines were held securely. Following the inspection the provider sent us an action plan detailing the action they had taken to rectify this. At this inspection we found that there were clear systems in place to manage medicines and no concerns were found by us.

The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by the practice staff. For example, controlled drugs were stored in a specific controlled drugs cupboard in a locked room. Access to them was restricted and the keys were held securely. There were secure arrangements in place for the destruction of controlled drugs.

Practice staff undertook regular audits of controlled drug prescribing to look for unusual products, quantities, dose, formulations and strength. Staff were aware of how to raise concerns around controlled drugs with the controlled drugs accountable officer in their area.

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a policy and procedure for checking medicines to make sure they were kept at the required temperatures.

Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Medicines to be used in emergencies were available. We saw records which showed they were regularly checked by one of the practice nurses to ensure they were within accounted for and safe to use.

The practice had a 'GP's bag' containing medicines for use during home visits. Systems were in place to ensure these medicines were checked and in date.

There was a protocol for repeat prescribing which was in line with national guidance and was followed in practice. For example, ensuring a GP was consulted where medicines had been prescribed the same medicine the maximum number of times stated. This helped to ensure that patients' repeat prescriptions were still appropriate and necessary.

Patients were able to order repeat prescriptions using a variety of ways. This included visiting the practice, or ordering by telephone, on-line and by post. The practice website provided patients with helpful advice about ordering repeat prescriptions. All prescriptions were reviewed and signed by a GP before they were given to the patient. We saw records of blank prescription form serial numbers were made on receipt into the practice and when the forms were issued to GPs.

Cleanliness and infection control

We observed all areas of the practice to be visibly clean, tidy and well maintained. We saw there were cleaning schedules in place and cleaning records were kept. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

All of the staff we spoke with about infection control said they knew how to access the practice's infection control policies. Infection control training was provided for staff. The practice had a lead for infection control who had undertaken further training to enable them to provide advice about the practice infection control policy and carry out staff training. We saw evidence that the lead had carried out audits in the last year and that any improvements identified for action were completed on time.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement measures to control infection. For example, personal protective equipment including disposable gloves, aprons and coverings were available for staff to use and staff were able to describe how they would use these to comply with the practice's infection control policy. Nurses and the senior health care assistant told us that personal protective equipment was available for use and were able to demonstrate a sound understanding of their responsibility in its use.

Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

The risk of the spread of infection was reduced as all instruments used to examine or treat patients were single use. The treatment rooms had flooring that was impermeable, and easy to clean. Hand washing

instructions were also displayed in the treatment rooms by hand basins and there was a supply of liquid soap and paper hand towels. The privacy curtains in the consultation rooms were cleaned (or changed if they were the disposable type) every six months or more frequent if necessary. We saw the curtains were clearly labelled to show when they were due to be cleaned or replaced.

A needle stick injury policy was in place. This outlined what staff should do and who to contact if they suffered a needle stick injury. We saw there were arrangements in place for the safe disposal of clinical waste and sharps, such as needles and blades. We looked at some of the practice's clinical waste and sharps bins located in the consultation rooms. All of the clinical waste bins we saw had the appropriately coloured bin liners in place and all of the sharps bins we saw had been signed and dated as required.

Equipment

Staff we spoke with told us they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. We were told and we saw equipment records which confirmed all equipment was tested and calibrated regularly. We saw fire extinguishers, blood pressure monitors, electrocardiogram (ECG) and weighing scales had been recently tested and the weighing scales were due to be checked in the week we inspected. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date.

Staffing and recruitment

We read one recruitment file from a recently recruited member of staff which contained evidence of appropriate recruitment checks that had been undertaken prior to employment. For example, proof of identification, references, employment history and qualifications. Criminal records checks were carried out through the Disclosure and Barring Service (DBS) for staff who had a direct contact with patients including chaperones. The practice had a recruitment policy which had been last reviewed in July 2012 and was due for review in 2015. The policy set out the standards it followed when recruiting clinical and non-clinical staff.

Staff told us about the arrangements for planning and monitoring the number of staff on duty and the skill mix of staff needed to meet patients' needs. We saw there was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. There was also an arrangement in place for members of staff, including nursing and administrative staff, to cover each other's annual leave. Newly appointed staff had this expectation written in their contracts.

Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe. The practice manager showed us records to demonstrate actual staffing levels and skill mix were in line with planned staffing requirements.

Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included annual and monthly checks of the building, the environment, staffing and equipment. Health and safety information was displayed for staff to see and there were identified health and safety representatives.

The practice had carried out a fire risk assessment including actions required to maintain fire safety. We saw recommendations had been completed.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Staff told us they felt confident to deal with a medical emergency and had received basic life support training in the last year. We saw the practice had emergency equipment available including access to oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). When we asked members of staff, they all knew the location of this equipment. We saw checks were in place to ensure oxygen and the defibrillator was checked regularly to ensure it was in working order.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Risks identified included power failure, adverse weather, unplanned sickness and access to the building. The business continuity plan also contained relevant contact details for staff to refer to. For example, contact details of a heating company to contact if the heating system failed.

Outstanding ☆

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. The practice held regular discussions with other health professionals coordinating and agreeing patient care plans. The staff we spoke with and the evidence we reviewed confirmed that these actions were designed to ensure that each patient received support to achieve the best health outcome for them.

The practice was undertaking an enhanced service to reduce unnecessary emergency admissions to hospital. (GP practices can opt to provide additional services known as enhanced services that are not part of the normal GP contract. By providing these services, GPs can help to reduce the impact on secondary care and expand the range of services to meet local need and improve convenience and choice for patients). The focus of this enhanced service was to optimise coordinated care for the most vulnerable patients to best manage them at home. These patient groups included vulnerable, older patients, patients needing end of life care and patients who were at risk of unplanned admission to hospital. We found that the practice had identified patients those most at risk and we saw evidence of personalised care plans detailing the support provided. This allowed the practice to proactively assess the needs of their at risk patients with the aim of developing better management strategies. The care plans were reviewed regularly to ensure changes to patients needs were incorporated.

Vulnerable patients with long term conditions were regularly reviewed. Patients over 75 years old had a named accountable GP and were started on a care plan to enable increased monitoring and follow up care.

Specialist clinics were in place to review patients with long term conditions this included for example, a diabetes clinic with a GP and the practice nurse. One of the aims of the clinic was to give patients living with diabetes the information needed to manage their condition. Routine checks associated with diabetes care were undertaken and where diagnosis indicated, referrals for dietary services and annual eye screening were made.

Chronic disease clinics were available with the nurse and GP for conditions such as asthma, chronic obstructive pulmonary disease (COPD) and stroke. Patients were asked to attend for a check-up via letter or telephone call.

Patients who were receiving end of life care had a named GP and there were arrangements to share information with out of hour's services for when the practice was closed to ensure continuity of treatment. Meetings were held with the palliative care teams to ensure coordinate care that respected patient's needs and wishes.

Patients with a learning disability and patients with a mental health needs had care plans in place to ensure their needs were assessed and care was planned to ensure the best outcomes for patients.

There were processes for making referrals to specialist or investigative services. The practice ensured all test results received into the practice were reviewed on the day they were received. Nursing staff confirmed that urgent referrals were completed on the same day and others within a 48 hour window.

We saw no evidence of discrimination when making care and treatment decisions and the practice operated a daily peer review of all referrals. Interviews with GPs informed us the culture in the practice was that patients were referred based on need and age, sex and race was not taken into account in this decision-making.

The safe use of innovative and pioneering approaches to care and how it is delivered were actively encouraged. The practice had taken part in the Productive General Practice scheme since 2011 and had continued to use it in developing its practice. This had changed practice in many areas including the recruitment of a full-time mental health nurse consultant. They reviewed attendances for specific patient groups and found mental health had high attendance. GPs were concerned they could not give these patients the time in their 10 minute slot and after retirement of a GP, they decided to recruit a mental health nurse consultant. This had proved to be successful and the mental health nurse consultant had improved faster patient access for mental health treatment and reduced patient referrals to secondary care by 85%. They had reduced GP workload as they saw 40 patients and produced 20 prescriptions per week. This would have otherwise been part of the GPs workload and GPs now report less pressurised surgeries. The mental health nurse

consultant also had an important role in working closely with health visitors and GPs to help prevent families from reaching crisis point and needing intervention. Patient feedback was positive and had attracted more patients to register at the practice.

Management, monitoring and improving outcomes for people

The practice had a system in place for completing clinical audit cycles. The practice showed us six clinical audits that had been completed in the last year. Following each clinical audit, changes to treatment or care were made where needed and the audit was repeated to ensure outcomes for patients had improved. For example, a diabetes audit was carried out in April 2013 to determine patients with an acceptable level of diabetic control and whether they had received an influenza immunisation. It was found they were meeting the standard set at 90% and wanted to improve this. They reviewed their protocol and local guidelines and shared this with the team. A further audit was completed in April 2014 which found an increase to 93% for patients in an acceptable level of diabetic control and 99% had received an influenza immunisation. The practice had a plan in place to carry out further audits in 2015 and to repeat audits, where necessary. They had also completed an audit in July 2014 for patients with coeliac disease after referring to guidance from the coeliac society. The first audit showed 50.8% of patients with coeliac disease had received a recommended immunisation. All patients who had not received this immunisation were written to and invited to attend the practice. The practice planned on carrying out a further audit in July 2015 to identify if improvements had been made.

The GPs told us clinical audits were often linked to medicines management information, safety alerts or as a result of information from the Quality and Outcomes Framework (QOF). (QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for effectively managing some of the most common long-term conditions and for the implementation of preventative measures). For example, following a National Institute for Health and Care Excellence regarding dietary and lifestyle advice for patients with cardiovascular disease. The aim of the audit was to ensure that all patients were advised of the latest guidelines. The first audit completed at the start of June 2014 demonstrated not all patients were advised of these guidelines. After the audit was completed the new guidelines were sent to all GPs and the audit was completed again at the end of June 2014. The audit found GPs had increased the advice provided to their patients following the change of approach implemented by the practice.

The practice also used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. We saw the practice had higher than England and South Gloucestershire Clinical Commissioning Group (CCG) average for achieving 97.8% QOF outcome points with an exception rate of 7.6%. For example, 85.1% of patients with diabetes had received an eye check and 84.6% had received a foot check, which was above national and CCG average. The practice was above national and local CCG average with 90.7% for patients who smoked who were offered support and advice to give up smoking.

The team was making use of clinical audit tools, clinical supervision and staff meetings to assess the effectiveness of interventions made by clinical staff. Staff we spoke with discussed how, as a group, they reflected on the outcomes being achieved and areas where this could be improved. Staff spoke positively about the culture in the practice around audit and quality improvement.

There was a protocol for repeat prescribing which was in line with national guidance. In line with this, staff regularly checked that patients receiving repeat prescriptions had been reviewed by the GP. They also checked that all routine health checks were completed for long-term conditions such as diabetes and that the latest prescribing guidance was being used. The IT system flagged up relevant medicines alerts when the GP was prescribing medicines. We saw evidence to confirm that, after receiving an alert, the GPs had reviewed the use of the medicine in question. Where they continued to prescribe it, they outlined the reason why they decided this was necessary. The evidence we saw confirmed that the GPs had oversight and a good understanding of best treatment for each patient's needs.

Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. Staff received training in mandatory courses, such as fire safety, manual handling, health and safety, infection control and equality and diversity through an online virtual college. The continuing development of staff skills and competence was recognised as integral to ensuring high quality care. Role specific training was

provided. The practice nurses had been trained to administer vaccines and had attended updates on cervical screening. Nursing staff had attended training courses about respiratory diseases and diabetes in order to maintain and increase their skills and knowledge in those areas. One of the nurses also told us about the diploma they had achieved in asthma and the benefits this had produced for patients. For example, in the promotion of self-care of patients. Staff were proactively supported to acquire new skills and share best practice. Staff told us they had sufficient access to training and were able to request further training where relevant to their roles. Staff spoke with a sense of pride and told us Concord Medical Centre was a good place to work.

We noted a good skill mix amongst the GPs. They had specialism areas in obstetrics, gynaecology, child health, mental health, minor surgery and dermatology. All GPs we spoke with told us they were up to date with their yearly continuing professional development requirements and all either have been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

All staff undertook annual appraisals which identified learning needs from which action plans were documented. Our interviews with staff confirmed that the practice was proactive in providing training and funding for relevant courses. For example, a number of health care assistants had requested further training in spirometry (used to monitor and assist diagnosis in lung conditions.) The practice had encouraged and arranged this and the health care assistant had developed her role to include spirometry testing. The practice had developed a member of staff from a receptionist to a phlebotomist and to a health care assistant with an extended role in smoking cessation.

Working with colleagues and other services

The practice worked with other service providers to meet patient's needs and manage those of patients with complex needs. They received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service both electronically and by post. Staff were aware of their responsibilities in passing on, reading and acting on any issues arising from communications with other care providers on the day they were received. The GPs reviewed this information and results daily and were responsible for the action required. All staff we spoke with understood their roles and felt the system in place worked well.

Discussions with staff showed the practice worked in partnership with other health and social care providers such as social services, local mental health teams and district nursing services to meet patients' needs in an effective way. The practice held monthly multi-disciplinary meetings and would invite district nurses, emergency care practitioners, the intermediate rehabilitation care and support team, adult social services and palliative care nurses.

Monthly child protection meetings were held with health visitors, school nurses and midwives. The practice mental health consultant also attended so they could be involved to help prevent or mitigate the risk of a situation deteriorating and sharing information of relevance with those who were appropriate.

The practice employed a patient care co-ordinator who contacted five patients after they had used the out of hours service. They gained feedback of their experience and provided guidance about which health services could be used for the problems they may be experiencing. The practice aim was to educate patients so they did not need to use urgent care or emergency services inappropriately for routine health issues.

Information sharing

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local GP out-of-hours provider to enable patient data to be shared in a secure and timely manner. Electronic systems were also in place for making referrals, and the practice made referrals through the Choose and Book system. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital). Staff reported this system was easy to use and assisted patients, when requested, to help book their appointments using the system.

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record in the patient record system to coordinate, document and manage patients' care. All staff were fully trained in the use of the system, and commented positively

about the system's safety and ease of use. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

Consent to care and treatment

We found staff were aware of the Mental Capacity Act 2005 and their duties in fulfilling them. All the GPs we spoke with understood the key parts of the legislation and were able to describe how they implemented them in their practice. When interviewed, staff gave examples of how a patient's best interests were taken into account if a patient did not have capacity to make a decision. For example, a patient who was deemed not be safe in where they were residing was declining to move. A capacity assessment was made involving people the patient knew best and a best interest meeting was held with other health professionals including, a consultant psychiatrist and adult social care to enable a decision to be made in their best interest.

There were patients registered at the practice who lived in a small care home locally for people with a diagnosed learning disability. We were informed that patients from the home would be accompanied by a carer for appointments. Staff addressed their questions to the patients and ensured they understood what was discussed and understood their treatment clearly in order that patients were able to understand and be part of the decision making process.

All GPs and nursing staff we spoke with were aware of the Gillick competency test. Gillick competence is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

Health promotion and prevention

We noted a culture among the GPs to use their contact with patients to help maintain or improve mental, physical health and wellbeing. The practice had also identified the smoking status of 81.4% of patients over the age of 15 and 90.7% of these patients had been actively offered nurse-led smoking cessation clinics, which was below and above, respectively, South Gloucestershire CCG and England average. Patients wishing to give up smoking were offered a 12 week programme with an advisor for smoking cessation.

The practice had numerous ways of identifying patients who needed additional support, and it was pro-active in offering additional help. For example, the practice kept a register of all patients with a learning disability. All 34 patients with a diagnosed learning disability were offered an annual physical health check. We saw from QOF that in the previous year April 2013 to March 2014, 60% of patients had received an annual health check and there were 40% of exceptions, the attendance rate was above CCG and national average.

It was practice policy to offer a health check with the health care assistant to all new patients registering with the practice and for existing patients aged between 40 and 74 years old. The GP was informed of all health concerns detected and these were followed up in a timely way. One of the healthcare assistants told us they felt the 40 to 74 year olds check had been beneficial to patients because they had identified previously unidentified areas of concern for some patients. They also carried out these checks during the extended hours appointments to assist the working population or those who were unable to attend during normal practice hours.

The practice's performance for cervical smear uptake was 79.4%, which was higher than England average. The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. Child immunisations performance from April 2013 to March 2014 showed all results were either above or average for the local CCG performance. We saw the uptake of flu vaccines was 77.8% from September 2013 to February 2014, which was slightly above England average.

The practice nurse told us diabetes, asthma and chronic obstructive pulmonary disease (COPD) had personalised care plans and were provided with appropriate supporting information. The practice supported patients to self-manage their health and provided advice and information on how to improve health and adopt healthy lifestyles.

A range of literature was accessible in the practice waiting room and on the practice website to support patients with health promotion and self-care. Health promotion and prevention was promoted through consultations. GPs and nurses sign-posted young patients to local sexual health services for further support and advice. They also provided advice and support for patients wishing to lose weight and often referred patients to local support groups.

Outstanding ☆

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national GP patient survey 2014 which surveyed 100 patients and a survey of 485 patients undertaken by the practice over 2013 to 2014. The evidence from these sources showed patients were satisfied with how they were treated and that they had been treated with compassion, dignity and respect. Data from the national GP patient survey showed the practice was rated above South Gloucestershire Clinical Commissioning Group (CCG) average as 84% of patients would recommend the practice to someone new. The practice was above the CCG average for its satisfaction scores for nurses involving patients during consultations at 90% and 92% of patients were highly satisfied with their confidence in the last GP they had seen.

On the day of our inspection we spoke with seven patients visiting the practice. All told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Patients spoke highly of the practice, the reception staff and the GPs. Patients described staff as caring, kind and respectful. We observed staff interaction with patients was respectful and friendly.

The consulting and treatment rooms were suitably equipped and laid out to protect patient privacy and dignity. We noted that consultation and treatment room doors were closed during consultations and conversations could not be heard through closed doors. Curtains were provided in consulting rooms and treatment rooms so patients' privacy and dignity was maintained during examinations, investigations and treatments. The practice reception area had a separate booth to increase patient confidentiality or if preferred patients could be spoken with in an empty room away from the reception desk which helped keep patient information private. We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private.

Staff told us that if they had any concerns, observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected, they would raise these with the practice manager.

Care planning and involvement in decisions about care and treatment

The GP national patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example, 83% of patients said they were good at listening to them and 82% felt the GP was good at explaining treatment and results. Patients were also satisfied with the care provided by the nursing staff. For example, 97% said the nurses were good at listening to them, 98% said the nurses gave them enough time and 98% had confidence and trust in the last nurse they had spoken with.

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

There was an electronic appointment check-in system in the GP practice which gave patients a range of languages to choose from when booking in for an appointment. Staff told us translation services were available for patients who did not have English as a first language. We heard examples of when GPs and nursing staff had used a translation telephone service in a consultation.

Patient/carer support to cope emotionally with care and treatment

The practice had recently developed a carers group in September 2014 working with the carers association to ensure patients received the most up to date support and guidance. The practice encouraged carers to register with them through flu vaccine days, 800 patients were seen over two days in September and October and every patient was asked if they were a carer. GPs also asked patients, where appropriate, if they were a carer. The local carers association worked with the practice and were advised of patients who could be contacted. The practice arranged with the carers association to use the practice facilities to see carers, some of whom may not necessarily be patients registered with the practice, once a week at the practice. The practice made the room freely available as they

Are services caring?

recognised the benefits of this contact to the carers of their patients. The carers association had previously worked with the practice to deliver a carers awareness evening in September 2014 for patients.

Patients' emotional needs were seen as important as their physical needs. If the practice know when a patient suffers a bereavement the practice will send a condolence card to them. The named GP will make contact with the patient if needed to offer their condolences and establish if any additional support was needed. The practice planned to start sending letters of their congratulations and information about what to expect next from the practice to mothers following childbirth starting in February 2015.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to patient's needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered.

The NHS England local area team and South Gloucestershire Clinical Commissioning Group (CCG) told us the practice engaged regularly with them and other practices to discuss local needs and service improvements that needed to be prioritised.

The involvement of other organisations and the local community was integral to how services were planned and ensured services met patient's needs and others in the community. The practice had developed an integrated service provision with the Bristol Oncology Centre hospital staff to provide in-house oncology treatment, a branch of medicine which deals with cancer, for their own patients and patients from other practices within the community. The service started in the summer in 2014 and they have the facilities to see up to 20 patients per day. The treatment provided at the oncology centre includes; chemotherapy, osteoporosis infusion treatment, biological monoclonal antibodies, blood tests, picc line care, electrolyte replacement, venesections for polycythaemia and immunoglobulin infusions. Patients were seen in the upgraded treatment suite and were able to use the community garden, specially made for oncology patients in support of their emotional wellbeing. A local garden centre had donated plants for the community garden.

There were innovative approaches to providing person-centred pathways of care that involved other service providers, particularly for patients with multiple and complex needs. The practice had invested in a DEXA scanner, which aids diagnosis of Osteoporosis, to provide a free assessment for its own patients and a private service for those from other practices. This provided a much faster access to diagnosis for local patients and reduced the need for those patients to attend hospital. In the last year the practice had provided a total of 213 individual patient scans and resulted in improved treatment outcomes for those patients. This included scanning for 136 patients for the local hospital which helped reduce patient waiting times to be seen in hospital, 24 of their own patients, 20 patients through a network of local practices and 33 private scans.

The practice provided another additional service called Dermatoscopy (this helps to identify benign lesions as part of the early diagnosis of skin cancers which could help to reduce referrals to hospital). This service provides a faster access to accurate diagnosis for patients; it also promotes greater awareness of skin cancer amongst the GPs carrying out the procedure and has reduced unnecessary hospital referrals. In the last year the practice had completed 73 procedures and each case was reviewed and there were no unwarranted referrals to hospital which had resulted in improved care for patients. A further three GPs have been trained in the procedure since our last inspection in August 2014.

The practice provided an ear, nose and throat (ENT) service to its patients and the public. This included treatments such as aural suction (ear wax and other debris removal technique which allowed treatment for patients who cannot have their ear syringed in the usual way). This provided faster access to receiving local treatment and reduced the need for those patients to attend hospital. In the last year the practice had completed 277 procedures for 227 patients. This had reduced hospital attendance by approximately 89% and improved care for patients with chronic ear problems. They carried out video otoscopy (ability to view and take pictures of outer ear, eardrum and ear canal), a facility which enabled direct patient feedback through access to the images taken.

The practice was proactive to understanding the needs of different groups of patients. For example, the patient coordinator and one of the GPs had sent a falls assessment questionnaire to 316 patients who were at risk of falls. The GP planned to arrange groups fall prevention clinics or arrange one to one appointments with patients identified as being at risk to provide guidance and advice on preventing falls.

The practice had implemented suggestions for improvements and made changes to the way it delivered services in response to feedback from patient survey results. The practice had agreed to sound proof the booth in the reception area to increase patient confidentiality whilst at the reception desk. Also, following patient feedback the practice had identified telephone access

Are services responsive to people's needs?

(for example, to feedback?)

needing improving. They reviewed the reception team and layout. The main problem was for patients getting through to the practice in the morning. They now had all administration staff answering telephones in the morning during busy periods and then reduced staffing levels as the telephone calls reduced. This was monitored continuously by the patient care co-ordinator and other trained staff who would increase or decrease staff answering calls depending on the need.

Tackling inequity and promoting equality

The premises and services had been adapted to meet the needs of patient with disabilities. We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients attending the practice including baby changing facilities.

We read from the national general practice profile that the practice had a population of approximately 4% Asian and 1.6% Chinese minority ethnic group patients. The practice could cater for other languages through using translation services. The practice had access to telephone translation services and we heard of examples where translation lines had been used to assist patients who were unable to speak English.

The practice had trained two members of staff in British Sign Language to enable them to assist and support patients who use this language. The practice also had a hearing loop installed for patients who were hard of hearing to increase their access to the practice.

The practice actively supported patients who had been on long-term sick leave to return to work by GPs supporting them through discussions about their health and a phased return to work.

Access to the service

The practice was open from 8:00am to 6:30pm to enable patients to contact them and appointments were available from 8:30am to 6:00pm from Monday to Friday. The practice offered extended hours to patients on Monday evenings from 6:00pm to 7:30pm, 7:30am to 8:30am on Wednesday and Thursday mornings and alternate Saturday mornings from 8:45am to 11:45am.

The practice had a triage system for patients wishing to make an appointment; a team of staff would answer patient calls and a duty GP would be available every day within the call handling area to answer any patient queries.

Appointment system information was available to patients on the practice website. This included how to arrange urgent appointments and home visits and how to book appointments through the website. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information about the out-of-hours service details were provided through the practice website.

Longer appointments and home visits were available for patients who needed them. This also included appointments with a named GP or nurse.

Patients told us they were very satisfied with the appointments system. They confirmed they could see a GP on the same day if they needed to. We spoke with patients who had visited the practice on the day of our inspection. One patient was a mother concerned about the health of her baby and another patient who had concerns about their mental health. This showed us patients in urgent need of treatment had been able to make appointments on the same day of contacting the practice.

The practice was sensitive to people with poor mental health. They offered them greater flexibility regarding access to and duration of appointments, including offering them appointments at the end of morning surgery or during quieter times. The practice felt this was well received by patients, providing individualised care in a quiet and supportive environment. This was intended to reduce potential stress for the patient and reassure them they would be treated without fear or prejudice.

The national GP patient survey provided us with further patient feedback on appointments. We saw 96% of patients said they were very satisfied with the ability to get a convenient appointment and were higher than local CCG area with 74% of patients saying they did not have to wait longer than 15 minutes for their appointment. The practice lowest satisfaction score was where 61% of patients

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

responding to the survey said they found it difficult to get through to the practice on the phone, as previously described the practice have since taken action to improve this for patients.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The policy also included details for the patient to contact advocacy services, if they wanted additional support. There was a designated responsible person who handled all complaints in the practice.

We saw information was available to help patients understand the complaints system in the practice complaints leaflet, which was available within the reception area. Information about how to and who to complain to was detailed in full on the practice website. Patients we spoke with were generally aware of the process to follow if they wished to make a complaint.

We saw records of six complaints which had been received from January 2014 to December 2014. We found complaints were around a number of areas, such as appointments and care received by patients and there were no apparent themes found. Complaints were routinely discussed at monthly GP communication meetings. Where complaints constituted a significant event these were shared in significant event meetings. All learning from complaints was disseminated to appropriate staff after it had been investigated.

Are services well-led?

Outstanding ☆

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

Our findings

Vision and strategy

The strategy and supporting objectives were stretching, challenging and innovative, while remaining achievable. The practice had a clear vision to deliver high quality care and promote good outcomes for patients. They were working towards being a national 'beacon' practice which was innovative, had a well-motivated team, providing high quality services, good patient engagement and a fit for purpose building. The GP partners and practice manger held regular business meetings every one to two weeks to discuss the business direction and drive the business forward. An annual general meeting was held every April for all staff to discuss the previous year's achievements and the plans for the year ahead.

We found details of the vision and practice values were part of the practice's strategy and business plan. The practice vision and values included, providing a high standard of medical care, be committed to our patient's needs, act with integrity and complete confidentiality, to improve patients choice through decision making and communication, to maintain a high quality of care through continuous learning and training and to continue to improve the services that we provide through monitoring and auditing. We saw throughout our inspection through observations and reviewing sources of evidence the management team and staff were actively engaged with the practice vision and values.

Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff on the desktop on any computer within the practice. The system recognised when staff members had read a policy or procedure to enable management to monitor staff awareness of key documents. We saw policies and procedures had been reviewed at their specific timescale and were up to date.

There was a clear leadership structure with named members of staff in lead roles. Each area of the practice had a GP lead and an admin lead. For example, there was a lead nurse for infection control and a GP partner was the lead for safeguarding. The practice also had lead roles for all clinical care areas, such as epilepsy, atrial fibrillation, mental health and palliative care. All call handlers and patient facing staff had knowledge of all GPs and their specific skills, such as dermatology, family planning, steroid injections. This awareness enabled them to allocate appointments or queries to the most appropriate GP. They had the same system for nursing staff. For example, the chart informed staff who could see patients for annual diabetes or asthma checks or for immunisations.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed their performance was consistently in line with national standards. They had achieved 97.8% completion in 2013/2014 with a 7.6% exception rate. The practice had an administrator and GP who led on QOF to ensure it was kept up to date and accurate. Areas for improvement were highlighted to the lead GP to review and discussed at monthly GP communication meetings.

The practice had an ongoing programme of clinical audits which it used to monitor quality and systems to identify where action should be taken. For example, the practice had completed audits for patients with cholesterol, diabetes, coeliac disease, leg ulcers, post-natal depression and deep vein thrombosis. The practice had a plan for audits to be completed in 2015.

Leadership, openness and transparency

Staff told us there was an open culture within the practice to raise concerns because staff felt supported and found the management team very approachable. All staff had the opportunity and were happy to raise issues at any time and could do this anonymously through a generic email.

The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies including the recruitment policies, which were in place to support staff. Staff could access all policies and procedures through the staff intranet.

Leaders had an inspiring shared purpose, constantly striving to deliver and motivate staff to succeed. The management team used feedback from annual staff appraisals to identify training needs of staff which would benefit the clinical aims of the practice and the patients who accessed the treatment and support.

We spoke with 12 members of staff and they were all clear about their own roles and responsibilities. The management team encouraged cooperative and supportive relationships amongst staff teams. Staff told us they felt well supported, valued and motivated and were proud of the practice as a place to work and spoke highly of

Are services well-led?

Outstanding ☆

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

the culture. They provided examples of how the practice strived to develop all staff to enhance their individual ability through training and increasing their skill base. For example, one member of staff supported the lead GP with safeguarding and was the initial person to review safeguarding correspondence. The practice had provided training to the individual and they had also completed level 2 training for child protection. They also attended safeguarding meetings held within the practice. There was a staff recognition award held twice a year for three staffing areas; nursing, administration and reception. The recognised member of staff would have their picture taken and was celebrated in the patient newsletters.

The practice has been registered as a GP teaching and training practice for six years. There were three GP trainers. The practice provides teaching and training opportunities to both medical students during each year of university and doctors seeking to become qualified GPs. Two of the GPs within the practice helped to develop a support guide for newly qualified GPs, called 'surviving as a new GP' which was published in July 2013 and all GPs are able to access this document through the Royal College of General Practitioners.

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

The practice had gathered feedback from patients through patient surveys and comment and complaints received. We read the results of the annual patient survey which had gained views from 485 patients over 2013/2014 and found 87% of patients rated the practice was either; good, very good or excellent. The results showed that out of 28 areas 19 of them were higher than the national average, the other nine areas were average nationally. The survey covered areas such as, satisfaction with opening hours, appointment times, ability for GPs to listen to patients and respect shown. Telephone access was one area they needed to improve on. They had taken action to address this by increasing the amount of staff answering the phones through the day and this was continuously monitored. They also had a duty GP within the call handling area to speak with patients and to answer any direct queries from staff.

The practice used innovative approaches to gather feedback from patients and the public. The practice had its own social media applications including Facebook and Twitter. They used these applications to update patients about health promotions, services provided or any changes to the practice. The practice also had a refreshment room onsite for patients to purchase hot or cold drinks and could wait in this room if they preferred. The practice also included health literature in this room for patients to review.

The practice had employed a patient care co-ordinator to be a link between patients and the practice. There were many aspects to their role including being a dementia friend. Arranging awareness evenings on specific topics for patients, such as carers awareness evenings. Future awareness evenings were planned for depression, chronic illness, respiratory and diabetes. They were involved in increasing patient satisfaction and gaining patient feedback. They were in the process of recruiting a virtual group, which currently had 72 members registered with the aim to have a total of 100 members before they started using the group for feedback. The average age of the practice population was 38 years old and after some research the practice felt a virtual group would be more a more beneficial way to provide a range of views from all population groups. In the meantime they carried out mini surveys of particular themes to identify patient views. For example, a recent telephone survey about facilities provided and access to appointments had been carried out. They had used this to help identify improvements with the reception layout and changes within the call handler team.

The practice had gathered feedback from staff through staff meetings, appraisals and discussions. 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 in the practice to improve outcomes for both themselves and patients.

The practice had a whistleblowing policy which was available to all staff in the staff handbook and electronically on any computer within the practice.

Management lead through learning and improvement

Staff told us the practice supported them to maintain their clinical professional development through training and mentoring. GPs and nursing staff attended regular meetings within the practice and educational meetings were held regularly to develop and share learning on key topics.

Are services well-led?

Outstanding ☆

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

The practice had completed reviews of significant events and other incidents and shared these with staff at meetings to ensure the practice improved outcomes for patients.

We saw many areas where the practice had led innovative service redesign; the use of the DEXA scanner, the ENT service, the use of Dermatoscopy, employing a mental health nurse consultant and integrated service with the Bristol Oncology Centre.

The practice had been accredited with the Royal College of General Practitioners quality practice award in 2008 and was awaiting reaccreditation in January 2015. This was awarded in recognition of how they continuously improved patient quality care and outcomes, and had demonstrated good practice and organisational and clinical excellence in their practice.

The practice was involved in a programme called 'Productive General Practice' supported by the NHS Institute of Innovation and Improvement. The practice had been very involved with this scheme and had helped to develop a number of guides to support other practices involved with the scheme. One of the GPs had produced 'shaping our future practice' and a number of other staff within the practice helped develop 'improving todays practice'. One of the GPs led on this and they told us the programme sought to provide better care through a structured whole practice approach. (Both modules are still available on the NHS Institute of Innovation and improvement website). So far the practice had achieved innovation and improvement by empowering members of the administration team in ways such as, dealing with safeguarding correspondence with the GP having the overall responsibility. They had also recruited a mental health nurse consultant following a review of their patient needs. The practice wanted to further develop this and they were planning on reviewing the patient pathway for musculoskeletal conditions and how they could improve a more effective patient focused service.

One of the GPs was the founder of the 'Quality Practice' which enables him to share expertise and passionate commitment to great patient care across a national network.

One of the GPs had also produced some minor ailment patient leaflets for the self-care forum, which is a national network involving the Department of Health, Royal College of General Practitioners and the Royal College of Nursing. These types of information were routinely shared amongst the clinical team of the practice and other local practices.

The practice was involved in research development in trials to help support best clinical practice. The practice only accepted trials that were offered to them through the local research network. They were about to participate in a trial that will examine the effect of longer and more involved consultations for patients with co-morbidities.

The practice was currently in process of supporting another practice which was struggling to stay open and had worked with the CCG to ensure the service was improved so patients could still receive primary care in their local area. Part of their ethos was to share what they had learnt with other practices to help them improve efficiency and productivity.