

The Armada Family Practice

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the Armada Family Practice on the 3 November 2015. Overall the practice is rated as good but the safe domain was rated as requires improvement.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Patients said there were urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvement are:

- Identify a clinical lead who can liaise with the local infection prevention teams to keep up to date with best practice.
- Review the policies and procedures so that relevant information is available and easily accessible for staff.
- Establish an overall management lead for the nursing team.

The areas where the provider must make improvement are:

Summary of findings

- Make sure personnel employed to carry on the regulated activity have the appropriate checks through the Disclosure and Barring Service and the practice holds the required specified information in respect of persons employed by the practice as listed in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services.

Requires improvement



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there are unintended or unexpected safety incidents, patients receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- The staff files we reviewed did not all have the required information and not everyone who needed one had a Disclosure and Barring Service (DBS) check.

Are services effective?

The practice is rated as good for providing effective services.

Good



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

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data showed that patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

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

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, through the One Care Consortium patients could access weekend reviews.
- The appointment system was kept under review so that patients had good access to GPs which promoted continuity of care; urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- It had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff understood the vision and their responsibilities in relation to this.
- There was a leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- It was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice could access a community based nurse specifically overseeing the care of older patients.
- The practice used the Rapid Assessment Clinic for Older people based at the local community hospital and funded a GP to attend four sessions in which to observe the consultant and then take the learning to the practice to share with colleagues.

Good



People with long term conditions

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

- Nursing staff had specialist training for management of chronic disease, such as diabetes, asthma and chronic obstructive pulmonary disease (COPD).
- The practice offered winter rescue packs to patients with Chronic Obstructive Pulmonary Disease and encouraged patient to self-manage.
- The percentage of patients with a diagnosis of diabetes, on the practice register, who have had influenza immunisation in the preceding 1 September to 31 March (01/04/2013 to 31/03/2014) was comparable to other Clinical Commissioning Group practices at 96.97% but higher than the national average of 93.46%.
- Longer appointments and home visits were available when needed.
- Patients with long term conditions had a named GP and a structured annual review to check that their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 25-64 whose notes record that a cervical screening test had been performed in the preceding year, based on data from the practice, was 79.01% which was comparable to other practices.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses. All vulnerable families had a named GP which provided continuity of care to the whole family.

Working age people (including those recently retired and students)

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

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

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- It offered longer appointments for patients with a learning disability.

Good



Summary of findings

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

People experiencing poor mental health (including people with dementia)

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

- 83.33% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the time period of (01/04/2013 to 31/03/2014).
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the months of (01/04/2013 to 31/03/2014) was 95.65% which was comparable to other practices 95.65% but higher than the national average of 86.04%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia, such as the dementia navigators.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations which included younger patients.
- They had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

We spoke with six patients visiting the practice and we received 13 comment cards from patients who visited the practice. We also looked at the practice's NHS Choices website to look at comments made by patients, some of which expressed a negative view of the practice. (NHS Choices is a website which provides information about NHS services and allows patients to make comments about the services they received). We also looked at data provided in the most recent NHS GP patient survey.

The patient survey data showed NHS England- GP Patient Survey published on 4 July 2015. There were 308 survey forms distributed for Armada Family Practice and 106 forms were returned which was 0.77% of the number of patients registered at the practice.

- 45.5% of respondents found it easy to get through to the practice by phone this was lower than the Clinical Commissioning Group average at 72.7% and the national average of 73.3%.
- 84.5% of respondents found the receptionists at this practice helpful this was lower than the Clinical Commissioning Group average at 88.5% and the national average of 86.8%.
- 54.7% of respondents with a preferred GP usually get to see or speak to that GP this was lower than the Clinical Commissioning Group average at 60.7% and the national average of 60%.
- 77.5% of respondents were able to get an appointment to see or speak to someone the last time they tried this was lower than the Clinical Commissioning Group average at 85% and the national average of 85.2%.
- 86.4% of respondents said the last appointment they got was convenient this was lower than the Clinical Commissioning Group average at 91.2% and the national average of 91.8%.
- 66% usually wait 15 minutes or less after their appointment time to be seen this was higher than the Clinical Commissioning Group average at 62.1% and the national average of 64.8%.

We also spoke to patients and the comments made by patients were very positive and praised the care and treatment they received. Patients had commented positively about being involved in the care and treatment provided, and feeling confident in their treatment. Any negative comments we received had a common theme of difficulty in accessing appointments and this was discussed with the provider.

The practice had also commenced their Friends and Family Test which was available in a paper format placed in the reception area and online. The September 2015 result from this was that 75% of the patients who responded stated they would recommend the practice and commented about the efficiency and professionalism of the practice, whilst 25% stated it was unlikely they would recommend the practice citing appointment access as an issue.

The practice had a patient participation group (PPG) gender and ethnicity of group was representative of the total practice patient population however younger patients were not well represented. The group was widely advertised and information about the group was available on the website and in the practice. From the PPG action plan the practice had managed the following issues :

- Changed the first early morning appointment to 8.40am to allow patients to access the practice when it opens at 8.30am.
- Consulted and involved in revamping the appointment system to offer the open access clinic and worked collaboratively with the practice to produce an information leaflet about the changes.
- Suggested changes to the waiting room so improve accessibility.
- Assisted with the flu clinics and distributed information leaflets to patients to promote self-care for minor illness and the minor ailments services offered at the onsite pharmacy.

Summary of findings

Areas for improvement

Action the service **MUST** take to improve

Make sure personnel employed to carry on the regulated activity have the appropriate checks through the Disclosure and Barring Service and they hold the required specified information in respect of persons employed by the practice as listed in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Action the service **SHOULD** take to improve

- Identify a clinical lead who can liaise with the local infection prevention teams to keep up to date with best practice.
- Review the policies and procedures so that relevant information is available and easily accessible for staff.
- Establish an overall management lead for the nursing team.

The Armada Family Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector; the team included a GP special advisor, a nurse special advisor and an expert by experience.

Background to The Armada Family Practice

Armada Family Practice is located in a suburban area of Bristol. They have approximately 13714 patients registered.

The practice operates from one location:

Whitchurch Health Centre

Armada Road

Whitchurch

Bristol

BS14 0SU

It is sited in a leased purpose built health centre which is shared with other healthcare providers. The consulting and treatment rooms for the practice are situated on the ground floor. The practice has twelve consulting rooms, one for each GP Partner and one allocated for any trainee GPs on placement. There are treatment rooms (for use by nurses, health care assistants and phlebotomists); reception and records room; and a waiting room area. There are additional facilities on the first floor which are used by community health team and additional services such as the retinal screening service. There is patient parking immediately outside the practice with spaces reserved for those with disabilities.

The practice is made up of five GP partners, six salaried GPs and two nurse practitioners. They commission through the Whitchurch Health Centre organisation the practice manager, two nurse practitioners, seven registered nurses, two healthcare assistants and a phlebotomist. The practice is supported by an administrative team consisting of medical secretaries, receptionists and administrators also commissioned through the Whitchurch Health Centre organisation. The practice is open from 8.30am until 6.30pm Monday to Friday for on the day urgent and pre-booked routine GP and nurse appointments. Extended opening hours are available for prebookable appointments until 7.30pm on three evenings per week. Patients with a new and urgent medical problem can be seen by a doctor or nurse practitioner during the Daily Open Clinic which is held every morning. Patients are allocated to the next available clinician in strict order however emergencies will be dealt with as priority. The practice has a telephone 'Advice Line' when GPs and nurse practitioners provide telephone advice on the same working day.

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

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

Patient Age Distribution

0-4 years old: 6.99% (higher than the national average)

5-14 years old: 10.71% (higher than the national average)

15-44 years old: 37.6%

Detailed findings

45-64 years old: 26.55%

65-74 years old: 9.6% (higher than the national average)

75-84 years old: 5.75% (higher than the national average)

85+ years old: 2.8% (higher than the national average)

Patient Gender Distribution

Male patients: 49.23 %

Female patients: 50.77 %

Other Population Demographics

% of Patients in a Residential Home: 0.75 % (equating to 94 patients which is higher than the national average)

% of Patients on Disability Living Allowance: 5.62 % (higher than the national average)

% of Patients from BME populations: 0.91 %

Practice List Demographics / Deprivation

Index of Multiple Deprivation 2010 (IMD): 20.46

Income Deprivation Affecting Children (IDACI): 0.19 – the practice has a high number of children living in poverty at 39% which is higher than the South Bristol average at 37% and the Bristol average of 24%.

Income Deprivation Affecting Older People (IDAOPI): 0.17

Living in relative poverty means that families tend to make lifestyle choices that are less healthy than those made by more affluent families. The impact for the practice was that they have a ratio of 7.7 appointments per patient per year which is above the national average of 5.3. The practice has a higher than average number of patients over 75 years but higher than average life expectancy compared to the rest of England, and high numbers of patients living with long term conditions.

We found under the CQC (Registration) Regulations 2009 that the provider has not deregistered the registered manager who has left the organisation. The practice have submitted an application to register a new manager.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme under Section 60 of

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

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 3 November 2015. During our visit we:

- Spoke with a range of staff such as GP, nurses, reception, practice manager and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.
- We also spoke with the community nurse team leader, a substance misuse counsellor and the pharmacist who ran the onsite pharmacy.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)

Detailed findings

- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

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

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve patient safety in the practice. One example illustrated a delay in death certification which had caused distress to the family and directly resulted in a change of practice protocol. We found that safeguarding incidents and cancer diagnosis were included in the review of practice safety and scenarios and case presentations were discussed and clinicians learnt from each other. All significant events were reviewed by the team when they happened and revisited at a six monthly review meeting which ensured any actions and learning from events had been completed. We saw an example of an incident which had occurred with a patient in their end of life care where there was learning for the practice and a care home who had ineffectual policies for caring for patients where medicine was administered through a syringe driver.

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding

meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3 for children.

- A notice in the waiting room advised patients that nurses would act as chaperones, if required. We found staff who acted as chaperones had not had a disclosure and barring check (DBS check) although they were trained for the role. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice manager had risk assessed all the staff who acted as a chaperone and made a decision based on this who required a DBS check. We discussed the latest guidance whereby all staff acting as chaperones required a check and the practice manager stated to us that staff without a DBS check would no longer be used as chaperones.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy apart from dust on high ledges. There were regular audits of the cleanliness of the practice. There was no designated lead to be accountable for infection control, the annual audit for the practice was completed by an external agency and we saw evidence that action was taken to address any improvements identified as a result. We found a hand hygiene audit had been undertaken and observed good practice by the nurse team to prevent cross contamination. There was an infection control protocol in place and staff could access online training
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). No controlled medicines were held by the practice and the GPs did not routinely take medicines on home visits. The practice followed the Clinical Commissioning Group (CCG) shared care protocols for monitoring high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patients who required a Drug

Are services safe?

Misuse instalment prescription (blue script) were seen by the lead GP for substance misuse which promoted continuity of care. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccines. Medicine alerts were received by the practice manager and disseminated to the prescribing clinicians.

- We reviewed five personnel files and found evidence that a range of recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, and registration with the appropriate professional body. However, the files we reviewed did not all have the complete information in one place, and not everyone had the appropriate checks through the Disclosure and Barring Service. We were not assured that the information held for each member of staff met that listed in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.
- The practice used the electronic record system to identify patient risk for example, to ensure certain patients were booked with a GP familiar with their medical history.
- The practice used a risk stratification tool to identify the top 2% at risk patients for whom they had a written plan of care.

Arrangements to deal with emergencies and major incidents

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

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. For example, one GP took the lead for disseminating the latest guidance throughout the practice and we saw guidance had been used to produce the Chronic Obstructive Pulmonary Disease self-care guidance for patients.
- The practice monitored that these guidelines were followed through audits. We saw this in action in an audit for monitoring renal function in patients prescribed new oral anticoagulant medicines. The outcome from this audit was that 13 patients had a change in their dosage of prescribed medicine.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 95.7% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013-14 showed;

- Performance for diabetes related indicators was 86.8% lower than other practices within the Clinical Commissioning Group at 92.1% and national average at 90.1%; however within this target the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2013 to 31/03/2014) was 90.7% and the national average was 88.35%.

- We found the percentage of patients with hypertension having regular blood pressure tests was comparable to other practices within the Clinical Commissioning Group at 81.99% and slightly lower than the national average of 83.11%.
- Performance for mental health related indicators at 92.9% was higher than the Clinical Commissioning Group average at 89.6% and exceeded the national averages at 90.5%.
- All the dementia indicators had been achieved which above the Clinical Commissioning Group achievement which were 96.2% and the national average of 93.4%.

Clinical audits demonstrated quality improvement.

- There had been seven clinical audits completed in the last two years, three of these were completed audits where the improvement identified were implemented. The remainder were ongoing and used to monitor treatment.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.

Findings were used by the practice to improve services. For example, recent action taken as a result of auditing patients with diabetes was that the prescribing of newer medicines for type 2 diabetes at the practice was found to be in accordance with National Institute for Health and Care Excellence (NICE) criteria. The audit also showed that the practice nurses needed the support of diabetes Specialist Nurse for insulin conversions and optimum dual and triple therapy combinations. The action taken by the practice was to employ a specialist diabetes nurse to see complex patients and undertake home visits. They had also made a successful bid for inclusion on to the "Integrated Model of Care for Diabetes Pilot" being commissioned by the South West Commissioning Support unit.

Effective staffing

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

- The practice had a general induction programme for newly appointed non-clinical members of staff that

Are services effective?

(for example, treatment is effective)

covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. The practice also had a specific locum GP pack containing practice and local information.

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccines and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- The practice had recently increased the number of nurse hours available and had seen a reduction by 7.43% in patients' attendances at the local urgent care centre. (Taken from the Bristol Community Health Urgent Care Centre Performance Report December 2014- March 2015) and a 5.1% decrease in Accident and Emergency attendances compared to 2014 (taken from the Bristol Clinical Commissioning Group Intelligence for 2015 April to July 2015).

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets was also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. Referrals were discussed informally at the daily GPs meeting where if needed

referrals are prioritised to the 'two week wait' referral system. All referrals were sent to the South Bristol referral service who screened them for information and appropriateness.

- All out of hours contacts with patients were reviewed and if needed arrangements were made for patients to be followed up by a GP.
- The GPs had a failsafe system for ensuring results were received and reviewed in a timely fashion and had a buddy system in place.
- Patients who used the onsite pharmacy could access treatment for minor ailments.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. We also found that patients who required complex treatment by the community nurse team could access the practice and be treated by the community team in the treatment rooms. This was particularly valuable for community patients who needed set appointment time for their treatment but were outside of the scope of care offered by the practice nurse team.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity to give informed consent to treatment and, where appropriate, recorded the

Are services effective?

(for example, treatment is effective)

outcome. The practice was aware of and had accessed Independent Mental Capacity Assessor (IMCA) for capacity assessments for decisions about treatments and recorded this on the patient record.

Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and substance misuse. Patients were then signposted to the relevant service.
- Smoking cessation advice was available.

The practice's uptake for the cervical screening programme for women aged 25-64 whose notes record that a cervical screening test had been performed in the preceding 5 years (01/04/2013 to 31/03/2014) was 79.01% which was comparable to other Clinical Commissioning Group

practices. There was a policy to offer telephone and letter reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccines given were higher than the Clinical Commissioning Group and national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 87.3% to 99.4% and five year olds from 96.3% to 100%. Flu vaccination rates for the over 65s were 77.81%, and at risk groups 56.42%. These were also above the Clinical Commissioning Group and national averages. Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40-74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

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

Of the 13 patient CQC comment cards we received, 12 were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. The other comment card expressed dissatisfaction about the treatment they had received.

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

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

- 91.5% said the GP was good at listening to them compared to the Clinical Commissioning Group average of 89.5% and national average of 88.6%.
- 89% said the GP gave them enough time compared to the Clinical Commissioning Group average 86.5% and national average of 86.6%.
- 98.3% said they had confidence and trust in the last GP they saw compared to the Clinical Commissioning Group average 96% and national average of 95.2%.

- 86.7% said the last GP they spoke to was good at treating them with care and concern compared to the Clinical Commissioning Group average 85.3% and national average of 85.1%.
- 91.1% said the last nurse they spoke to was good at treating them with care and concern compared to the Clinical Commissioning Group average 91.7% and national average of 90.4%.
- 84.5% said they found the receptionists at the practice helpful compared to the Clinical Commissioning Group average 88.5% and national average of 86.8%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were comparable with the Clinical Commissioning Group average and above national averages. For example:

- 88.4% said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group average of 86.4% and national average of 86.0%.
- 82.5% said the last GP they saw was good at involving them in decisions about their care compared to the Clinical Commissioning Group average 81.8% and national average of 81.4%.

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

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

Are services caring?

The practice also maintained a record of compliments and 'Thank You' cards received from patients who had appreciated the care and concern from the practice staff.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 2% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified such as the delivery of the Bristol Primary Care Agreement which aims to simplify the contracting process to support practices to deliver the primary care element of the Clinical Commissioning Group's five year plan and move towards outcomes based commissioning.

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

- The practice offered daily appointments or telephone slots embargoed for use by the over 75's only.
- Saturday flu clinics and home flu visits for house bound patients or patients that can only attend with the help of a working relative.
- Home visits were available for older patients and patients who would benefit from these.
- There were accessible facilities, hearing loop and translation services available.
- The practice was contracted for the nursing home local enhanced service and delivered weekly ward rounds.
- The practice employed a Specialist Diabetes Nurse to support the practice nurses, to see complex patients and undertake home visits.
- The practice offered winter rescue packs to patients with Chronic Obstructive Pulmonary Disease and encouraged patient to self-manage.
- The practice was a member of the One Care Consortium and able to offer patients weekend reviews.
- All vulnerable families had a named GP which provided continuity of care to the whole family.
- In response to the high number of younger mothers in the practice area, a lead administrator contacted mothers individually, by telephone and letter, to ensure the maximum attendance to at the 8 week post-natal checks and immunisation clinics. All patients who 'did not attend' were notified to the health visitor.
- The practice had a daily 'drop in' phlebotomy service for patients.

- The practice was contracted for the sexual health local enhanced service level 2 and offered support and advice to patients from other practices.
- The practice were part of the dedicated 4YP (for young people) service to provide contraceptive and sexual health advice.
- The practice had a register of and care plan for all children with asthma.
- The practice hosted councillors for substance misuse three days a week which included appointments later in the day for patients who worked.
- The practice had a mental health lead GP, who attended quarterly meetings to monitor patients on the mental health register.

Access to the service

The practice was open from 8.30am until 6.30pm Monday to Friday for on the day urgent and pre-booked routine GP and nurse appointments. Extended opening hours were available for prebookable appointments until 7.30pm on three evenings per week. Patients with a new & urgent medical problem were by a doctor or nurse practitioner during the Daily Open Clinic which was held every morning. Patients were allocated to the next available clinician in strict order however emergencies were dealt with as priority. The practice had a **telephone 'Advice Line'** where GPs and nurse practitioners provided telephone on the same working day.

Later appointments for workers were available for chronic disease management, as were six weeks of pre-bookable GP appointments and up to 12 weeks pre-bookable treatment room appointments to help workers plan their health care. There was on line access for patients to order prescriptions and book appointments and an electronic prescribing service for patient who had repeat medicines.

Results from the national GP patient survey published in July 2015 showed that patient's satisfaction with how they could access care and treatment was comparable or lower than local and national averages. Patients told us on the day that they were were able to get a consultation it and the open clinic meant that all patients who arrived at the practice were seen by a clinician. We saw there were available prebookable appointments for patients for the following week however patients who wished to see a specific GP may have had to wait longer.

Are services responsive to people's needs?

(for example, to feedback?)

- 67.7% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group average of 77.2% and national average of 74.9%.
- 77.5% patients described their experience of making an appointment as good compared to the Clinical Commissioning Group average of 85% and national average of 85.2%.
- 66% patients said they usually waited 15 minutes or less after their appointment time compared to the Clinical Commissioning Group average of 62.1% and national average of 64.8%.

We discussed the national patient survey results with the practice manager who was aware of them but acknowledged that the new open access service had only started in September 2014 and would not have been in place in time to influence the survey results.

We found the practice offered a 7.7 per patient population consultation rate compared to the national average of 5.5 which was an excess of 29.765 appointments above the national average. We found the GP consultation rate to be 5.9 per weighted patient compared to the national average of 3.4 per weighted patient.

Listening and learning from concerns and complaints

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

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

We looked at the 14 complaints received in the last 12 months and found the main theme for complaints was about access to appointments. This was a similar theme to the negative comments listed on NHS Choices comments. The complaints were satisfactorily handled, dealt with in a timely way, demonstrating openness and transparency when dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, the access to appointments by patients was constantly kept under review this resulted in the current practice of the Daily Open Clinic for patients to have easier access to treatment and care.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients by employing highly qualified and motivated clinicians. The practice had embraced innovative ways of working such as employing nurse practitioners for minor illness, promoting the minor ailments service at the onsite pharmacy and trialling different appointment systems.

We found the practice was in the process of change which would mean a merger with another GP service and absorption of the Whitchurch Health Centre organisation to one overarching service provider.

The practice had a strategy and supporting plans which reflected the vision and values and were regularly monitored. For example, the practice was in the process of a primary care services review which gave an opportunity to establish where they were and where they wished to be in the future.

Governance arrangements

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

- There was a staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff, however the systems currently in use did not allow for easy access to information.
- There was a comprehensive understanding of the performance of the practice and benchmarking against others practices.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

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

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

When there were unexpected or unintended safety incidents:

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

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

- Staff told us that the practice held regular team meetings and we read minutes of meetings which demonstrated staff participation in the process.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. This was confirmed by one of the salaried GPs who stated they felt they had stake in the future of the practice.
- We found that because of the way the nursing team was structured they felt less supported as they carried out duties for practices, (the Armada Family Practice and The Green Practice) and there was not one overall clinical lead.

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

Are services well-led?

Good 

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

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

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, we saw the new leaflet produced in conjunction with the PPG which explained the new appointment system to the patients. This was available in the practice and distributed at practice events.
- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and

discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. The practice organised regular social events when all staff were invited to attend.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, using monies allocated by the Clinical Commissioning Group to fund GP learning at the local Rapid Assessment Service for older people and sharing the learning within the practice. One GP also took the lead for liaison with the Clinical Commissioning Group.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed
Family planning services	19.—(1) Persons employed for the purposes of carrying on a regulated activity must—
Maternity and midwifery services	(a) be of good character,
Surgical procedures	(b) have the qualifications, competence, skills and experience which are necessary for the work to be performed by them, and
Treatment of disease, disorder or injury	(c) be able by reason of their health, after reasonable adjustments are made, of properly performing tasks which are intrinsic to the work for which they are employed.
	(3) The following information must be available in relation to each such person employed—
	(a) the information specified in Schedule 3, and
	How the regulation was not being met:
	Personnel employed to carry on the regulated activity did not have the appropriate checks through the Disclosure and Barring Service and the practice did not hold the required specified information in respect of persons employed by the practice as listed in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.