Coniston Medical 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?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Coniston Medical Practice on 1 March 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Feedback from patients about their care was consistently and strongly positive.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, they were part of the One Care Consortium and took part in pilot schemes such as the weekend GP review.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- 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 they found it easy to make an urgent appointment with a GP and there was continuity of care.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

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

Are services effective?

Good

The practice is rated as good for providing effective services.

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

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey (January 2016) 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 involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Summary of findings

We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice was in an area of above average deprivation and Patchway is one of five areas designated as Priority Neighbourhoods in South Gloucestershire with poorer health outcomes. They had close links with Southern Brooks, the local community anchor organisation, who provided a flexible and accessible service. The practice also had input into the design of a new social prescribing scheme for people over 50 years old.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

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

Summary of findings

openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a focus on continuous learning and improvement at all levels for example, the practice held regular in-house GP educational meetings.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offered weekend GP reviews for patients to support admission avoidance and hospital discharge.
- The practice added a code on electronic notes to identify those patients who were housebound and may require extra support.
- The practice referred patients to the South Gloucestershire Active Aging Service which offered a new system of assessment of need for patients age 80-84 years old.

People with long term conditions

Good

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

- Nursing staff had specialist training for the management of 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 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.
- The practice held a weekly virtual ward meeting with GP, district nurse, community matron, occupational therapy, community urgent rehabilitation team and social services representatives.
- All newly diagnosed patients received a comprehensive information pack called Living with Diabetes by the diabetes education team. Patients could attend a Living with Diabetes education course within six months of diagnosis, to promote self-management.
- Patients were routinely referred to pulmonary rehabilitation groups where each patient had a self-management plan and 'just in case' medication.

Summary of findings

- The practice had a supply of blood pressure monitors for loan to patients for home blood pressure monitoring to aid diagnosis of hypertension.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations. The practice ran a Meningitis C booster drop in for 14 to 15 year olds.
- 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.
- The practice had close links with Southern Brooks, the local community anchor organisation, who provided a flexible, supportive and accessible service for families with low level child mental health problems.
- The practice had twice daily nurse led minor illness sessions, supported by the on-call GP, which offered flexible and easy access which was particularly useful for families with young children.
- Staff at the practice attended in-house training for safeguarding children and tackling domestic violence.
- They had a system of alerts on the medical records for patients at risk of, or with a history of, domestic violence and for those families who are a cause for concern due to safeguarding children concerns. Families were allocated to a named GP.
- The practice had access to a service for pre and post-natal mental health problems and 'Off the Record' counselling for young people.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

Summary of findings

- 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 had specific well woman appointments one evening each week for any women's health issues including contraception.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including homeless patients, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients such as supporting end of life care patients to remain at home.
- The practice 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.
- There was a Traveller's site in the practice area; the practice had sent representatives to meetings held locally with members of the Traveller's community and organisations working with them. Information relating to health and accessing support was shared with the practice team.

People experiencing poor mental health (including people with dementia)

Good

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

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice referred patients to a local NHS exercise on prescription service for patients with mild to moderate

depression.The practice was in a Priority Neighbourhood with higher than average levels of deprivation and patients had poorer health outcomes. The practice was involved in planning a new social prescribing scheme for people over 50 years old. Patients benefitted from an assessment of their social, physical and psychological needs and received structured help to overcome low level mental health problems brought about by social isolation, practical problems, housing difficulties, benefits issues.

- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia. All reception staff had completed training and were 'dementia friends'.
- The practice was in a Dementia Friendly Community (DFC) which recognises and embraces the challenges that a life with dementia presents to both people with dementia and their carers, enabling them to live life to its full potential. The Memory Café in Patchway run by the Alzheimer's society provided useful information about the condition and what support was available.

Summary of findings

What people who use the service say

We spoke with two patients visiting the practice and we received 47 Care Quality Commission (CQC) comment cards from patients who visited the practice. We looked at the practices NHS Choices website to look at comments made by patients. (NHS Choices is a website which provides information about NHS services and allows patients to make comments about the services they received). We also looked at data provided in the most recent NHS GP patient survey.

The national GP patient survey data was published in January 2016. This contains aggregated data collected from January-March 2015 and July-September 2015. There were 268 survey forms distributed to patients from Coniston Medical Practice and 121 forms were returned, this was a response rate of 45.1% and represented 1.22% of the number of patients registered at the practice. The data indicated:

- 82.82% of patients described the overall experience of their GP surgery as fairly good or very good compared to the national average of 85.05%.
- 70.79% of patients said they would definitely or probably recommend their GP surgery to someone who had just moved to the local area compared to the national average of 79.28%.
- 52.07% of patients found it easy to get through to the practice by phone compared to the national average of 73.3%.
- 79.6% of patients found the receptionists at this practice helpful compared to the Clinical Commissioning Group average of 86.3% and national average of 86.8%.
- 37.09% of patients with a preferred GP usually get to see or speak to that GP compared to the national average of 36.07%.
- 73.28% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76.06%.
- 93.8% of patients said the last appointment they got was convenient compared to the Clinical Commissioning Group average of 91.4% and national average of 91.8%.
- 71.9% described their experience of making an appointment as good compared to the Clinical Commissioning Group average of 70.9% and national average of 73.3%.

We found from the information that these results were comparable to the average for the South Gloucestershire Clinical Commissioning Group.

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

- The services were very good or excellent.
- Appointment access was good for patients who confirmed they were able to get appointments on the day if urgent.
- Staff were helpful, respectful and interested in the patients.
- Patients felt treated with dignity and respect

Patients expressed their satisfaction overall with the treatment received.

The practice had a patient participation group (PPG) the gender and ethnicity of group was representative of the total practice patient population, the group was widely advertised and information about the group was available on the website and in the practice. Feedback from the PPG was very positive about the service and that they felt involved by the practice. The practice had also commenced their current 'friends and family test' which was available in a paper format placed in the reception area and online.

Coniston Medical 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 nurse and GP specialist advisor.

Background to Coniston Medical Practice

Coniston Medical Practice is located in an suburban area of Bristol. They have approximately 9829 patients registered.

The practice operates from one location:

The Parade,

Coniston Road,

Bristol,

South Gloucestershire.

The practice is sited in a purpose built two storey building. The consulting and treatment rooms for the practice are situated on the ground floor. The practice has five consulting rooms, three treatment rooms and a phlebotomy room (for use by practice nurses, health care assistants and a phlebotomist); reception and records room and a waiting room area for both practice nurse and GP consultations. There is patient parking immediately outside the practice with spaces reserved for those with disabilities.

The practice is made up of five GP partners (four whole time equivalent), two salaried GPs (1.25 whole time equivalent), the practice manager and the operations manager, working alongside four qualified practice nurses, one health care assistant and a phlebotomist. The practice is supported by an administrative team made of medical secretaries, receptionists and administrators. The practice is open from 8am until 6.30pm Monday to Friday for on the day urgent and pre-booked routine GP and nurse appointments. As part of the One Care Consortium the patients from practice were able to access weekend GP reviews.

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

The practice hosted a variety of additional services such as substance misuse counselling, a dietician, retinal screening for diabetes and aortic aneurysm screening, so that patients could benefit from receiving treatment locally.

The practice is a teaching practice and offers placements to medical students and nurse students.

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

Patient Age Distribution

0-4 years old: 7.1%

5-14 years old: 10.68%

15-44 years old: 41.19%

45-64 years old: 24.76%

65-74 years old: 9.16%

75-84 years old: 5.48%

85+ years old: 1.64%

Detailed findings

Patient Gender Distribution

Male patients: 49.34 %

Female patients: 50.66 %

% of Patients from black minority ethnic (BME) populations: 1.42 %

The practice is in a higher than average area of deprivation for the South Gloucestershire Clinical Commissioning Group (CCG).

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 1 March 2016. During our visit we:

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

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

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

- The practice carried out a thorough analysis of the significant events and the outcomes of the analysis were shared at weekly meetings and reviewed quarterly. We reviewed three recorded events and saw information was well recorded with a chronology of events and action taken. For example, we saw there had been issues identified relating to the inclusion of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) in dosette (measured single dosage system) boxes. We saw the action recorded involved all parties and resulted in a change in procedure for the dispensing of these medicines.
- 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.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, we saw an incident of aggression toward reception staff had been recorded and then discussed to identify any learning or training need.

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. For example, GPs were trained to safeguarding level 3 in child protection and had received appropriate safeguarding adult training. All staff had received training in tackling domestic abuse as part of the South Gloucestershire Clinical Commissioning Group (CCG) initiative.
- A notice in the waiting room advised patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of patients barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group pharmacy team 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. Patient Group Directions had been adopted by the practice to allow practice nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable health care assistants to administer vaccinations.
- We reviewed two personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of

Good

Are services safe?

identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. 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 had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The practice used risk assessment tools to identify those patients who required palliative care input or would benefit from a care plan due to their high risk of hospital admission.
- 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.

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 business continuity plan in place for major incidents. We found the plan lacked detail such as specific contact number and this was an area for development. An updated plan was provided after our inspection.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date.
- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. For example, we found the practice nurses used the latest guidance for protocols for the management of long term conditions.
- The practice monitored that these guidelines were followed through their governance arrangements.

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 93.1% of the total number of points available. Data from 2014-15 showed: Performance for diabetes related indicators was slightly below the national average. For example, the percentage of patients with diabetes, on the practice register, in whom the last blood glucose test (IFCC-HbA1c) was 64 mmol/mol or less in the preceding 12 months, was 72.98% and the national average was 77.72%.

- The percentage of patients with a diagnosis of diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 72.6% and the national average was 78.03%.
- The percentage of patients with a diagnosis of atrial fibrillation (a heart condition that causes an irregular and often abnormally fast heart rate) with a CHADS2 score () of 1, measured within the last 12 months, who are currently treated with anticoagulation drug therapy or an antiplatelet therapy was 96.67% and the national average was 98.36%.
- Performance for mental health related indicators was comparable to the national average, for example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 78.33% and the national average was 88.61%.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 77.42%and the national average was 84.01%.

Clinical audits demonstrated quality improvement.

- There had been fourclinical and medicines audits completed in the last two years;these were completed audits where the improvements made were implemented and monitored such as changes to patient medicines.
- Findings were used by the practice to improve services. For example, recommendations were made following the deep vein thrombosis (DVT) and pulmonary embolism (PE) audit for GPs to document the cause for an unprovoked DVT/PE at diagnosis and to add a diary note to screen for disorders that impair the body's ability to control blood clotting one month after anti blood clotting therapy was ceased.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

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

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

Good

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions, 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. All staff had had an appraisal within the last 12 months.
- 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.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way. For example when referring patients to other services.
- Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a regularbasis and that care plans were routinely reviewed and updated. For example, the practice held a weekly virtual ward meeting with GP, district nurse, community matron, occupational therapy, community urgent rehabilitation team and social services representatives.

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 a patient's capacity to make an informed decision about their treatment and recorded the outcome of the assessment.
- The process for seeking consent was demonstrated through records and showed the practices met its responsibilities within legislation and followed relevant national guidance.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking, alcohol cessation and substance misuse. Patients were then referred or signposted to the relevant service.
- The practice was opportunistic in health promotion and used regular events such as the annual influenza campaign to organise sessions which included health promotion and educational stallsin areas such as diabetes.

National data from the Quality Outcomes Framework (01/04/2014 to 31/03/2015) indicated the percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was comparable to other practices at 83.59% and above the national average of 81.83%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Good

Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for vaccines given were comparable to Clinical Commissioning Group and national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 78.4% to 97.4% and five year olds from 96.9% to 100%. The practice ran a Meningitis C booster drop in for the 14-15 year age group.

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.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 47 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We also spoke with one member of the patient participation group. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey (January 2016) showed patients felt they were treated with compassion, dignity and respect. The practice was comparable for its satisfaction scores on consultations with doctors and nurses. For example:

- 84.5% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group average of 88.1% and national average of 88.6%.
- 80.1% of patients said the GP gave them enough time compared to the Clinical Commissioning Group average of 89.5% and national average of 86.6%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the Clinical Commissioning Group average of 94.3% and national average of 95.2%.
- 81.6% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85.3%.
- 94.69% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 90.58%.
- 79.6% of patients said they found the receptionists at the practice helpful compared to the Clinical Commissioning Group average of 86.3% 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 (January 2016) showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were mostly in line with the national average. For example:

- 84.4% of patients said the last GP they saw was good at explaining tests and treatments compared to the national average of 86.0%.
- 76.4% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 81.6%.
- 87.8% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85.09%.

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

Good

Are services caring?

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice could access a number of groups and treatments to support patients including:

- The practice had close links with Southern Brooks, the local community anchor organisation, who provided a flexible andaccessible service for low level child mental health problems and offered holistic family support including links with housing, education, employment, social work, social support groups and Police services.
- The practice had access to a service for pre and post-natal mental health problems and 'Off the Record' counselling for young people.
- The practice referred patients to a local NHS exercise on prescription service for patients with mild to moderate depression.
- The practice was in a Priority Neighbourhood with higher than average levels of deprivation and patients had poorer health outcomes. The practice was involved in planning a new social prescribing scheme for people over 50 years old. Patients benefitted from an assessment of their social, physical and psychological needs and received structured help to overcome mental health problems brought about by social isolation, practical problems, housing difficulties, and benefits issues
- Staff had a good understanding of how to support patients with mental health needs and dementia. All reception staff had completed training and were 'dementia friends'.
- The practice was in a Dementia Friendly Community (DFC) which recognises and embraces the challenges that a life with dementia presents to both people with dementia and their carers, enabling them to live life to its full potential. The Memory Café in Patchway run by the Alzheimer's society provided useful information about the condition and what support was available.

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them. The practice had a nominated GP as the carer champion and a staff member acted as a patient care coordinator, contacting patient on discharge from hospital.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice is in an area of above average deprivation and Patchway is one of five areas designated as Priority Neighbourhoods in South Gloucestershire with poorer health outcomes.

- The practice offered weekend GP reviews for patients to support admission avoidance and hospital discharge.
- The practice added a code on electronic notes to identify those patients who were housebound and may require extra support.
- The practice referred patients to the South Gloucestershire Active Aging Service which offered a new system of assessment of need for patients age 80-84 years old by a dedicated health visitor for older people to help them stay out of hospital.
- All newly diagnosed patients received a comprehensive information pack called Living with Diabetes by the diabetes education team. Patients could attend a Living with Diabetes education course within six months of diagnosis, to promote self-management.
- The practice hosted additional services to encourage patient uptake and attendance. For example, annual retinopathy screening checks and aortic aneurysm screening for men. (Aortic aneurysm screening is a way of detecting dangerous swelling of the main blood vessel).
- Patients were routinely offered referred to pulmonary rehabilitation groups where each patient had a self-management plan and 'just in case' medication.
- The practice had a supply of blood pressure monitors for loan to patients for home blood pressure monitoring to aid diagnosis of hypertension.
- The practice had twice daily practice nurse led minor illness sessions which are supported by the on-call GP. These offered flexible and easy access which was particularly useful for families with young children.
- They had a system of alerts on the medical records for patients at risk of, or with a history of, domestic violence and for those families who are a cause for concern due to safeguarding children concerns. Families were allocated to a named GP.
- There were longer appointments available for patients with a learning disability.
- The practice had specific well woman appointments one evening each week.
- Home visits were available for older patients or patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were accessible facilities, hearing loop and translation services available.
- There was a Traveller's site in the practice area; the practice had sent representatives to meetings held locally with members of the Traveller's community and organisations working with them. Information relating to health and accessing support was shared with the practice team.

Access to the service

The practice was open between 8am until 6.30pm Monday to Friday for on the day urgent and pre-booked routine GP and practice nurse appointments. In addition to pre-bookable appointments, that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them. The duty doctor spent the first two hours of the morning taking phone calls from patients for triage, advice and sign-posting. This allowed for a convenient and efficient service for patients with young families who may need advice, particularly at the start of the day. Extended hours are available one evening per week and on Saturday per month.

Results from the national GP patient survey (January 2016) showed that patient's satisfaction with how they could access care and treatment was comparable to national averages. Patients told us on the day that they were able to get appointments when they needed them.

- 82.36% of patients were satisfied with the practice's opening hours compared to the national average of 73.8%.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 52.07% of patients said they could get through easily to the surgery by phone compared to the national average of 73.3%.
- 71.9% of patients described their experience of making an appointment as good compared to the national average of 73.3%.

Listening and learning from concerns and complaints

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

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

We looked at a selection of the five complaints received in the last 12 months and found these were dealt with in a timely way to achieve a satisfactory outcome for the complainant. For example, complaints were responded to by the most appropriate person in the practice and wherever possible by face to face or telephone contact. The information from the practice indicated at what stage the complaint was in its resolution.

Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. We found complaints were logged and analysed for trends, for example, for 2015 all of them were classed as related to clinical care. We found the learning points from each complaint had been recorded and communicated to the team or appropriate action taken. For example, two complaints had been escalated to significant events and there was evidence that protocols and procedures had been reviewed, such as that for use of silver nitrate pencils.

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 vision statement within its statement of purpose which was:

"Our purpose is to provide patients registered with the practice with personal health care of high quality and to seek continuous improvement on the health status of the practice population overall. We aim to achieve this by developing and maintaining a happy, sound, family centred practice which is responsive to people's needs and expectations and which reflects whenever possible the latest advances in Primary Health Care."

- This was supported by aims and objectives which covered all aspects of service provision.
- The practice worked collaboratively with others in their 'cluster' groups to have a good awareness of local challenges such as the local housing development and increase in population needing GP services.

The practice management met and planned services to meet local need, for example, by undertaking an enhanced service to provide minor injury services to the local community.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff via a shared drive and through the staff handbook.
- A comprehensive understanding of the performance of the practice was maintained.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff and support new ideas.

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

When there were unexpected or unintended safety incidents:

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

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

- Clinical staff had informal meetings at the end of surgery to discuss and review any issues or concerns and act as a peer support group.
- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at role specific team meetings. We also noted that management team away days were held annually.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice.

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

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

- The practice had gathered feedback from patients through patient surveys, compliments and complaints. There was a patient participation group which was consulted about practice performance and improvement.
- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff

Are services well-led?

Good

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

told us they felt involved and engaged to improve how the practice was run and gave us examples of how they had been able to implement changes and improvements.

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.

The practice held regular in-house GP educational meetings (approximately every six weeks). When the GP lead for the area of work presented the latest guidance to the clinical team.

The practice undertook a minor injury enhanced service which meant there was specialist training for staff to provide this service.

The practice undertook the GP 'basket of care' enhanced service which covered treatment such as such as suture removal to provide a local service for patients.

The practice participated in a research project relating to prostate cancer. This had a positive impact for patients who had increased monitoring of their condition and had provided the practice with additional education and updating with the latest treatment.