The Merrywood 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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the Merrywood Practice on 3 May 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 been trained to provide 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. Improvements were made to the quality of care as a result of complaints and concerns.
- 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.
- All patients were also encouraged to telephone the practice and speak directly to their named GP for advice.
  - The practice was part of the primary care home pilot(a National Association of Primary Care test site).
- The practice had a high number of families with family members in prison and so reception staff had attended 'Hidden Sentence' training.
- The leadership, governance and culture were used to drive and improve the delivery of high quality, person-centred 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.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.

The area where the provider should make improvement was:

- The practice should complete a specific risk assessment for the shared sluice area.

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 things went wrong patients received reasonable support, truthful information, and a 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.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average 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 other health care professionals 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. The practice had a high number of families with family members in prison and so reception staff had attended 'Hidden Sentence' training.
- The practice had developed an 'end of life' care pathway to support appropriate intervention for patients at this stage in their lives.

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 to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with their named GP so there was continuity of care. Patient could also contact their named GP by telephone for advice.
- Due to the complexity of need of patients attending the practice all GP appointments were twelve minutes long.
- The daily open surgery facilitated patients having appointments when needed.
- 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
- The practice had purpose built accessible facilities and was well equipped to treat patients and meet their needs.

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 it.
- 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.

Summary of findings

- 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 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 strong focus on continuous learning and improvement at all levels.
- The practice was part of the primary care home pilot(a National Association of Primary Care test site).

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 people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice undertook the admissions avoidance enhanced service which identified those patients most at risk and ensured they had a care plan in place to support them to remain out of hospital.
- The practice was part of the primary care home pilot(a National Association of Primary Care test site).

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- The practice had the highest levels of patients with long term condition in the local area. All had a named GP and a structured annual review to check 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. Due to the complexity of need of patients attending the practice all GP appointments were twelve minutes long.
- The practice had a pharmacist specifically employed to assist the review of patients with long term conditions.

Families, children and young people

Good

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

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 accident and emergency attendances were followed up by the practice. We saw they routinely contacted patients who had attended accident and emergency because of self-harming to offer support.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, with policies in place to address any consent issues.
- Appointments were available outside of school hours and the premises were suitable for children and babies. We saw positive examples of joint working with midwives, health visitors and school nurses. The practice undertook six week post-natal checks and offered immunisation at the same time.
- The practice had a system in place to follow up patients who had been referred to secondary care to ensure they attended for appointments and to follow up non-attenders.
- Teenagers over 15 years were invited for a health check and immunisation screen.

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.
- 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 daily open surgery facilitated patients having appointments when needed.

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.

Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients, for example, transgender patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. The staff at the practice attended annual training to identify and support victims of domestic abuse.
- 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)

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 had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. The allocated GP also undertook a risk assessment to determine further action if patient with mental illness failed to attend for their annual review.
- 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.

Summary of findings

What people who use the service say

The national GP patient survey results were published on January 2016. The results showed the practice was performing in line with local and national averages. 399 survey forms were distributed and 102 were returned. This represented 1.5% of the practice's patient list.

- 97% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 86% 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%.
- 89% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 84% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 16 comment cards which were positive about the standard of care received; three also included comments relating to difficulty accessing an appointment. Patients had described the practice as providing first class care, with staff being helpful and understanding.

We spoke with five patients during the inspection. All of the patients commented favourably about the care they received and thought staff listened to them and involved them in treatment choices. We also undertook an observation of the waiting room and reception area and found the patients were treated respectfully by the reception staff; the waiting room had appropriate information and had been equipped with a variety of seating to meet the varying needs of the patient group.

During the inspection we had the opportunity to speak with four members of the patient participation group (PPG). They had recently worked with the practice to raise concerns about the funding review which had resulted in a reduction in services (loss of onsite counsellor). The PPG were anxious that no further reductions happened and were keen to work with the practice to publicise the group and further develop.

Areas for improvement

Action the service SHOULD take to improve

The practice should complete a specific risk assessment for the shared sluice area.

The Merrywood 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 specialist adviser and a practice nurse specialist adviser.

Background to The Merrywood Practice

The Merrywood Practice is an urban area of Bristol. It operates from one location:

William Budd Health Centre,

Bristol,

BS4 1WH

The practice shares the purpose built building with another GP practice and other NHS health care services. All patient services are located on the ground floor of the building. The practice has a patient population of approximately 6600.

The practice has four GP partners (male and female), three salaried GPs (including one academic GP), a practice manager, four practice nurses, a phlebotomist and a health care assistant. Each GP has a lead role for the practice and nursing staff have specialist interests such as diabetes and asthma.

The practice is open Monday to Friday 8am-6.30pm. GP appointments were available outside core hours on different days until 8.30pm. There is an open surgery Monday - Friday between 9am & 11am for patients.

The practice had a Personal Medical Services contract (PMS) with NHS England to deliver general medical services. The practice provided enhanced services which included facilitating timely diagnosis for patients with dementia and childhood immunisations.

The practice is situated within a significantly more deprived area than the England average and is in the most deprived area in Bristol. Patients at the practice experience the highest levels of health inequality in the South West of England. Patients at this practice have a lower than England average life expectancy for men of 76 years. Patients also develop chronic ill health 15 years earlier than other population groups. The practice had the highest number of children with a life limiting illness or disability and the highest number of under five year olds in the local practice cluster group. They offered 14,660 routine appointments, 7,087 urgent appointments (open surgery) and 8,898 telephone appointments in 2015/16 to meet the demand.

Other services based at the practice include:

Community nurses and community matron

Health visitors

Midwives

Physiotherapy (patient self-referral pilot)

Dermatology

Podiatry

Speech and Language therapy

Sessional consultant obstetrician

Alcohol and Substance misuse counsellors.

Detailed findings

The practice is a teaching practice for trainee GPs from the Severn deanery and offers placements to medical students and sixth form students with an interest in studying medicine (there were no studnets on placement when we visited).

The national GP patient survey (January 2016) reported that patients were more than satisfied with the opening times and making appointments. The results were above local and national averages.

The practice has opted out of providing Out Of Hours services to their own patients. Patients can access NHS 111 and BrisDoc provide the out of hours GP service.

Patient demographics:

0-4 years old: 8.1%

5-14 years old: 17.21%

15-44 years old: 42.08%

45-64 years old: 21.34%

65-74 years old: 6.1%

75-84 years old: 4%

85+ years old: 1.16%

Patient Gender Distribution

Male patients: 49.87 %

Female patients: 50.13 %

Other Population Demographics

% of Patients from BME populations: 13.62 %

% with a long-standing health condition 65%

Working status – Unemployed 9.7% (national average is 5.4%)

% of Patients from BME populations: 13.62 %

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 3 May 2016. During our visit we:

- Spoke with a range of staff including nurses, GPs, administrators, reception staff and the practice manager.
- We spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of 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 were provided for specific groups of people and what good care looked 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 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.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice.

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. These arrangements reflected relevant legislation and local requirements. 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 on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection level 3. We saw that the practice had included specific guidance within their policies for looked after children. The staff at the practice attended annual training to identify and support victims of domestic abuse.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (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 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. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. We noted there was an open sluice area within the shared nurse treatment suite. This was part of the original design of the building which opened in 2000. This was discussed with the practice management as an area for action because the Health Technical Note 00-09 Infection control in the built environment (2013) identified a dirty utility room be used for testing urine and the disposal of body fluids including water contaminated with body fluids such as exudate; clean and dirty areas should be kept separate and the workflow patterns of each area should be clearly defined. It is acknowledged the practice was built prior to this guidance and they stated their intention to take advice with the other tenants on how best to comply. We were provided with evidence that this process had been instigated by the practice immediately after the inspection. The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning g roup (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.

Good

Are services safe?

- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or via direction from a prescriber.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of 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 which identified local health and safety representatives. 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).
- 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 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 and a panic button which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room. We noted this was a shared resource but the equipment and medicines were not tamper proofed which would demonstrate they ready to be used.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were 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 stored securely.

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.

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, the practice had adopted the NICE guidance for fever in children. This had been implemented and then audited to ensure all clinicians were using the system.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and 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 100% of the total number of points available.

Exception reporting was significantly higher than the clinical commissioning group or national averages. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This was raised with the senior partner at the practice who explained the recall system for patients and the processes they followed before a patient was exception reported. We found that there were a high number of patients with diabetes who had been exception reported due to being on the maximum amount of prescribed medicine. We saw the practice had secured regular clinics sessions from a specialist diabetes nurse in order to address diabetes management issues amongst the practice population.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was better than the national average. For example, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 83% and the CCG average of 76% and national average of 78%.
- Performance for mental health related indicators was better than the national average. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 97% and the CCG average of 91% and national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been clinical audits completed in the last two years, we looked at two of these which were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, recent action following an audit of patient prescribed medicines which help to prevent blood clots (novel oral anticoagulants (NOACs)) resulted in a formalized process for checking patient's urine and weight measurement, and calculating dosage.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the nursing team had a regular training and update session specifically related to those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example, by access to on line resources and discussion at practice meetings.
- 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 their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, and basic life support and information governance. 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, or sharing information with the out of hours services.
- We were told patient correspondence from other health and social care providers was scanned into patient records once the GPs had seen the results. This ensured the patient records were current and held electronically to be accessible should they be needed, for example, for a summary care record to take to the hospital.
- Community nurses teams could access a restricted area of the patient records remotely for any test results and to add details of their visits.
- Patients' blood and other test results were requested and reported electronically to prevent delays. All of the results were reviewed on the day they were sent to the practice to minimise any risks to patients so that any necessary actions was taken.

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 multi-disciplinary team meetings took place on a monthly basis and care plans were routinely reviewed and updated. We spoke with several health care professionals from community teams, all of whom spoke highly of the practice. Specifically there was good communication between the practice and them, opinions and suggestions were valued and requests for referral or changes to treatment were acted on.

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 and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and substance dependency.Patients were signposted to the relevant service.

The QOF performance for the practice's uptake of female patients aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 94%, which was comparable to the clinical commissioning group (CCG) average of 80% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those

Good

Are services effective?

(for example, treatment is effective)

with a learning disability and they ensured a female sample taker was available. 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 clinical commissioning group averages. For example, childhood immunisation rates for the vacciness given to under two year olds ranged from 76% to 94% compared to the CCG average from 81% to 97% and five year olds from 80% to 99% compared to the CCG average from 88% to 97%. The practice contacted young people in their last year at school before going to university, and provided them with details of their immunisation status.

We observed the child immunisation clinic during our visit and saw examples of good practice such as the nurse team speaking with parents to ensure the NICE guidance on administration of paracetamol suspension (a painkilling medicine used to relieve mild to moderate pain and fever) to children had been followed. Teenagers over 15 years were invited for a health check and immunisation screen.

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 for 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 members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; 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 16 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four members of the patient participation group (PPG). 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 (January 2016) showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 87%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 85%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us 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 from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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 in line with local and national averages. For example:

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the clinical commissioning group (CCG) average of 87% and the national average of 86%.
- 86% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85%and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- 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.

Good

Are services caring?

- Information leaflets were available in easy read format to inform patient with learning disabilities.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

We found the practice had a number of examples of how they cared for patients, these included:

- The practice had a high number of families with family members in prison and so reception staff had attended 'Hidden Sentence' training. This course gives an overview of the issues that affect prisoners' families and provides a range of strategies and resources to help professionals to support them.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. The patient's allocated GP also undertook a risk assessment to determine further action if a patient with mental illness failed to attend for their annual review.
- The practice routinely contacted patients who had attended A&E because of self-harming to offer support.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients, for example, transgender patients who needed sensitivity particularly with changes to records.
- The practice had the highest number of children with a life limiting illness or disability in the local area. The practice had developed an 'end of life' care pathway to support appropriate intervention for patients at this stage in their lives.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 259 patients as carers. There was a GP link support worker who visited weekly to offer support to carers. Information about carer services was included in the practice brochure. The practice supported cares by offering annual flu vaccines and providing a carer information pack.

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/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

- The practice offered appointments for patients at who worked during the core opening hours on a Monday and Wednesday evening until 8.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and for those vaccines only available privately were referred to other clinics. There were accessible facilities, a hearing loop and translation services available.
- The practice undertook six week post-natal checks and offered immunisation at the same time.
- Due to the complexity of need of patients attending the practice all GP appointments were twelve minutes long.
- The daily open surgery facilitated patients having appointments when needed.
- The practice had developed an 'end of life' care pathway to support appropriate intervention for patients at this stage in their lives.
- The practice had set up specific monitoring systems for patients whose condition may be outside of the parameters of the Quality and Outcomes Framework such as those with a history of a raised p
- The practice monitored referrals to secondary care such as the two week wait (2WW) and paediatric referrals to ensure patients were seen and followed up.
- The practice undertook the admissions avoidance enhanced service which identified those patients most at risk of emergency admission and ensured they had a care plan in place to support them to remain out of hospital. The practice had reduced the number of admissions and attendances at A&E for these patients, for example in September 2014 in-patient admissions were 0.88 per patient per day which had reduced to 0.32 in September 2015.

Access to the service

The practice is open Monday to Friday 8am-6.30pm. GP appointments were available outside core hours on different days until 8.30pm. There is an open surgery Monday - Friday between 9am and 11am for patients. Patients who attended the practice during this time were guaranteed to be seen by a GP. All patients were also encouraged to telephone the practice and speak directly to their named GP for advice. Due to the complexity of need of patients attending the practice all GP appointments were twelve minutes long and patients are seen by their own GP.

In addition pre-bookable appointments could be booked up to six weeks in advance.

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 local and national averages.

- 93% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 81% and the national average of 78%.
- 97% of patients said they could get through easily to the practice by phone compared to the CCG average of 72% and the national average of 73%.

The practice introduced a reception triage system to ensure patients were added to triage only when it was most appropriate, ensuring better signposting to the most appropriate care and encouraging patients to wait to see their usual GP to improve continuity of care. On average the calls on am and pm triage had reduced by 2600 triage calls or a 25% reduction in volume over a year.

People told us on the day of the inspection that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 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.

We looked at the six complaints received in the last three months and found they were dealt with in a timely way, ensuring that patients were satisfied with the outcome. Lessons were learnt from individual concerns and complaints and from analysis of trends, and action was taken to as a result to improve the quality of care. For example, an issue with an intrauterine (contraceptive) device was raised and resulted in the practice ensuring all patients with these had a planned recall date.

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 stated vision for the practice was:

'The Merrywood practice believes that you are important. We want to help improve your physical, mental and spiritual health both as individuals and as a community.'

The practice had the vision statement displayed in the waiting areas and on the website.

The practice had a strategy and supporting business plans which reflected their vision and values. Recent funding changes had affected the services offered by the practice so they had linked up with six other practices in the area (called Go6) to work collaboratively, share ideas and make joint applications for funding for additional services for example, the shared employment of a practice pharmacist.

The senior partner at the practice was a board member for Knowle West Health Park, a community interest company created to tackle health inequality and promote health and well-being. This allowed for services to be co-ordinated such as health promotion campaigns.

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. We saw that examples of summary policies were available if staff needed to access key points quickly.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. We saw a variety of clinical and non clinical audits to support service improvement such as health and safety audits.
- There were robust arrangements for identifying, recording and managing risks and issues and for implementing mitigating actions. The practice had identified the need for proactive succession planning.

Leadership and culture

The leadership, governance and culture were used to drive and improve the delivery of high quality, person-centred care. On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff. There was an internal intranet system for staff to access practice information.

The practice was an accredited living wage employer committed to fairness and equality.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team away days were held for different groups of staff, the frequency was dependent on need.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. Staff were

Are services well-led?

Good

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

involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. We spoke with representatives for the group who had been recently involved in lobbying against the budget reduction for the practice.
- The practice used social media such as twitter, e-bulletins and Facebook to share information and obtain feedback. There was also a news section on their website and a regular newsletter.
- The practice had gathered feedback from staff through staff away days, 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.

Continuous improvement

There was a 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:

- They were part of the Bristol GP referral scheme which provided specialist advice on the individual care pathways available to patients in Bristol.
- The practice had been a first wave member of the One Care Consortium, collaboration between a number of GP practices across Bristol, North Somerset and South Gloucestershire (BNSSG), GP Care and BrisDoc, who bid for funding to improve access to primary care from the Prime Minister's Challenge Fund.
- The practice participated in local development as one GP acted as the chair of the Primary Care Home (PCH) Project Board which met monthly and also on the PCH Executive group which met fortnightly. The South Bristol Primary Care Collaborative and was a partnership of the six local practices (Go6) and Bristol Community Health. The GP also chaired the meetings of the lead partners of the emerging federation of Go6 which also meets monthly.
- The practice had a nominated GP who provided a weekly 'clinic' for the South Bristol Primary Care Collaborative, a National Association of Primary Care test site. Care under this primary care home pilot was provided by a 'complete clinical community', with an integrated primary, secondary and social care workforce providing more personalised and better co-ordinated care closer to home.
- The practice manager, led a successful bid for the HNSE Primary Care Development Fund which funded the development activities of the Go6 group and was involved in the setting up of the original south Bristol referral service which then rolled out to become the Bristol GP referral service

The practice was a member of the NIHR Clinical Research network West of England and chose projects relevant to their patient population. For example, they were part of the 3D Study which looked at the GP management of care for patients with three or more long term health conditions. This study aimed to develop and test a new approach to how GP practices managed patients with several health problems in a cohesive way in order to improve their overall quality of life. The patients had a planned longer appointment every six months to review their priorities for their health. They were also included in the NODS CLiP programme (a standardized diagnostic interview instrument for adult pathological and problem gambling) to investigate the impact of gambling on health and well-being.