Thornbury Health Centre - Male

Quality Report

Thornbury Health Centre
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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 Drs Male and Partners – Thornbury Health Centre on 12 April 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 them with 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.
- The practice provided minor injuries clinics for cuts, lacerations, minor fractures and injuries.
- The practice leased their accommodation which was managed by their landlord and so had limited opportunity to make changes. However, they had good facilities and were 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.

The areas where the provider should make improvement are:

Summary of findings

- All pre-employment checks should be fully recorded.
- The system for checking emergency equipment should be failsafe and monitored.
- The practice should ensure treatment and consulting rooms are locked when unoccupied.

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.
- We found some processes such as recording references for new staff had not always been followed.

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 showed patients rated the practice higher than others for aspects of care. GPs whenever possible operated a personal patient list to promote continuity of care.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We 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 to secure improvements to services where these were identified. For example, 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.
- 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 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 with monthly education meetings for staff to attend.

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. They used the risk assessment tools to identify those patients who require palliative care input or would benefit from a care planning approach due to the fact that they are found to be at high risk of hospital admission.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had access to a rapid access geriatric service for advice and used it to avoid unnecessary hospital admissions for older patients.
- The practice had applied to work with South Gloucestershire Council and Age concern to be part of a funded scheme to develop a visiting and befriending service for the older patients and to help improve resilience for patients who are high risk of hospital admission.
- They also made use of local “blue beds” (which are used for patients who do not require intensive treatment but may be recovering from illness or require some rehabilitative support through an acute episode of illness) in care homes and community hospitals.

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 to undertake lead roles in chronic disease management.
- Patients at risk of hospital admission were identified as a priority and had self-management care plans.
- The practice identified and managed patients whose health indicated pre diabetes risk factors. All patients diagnosed with diabetes were offered a Living with Diabetes Education course within six months of diagnosis.
- Longer appointments and home visits were available when needed.

Summary of findings

- The practice had home blood pressure monitoring to aid diagnosis and good control of hypertension and a 24hour electrocardiogram (ECG) monitor.
- Patients 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.
- The practice was involved in research studies such as in 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. The practice had the second highest baseline continuity of care measurement with 80% of consultations being with the same doctor.
- The practice used bespoke templates for long term condition reviews based on NICE guidance.

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.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies. For example, a nurse prescriber held minor illness clinics at times which were easily accessible families with young children.
- The practice was part of the 'No Worries' scheme which was a sexual health service for young people, that is confidential and free, and included young people who were not registered with the practice.
- We saw positive examples of joint working with midwives, health visitors and school nurses. For example, one GP at the practice provided eight week post-natal mother and baby appointment at the same time as health visitor clinics were held to reduce the number of attendances needed.

Summary of findings

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. For example, GP appointments were available outside core hours on different days; early mornings starting at 7.30am and after work until 7.30pm with some evening appointments available with a nurse.
- 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 contacted young people in their last year at school before going to university, and provided them with details of their immunisation status and offered to retain them as patients to give continuity of care.

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 people, travellers 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.
- The practice informed 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.
- The practice had regular training about recognition and reporting of domestic violence and 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.

Summary of findings

- The practice had a volunteer carer worker who came into the practice twice a month to help identify patients who may be carers and to offer support and guidance to them. The patient participation group helped the practice run Coffee Mornings on a quarterly basis for our carers.

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. For example, patients were signposted to the Memory Café in Thornbury and nationally the Alzheimer's society for information about the condition and what support was available.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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.

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 above national averages. 242 survey forms were distributed and 116 were returned. This represented 2% of the practice's patient list.

- 96% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 90% 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%.
- 94% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 94% 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 42 comment cards, 33 of which were all positive about the standard of care received, eight had included comments about issues such as waiting room space and one patient was dissatisfied with their care but remained as a patient at the practice.

Key points from the comment cards included:

- Staff are attentive and skilled.
- The online booking system is easy to use.
- Satisfaction with all aspects of the service.
- Patient can access appointment for both GPs and nurses
- Confidentiality is protected.
- Staff are exceptionally friendly and caring.

We spoke with 7 patients during the inspection and two members of the Patient Participation group. All of the patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

The Patient Participation Group recently took the decision to rename the group the Patient Voice. At the most recent meeting in April 2016 they reviewed actions from the last meeting, such as the successful recruitment of 27 patients to the virtual group and two members who represented the younger people at the practice. The patient Voice group had been active in encouraging patients to complete the CQC comment cards prior to the inspection.

The group are allied to the National Association for Patient Participation (NAPP) and will be using there planning tools to formulate there plan for the forthcoming year.

The results from the practice's friends and families test from January to March 2016 indicated 100% of those who responded would recommend the practice.

Areas for improvement

Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- All pre-employment checks should be fully recorded.
- The practice should ensure treatment and consulting rooms are locked when unoccupied.
- The system for checking emergency equipment should be failsafe and monitored.

Thornbury Health Centre - Male

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, a nurse specialist adviser and an Expert by Experience.

Background to Thornbury Health Centre - Male

The Dr. Male and Partners practice is based at Thornbury Health Centre and is in a semi-rural area providing primary care services to patients resident in Thornbury and those living within a five mile radius.

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The practice shares the purpose built building with another practice. All patient services are located on the ground floor of the building. The practice has a patient population of approximately 5000 of which 20.0% are over 65 years of age.

The practice has four GP partners (male and female), a practice manager, a Nurse Prescriber, two practice nurses, a health care assistant and two phlebotomists. Each GP has a lead role for the practice and nursing staff have specialist interests such as diabetes and infection control.

The practice is open Monday to Friday 8am-6.30pm. GP appointments were available outside core hours twice weekly, starting at 7.30am and later appointments until 7.30pm, with some evening appointments available with a nurse.

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

Dr Male and Partners, in line with other practices in the South Gloucestershire Clinical Commissioning Group, is situated within a significantly less deprived area than the England average.

The practice is a teaching practice and takes medical students from the Severn deanery.

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 or BrisDoc provide the out of hours GP service.

Patient Age Distribution

0-4 years old: 4.29%

Detailed findings

5-14 years old: 11.1%

15-44 years old: 32.89%

45-64 years old: 29.55%

65-74 years old: 12.71%

75-84 years old: 6.71%

85+ years old: 2.75%

Patient Gender Distribution

Male patients: 50.13 %

Female patients: 49.87 %

Other Population Demographics

% of Patients from BME populations: 1.33 %

Patients at this practice have a higher than average life expectancy for men at 81years and women at 86 years.

We inspected this GP practice in August 2014 as part of our new inspection programme pilot to test our approach going forward.

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 8 October 2015. During our visit we:

Spoke with a range of staff which included GPs, administrative staff, nurses and the practice manager, and spoke with patients who used the service.

- Observed how patients were being cared for and talked with carers and/or family members.
- We spoke with healthcare professionals who worked with the practice.
- 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)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

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

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a spreadsheet for record incidents 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. The practice had a system to evaluate significant clinical events and incidents. Staff met quarterly to review information from these events. Records demonstrated there had been changes to practice such as putting into place a policy to follow for the failure of the vaccines fridges.
- GPs and nurses responded to national safety alerts and used systems such as the National Prescribing Error website to share experiences with others prevent reoccurrence.

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 or child safeguarding level 3. All staff had received training in tackling domestic abuse as part of the South Gloucestershire Clinical Commissioning Group (CCG) initiative. 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.
- Notices in the waiting room and consulting rooms 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
- The premises were managed by the landlord who took responsibility for maintaining appropriate standards of cleanliness and hygiene for the practice. We observed the premises to be dusty in areas; this was raised with the practice manager for monitoring. We were told the landlord had experienced issues with the cleaning service. We were provided with copies of the cleaning audits which lacked detail, but indicated the landlord had been satisfied with the standard of cleanliness in the practice.
- One of the practice nurses 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. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, we saw that the audit had identified staff needed to update their handwashing knowledge and this had been completed. Where there were issues such as a lack of elbow taps in the treatment and consulting rooms, we saw this had been actioned as an improvement request to the landlord.
- The arrangements for managing medicines, including 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, and monitoring where necessary.

- The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. For example, in 2015 an audit was usedto identify patients who were taking 300mg of aspirin as part of their treatment plan which was no longer a recommended as an effective dose. No patients registered with the practice had been prescribed this medicine.
- Blank prescription forms and pads were securely stored when received into the practice and there were systems in place to monitor their use when dispersed throughout the practice. We observed that the printers in consulting and treatment rooms were not lockable and there was no process to protect the printers being tampered with or the prescription forms accessed by unauthorised people. We also saw that doors had key code locks which were not always used. We raised this with the practice manager for action as the security of the prescription paper and integrity of the rooms was not protected. The practice responded after the inspection and confirmed that their policy was in place and that all rooms would be locked when not in use.
- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions.They received mentorship and support from the medical staff for this extended role.
- Patient Group Directions (PDG) 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 direction from a prescriber. We noted that the PDG for the influenza and cholera vaccines had expired.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. In two files we saw proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. In the third file, for the most recently recruited GP, we saw that references had not been recorded on their personnel file. We queried this and were told these had been verbal and not recorded.

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 on the wall of the administrative area which identified local health and safety representatives. The practice leased part of the health centre building which was managed by a third party who took responsibility for implementation for health and safety as related to the building, and maintenance. We saw the centre had an up to date fire risk assessment 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 centre 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 ensured they held their own policies and procedures as required of an employer. For example, they had a health and safety policy for staff employed by the practice, they had nominated first aiders and fire wardens.
- The practice used risk assessment tools to identify patients at risk of hospital admission who were identified as a priority and had care management plans in place.
- The practice used regular locum GPs for whom they undertook appropriate checks to ensure they were suitable to be employed, for example, checking the GMC register and the NHS England performer's List.
- 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. We saw staffing levels were kept under review, for example, a review of the

treatment room identified that changes could be made relating to who undertook specific treatments and time allowed for appointments, so that there was effective deployment of resources.

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 was emergency equipment available in the treatment room which was a shared resource with the other practice based within the centre. We checked the emergency equipment and saw it met the required specifications. We were told the two practices had agreed a shared responsibility for checking the equipment; we found the records had inconsistencies with being completed however; there were no instances when the equipment was not available or inoperative.
- 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 taken the decision not to stock all of the emergency medicines as identified in good practice guidance. We requested that an appropriate risk assessment which identified how the risks associated with not stocking these medicines were mitigated and how this is kept under review. This was provided by the practice after the inspection and addressed the concerns raised at the inspection.

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. We observed the practice devised bespoke templates for long term condition reviews and other areas such as minor illness, based on the latest guidance to ensure the highest quality of care for patients.
- The practice monitored that these guidelines were implemented through peer sampling of patient records and through the root cause analysis of significant events and complaints.

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 that the practice had achieved 97.7% of the total number of points available. The practice exception reporting was lower than the Clinical Commissioning Group or national averages for all domains.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 01/04/2014 to 31/03/2015 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 88% and the national average 78%.

- Performance for mental health related indicators was better than to the national average for example, 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 (01/04/2014 to 31/03/2015) was 90% and the national average 88%.

There was evidence of quality improvement including clinical audit.

- There had been numerous clinical audits completed in the last two years related to medicine audits, chronic disease management, minor surgery and minor injury. Where the audit had been completed and improvement identified these were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. The practice GPs had instigated a system of video patient consultation (with permission) to be able to observe and learn from each other. This had proved effective when introducing a GP into the practice who had not been practicing for a time.
- Findings were used by the practice to improve services. For example, the practice identified in September 2015 that falls screening was well below the Clinical Commissioning Group average at 1.31%. They introduced a computer prompt to remind GPs at the point of care to assess the patient for the risk of falls. A recent search indicated screening had improved to 22% and patients were referred to other services such as the 'falls clinic' for further assistance as indicated.

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 infection control lead there had been an

opportunity to attend a study day and then yearly updates; for those who staff undertook minor injuries clinics there was training and ongoing monitoring to support them in their role.

- 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 which included an opportunity for reflective practice.
- Staff received training that included: safeguarding, fire safety awareness, 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.

- < >taff 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 and recorded 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 for the patient's treatment.

Supporting patients to live healthier lives

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

Good

Are services effective?

(for example, treatment is effective)

- 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 weight management, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Smoking cessation advice was available from a local support group; referrals were made to a local healthy eating group and vouchers for a local gym were provided to encourage patients to be more active.

The practice's uptake for the cervical screening programme was 85%, which was higher than 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 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 vaccinations given were higher than Clinical Commissioning Group averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 85.7% to 100% compared to the CCG average from 84% to 98.7% and five year olds from 97.8% to 100% compared to the CCG average from 92.6% to 98.7%. The practice contacted young people in their last year at school before going to university, and provided them with details of their immunisation status.

Patients had access to appropriate health assessments and checks. These included health checks being offered for all new patients and NHS health checks for patients aged 40–74 who were not included in any chronic disease register. Appropriate follow-ups for the outcomes of health assessments and checks were made, when 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 42 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. There were eight patients who also expressed less positive responses; all of these were raised with the practice manager who was aware of the issues patients faced, such as at busy times the waiting room was crowded. However, the practice was part of the Thornbury Hospital development programme which was reviewing the space and facilities at the health centre site.

We spoke with two 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. We also spoke with seven patients who responded favourably about the practice; one patient commented that they had been unable to get a specifically timed appointment but that they had been able to have an appointment at the end of surgery, and so were seen by the GP.

Results from the national GP patient survey 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:

- 93.8% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 88.1% and the national average of 89%.
- 96.5% of patients said the GP gave them enough time compared to the CCG average of 88.1% and the national average of 87%.
- 97.7% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94.3% and the national average of 95%.
- 89% 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%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 96% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% 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. We found the practice staff could be flexible and if patients needed more information or explanation then time was taken to do this. For example, we heard of one patient who was visited at home specifically to provide them with further support with the management of their condition. 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 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were higher than local and national averages. For example:

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.

Good

Are services caring?

- 88% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 92% 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%.

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.
- Information leaflets were available in easy read format.
- There was a hearing loop available at the practice.

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. For example, patients living with dementia were signposted to the Memory Café in Thornbury and nationally the Alzheimer's society for information about the condition and what support was available.

The practice had well developed and embedded support systems for carers, including younger carers, who were identified by the practice for a carers' assessment which could take place at the practice or at the patient's home. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 183 patients on the practice list as carers. Written information was available to direct carers to the various avenues of support available to them. Carers could also be referred for an assessment to identify any support needs. The practice had a Carers Link volunteer, who visited the practice twice a month. The volunteer worked closely with the practice to identify and share information about carers who may require additional support. The patient participation group helped the practice run Coffee Mornings on a quarterly basis for carers where information was available to direct them to the various avenues of support available.

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

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. For example, 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. We also found:

- 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. For example, the practice nurses had visited a patient with poor diabetic control who was unable to attend the practice for a review rather than 'exception report' them.
- Same day appointments were available for children and those patients with medical problems that require same day consultation. A nurse prescriber held minor illness clinics at times which were easily accessible families with young children.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately or could be referred to other clinics for vaccines available privately.
- There were accessible facilities, a hearing loop and translation services available; the practice had home blood pressure monitoring to aid diagnosis and good control of hypertension and a 24hour electrocardiogram (ECG) monitor.
- One GP at the practice provided eight week post-natal mother and baby appointment at the same time as health visitor clinics were held to reduce the number of attendances needed.
- The practice was part of the 'No Worries' scheme which was a sexual health service for young people, that is confidential and free, and included young people who were not registered with our practice.
- All patients diagnosed with diabetes were offered a Living with Diabetes Education course within six months of diagnosis.
- Patients at risk of hospital admission were identified as a priority and had care management. The practice offered proactive, personalised care to meet the needs of the older patients in its population. They used risk assessment tools to identify those patients who require palliative care input or would benefit from a care planning approach due to the fact that they are found to be at high risk of hospital admission.
- The practice provided minor injuries clinics for cuts, lacerations, minor fractures and injuries.
- The practice had access to a rapid access geriatric service for advice and used it to avoid unnecessary hospital admissions for older patients.
- They also made use of local "blue beds" (which are used for patients who do not require intensive treatment but may be recovering from illness or require some rehabilitative support through an acute episode of illness) in care homes and community hospitals.
- The practice had applied to work with South Gloucestershire Council and Age concern to be part of a funded scheme to develop a visiting and befriending service for the older patients and to help improve resilience for patients who are high risk of hospital admission.

Access to the service

The practice was open Monday to Friday 8am-6.30pm. GP appointments were available outside core hours twice weekly, starting at 7.30am and later appointments until 7.30pm with some evening appointments available with a nurse.

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.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to or above national averages.

- 85% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 96% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. We saw that online appointment were available to book up until

Good

Are services responsive to people's needs?

(for example, to feedback?)

8am the following day when they were released as 'on the day' appointments. We viewed the appointments booked and observed that for routine GP appointments patients could wait two to three days but there was following day access for nurses appointments. This meant that any minor injury appointment requests could be accommodated.

The practice had been rated as higher than the national average on all areas of the patient survey published in January 2016, and were rated second highest in the Clinical Commissioning Group (CCG). As part of their commitment to continually develop the service and ensure good patient care and satisfaction, they developed an action plan to address issues which had been highlighted. For example, 79% of patients waited 15 minutes or less for their appointment with the CCG average at 63% and national average 65%. The practice now ensure that reception staff inform patients how many patients are before them if the clinic running late, with the option of rebooking.

The practice kept the access to appointments under review and had recently increased GP capacity on Mondays (their busiest day) to three GPs working six sessions. To avoid patient appointment times running late they had highlighted certain patients who always required double appointments. This was noted this on their record for future appointments. We were provided with statistics from the practice which indicated the practice indicated the number of GP sessions each week and routine appointments available each year had risen from 19 surgeries providing 11400 appointments to 20 surgeries providing 14000 appointments. This was projected to increase further in 2017 to 22 surgeries and 15400 appointments in order to keep pace with the patient demand and maintain patient access at 3.8 appointments per patient per year.

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 the learning points from each complaint had been recorded and communicated to the team or appropriate action taken. For example, a complaint by a patient with a chronic leg ulcer led to the practices nurses making significant changes to the way in which they treated this condition. For example, we saw protocols used which included photographing wounds, use of wound dressing protocols and referral pathways for further advice.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Their aims and objectives were:

- To be committed to the health needs of their patients and provide high quality general practice services that is both personalised and effective.
- To nurture a culture which is innovative, forward looking and adaptable.
- To focus on the prevention of disease through health promotion, offering care and advice to their patients.
- To work in partnership with their patients, their families and carers, fully involving them in decisions about their care and treatment. Listen and support them to ensure they maintain the maximum possible level of independence, choice and control.
- To treat all patients and staff with dignity, independence, respect and honesty in an environment, which was accessible, safe and friendly. Treating all fairly and without discrimination. Being especially supportive to the vulnerable.
- To involve other professionals in the care of their patients where it was in their best interests, providing an informed choice to suit the needs of the patients in respect of referrals.
- To support continuous improvement of their healthcare services to patients through learning, monitoring and auditing. Take into account the evidence provided by scientific and medical research in their management.
- To act with integrity and confidentiality within robust Information Governance systems.
- To take care of all their staff, ensuring a capable and motivated team with the proper skills and training to do their jobs and to protect them against abuse.

The practice had a robust strategy and supporting business plan which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. All of the partners undertook responsibility in different areas of practice such as vaccines or mental health and reported back at meetings.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- There was a formal schedule of meetings to plan and review the running of the practice, for example, the GPs and practice manager met weekly for business planning.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, they monitored data on unplanned admissions to hospital as part of their involvement with the local Clinical Commissioning Group (CCG). In 2014/15 their admission rate for patients over 50 was 85.6 per 1000 which compared well to the CCG average of 83.5 -184 admissions per 1000. From April to October 2015 their admission rate per 1000 population over 50 years was 81.5 which compared well to the CCG average of 53.1- 127.5. They were reviewing the data in detail to explore why their admission rate had not fallen as much as other practices, however over 20% of the practice population is over 65 and some admissions were not avoidable.

Leadership and culture

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.

Are services well-led?

Good

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

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 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 patients 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 were engaged informally and formally with practice issues and workstream teams met on a monthly basis. Meetings were recorded and minutes were available on the staff intranet.

Staff told us they could raise ideas for improvement or concerns with their team leader or the practice manager. Staff said they felt respected, valued and supported, particularly by the management team in the practice. The practice carried out proactive succession planning.

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. For example, there was recent agreement to rename themselves the 'Patient Voice' and embark upon a recruitment drive for members to be active and attend meetings and be part of a virtual group used for consultation. The group was supported by practice staff and a link GP.
- The practice had gathered feedback from staff through staff meetings, appraisals and daily discussion.
- The practice had a suggestion box and ran the family and friends test.
- The practice updated patients with a regular newsletter and a news section on the website.

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, the direct booking ultrasound pilot and the integrated care in practices (with Age UK) to work with patient well-being advisors.

The practice was involved in research studies such as in 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. The practice had the second highest baseline continuity of care measurement with 80% of consultations being with the same doctor.

The practice held monthly education meetings for staff to attend; all staff can access online e learning. We saw evidence that the practice supported and funded continuous professional development.

The practice worked collaboratively with four others in their practice cluster group to share training and resources such as basic life support training. They were also part of the One Care Consortium and the general practice innovation projects.