

# Whiteladies Medical Group

## Quality Report

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

### Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Whiteladies Medical Group on 8 December 2015. Overall the practice is rated as good.

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

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

- Patients said they found it easy to make an appointment with a named GP and that 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.
- 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:

- The provider should improve the system for storage at the practice for the emergency medicines.
- The practice should improve the system for the checks carried out on emergency equipment.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- The current system for storage at the practice for the emergency medicines meant there was the potential that they could be tampered with when the area in which they were stored was unattended.
- The checks carried out on emergency equipment were not as thorough as they should be as we found that two pieces of disposable equipment such as oxygen face masks were out of date

Good



### Are services effective?

The practice is rated as good for providing effective services.

Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.

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

Good



### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- Data from the National GP Patient Survey 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.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

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. There were longer appointments available for patients with a learning disability, multiple conditions, mental health conditions and home visits were available for older patients and patients who would benefit from these.
- 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.

Good



## Are services well-led?

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

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

Good



# 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 knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older 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.

Good



### People with long term conditions

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.
- The practice had similar indicators for diabetes, high blood pressure and the care of people with mental health needs as other practices which meant their needs were being met.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

- 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 similar 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.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Good



# Summary of findings

## **Working age people (including those recently retired and students)**

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



## **People whose circumstances may make them vulnerable**

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

- The practice held a register of patients living in vulnerable circumstances including homeless people. The practice had a record of those patients with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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.

Good



## **People experiencing poor mental health (including people with dementia)**

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

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in their record, in the preceding 12 months (01/04/2014 to 31/03/2015) was similar to other practices.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.

Good



# Summary of findings

- 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.
- 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 published on July 2014 to March 2015. The results showed the practice was performing in line with local and national averages. 372 survey forms were distributed and 115 were returned. This represented 0.7% of the practice's patient list.

- 75.6% of patients found it easy to get through to this surgery by phone compared to a Clinical Commissioning Group (CCG) average of 72.7% and a national average of 73.3%.
- 86.1% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 85%, national average 85.2%).
- 79.3% of patients described the overall experience of their GP surgery as fairly good or very good (CCG average 85.9%, national average 84.8%).
- 78.1% of patients said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 79.6%, national average 77.5%).
- 79.5% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86.4% and national average of 86%.

- 71.6% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 81.6%, national average 81.4%)
- 83.7% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 85.5%, national average 84.8%)

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 44 comment cards which were all positive about the standard of care received. Patients told us the GPs and nursing staff always listened attentively and were supportive. Patients expressed their high regard for the GPs, finding them professional, holistic and with very high standards. Patients also valued the telephone consultations, open surgery and on-line service.

We spoke with six patients during the inspection. All six patients said they were happy with the care they received and thought staff were approachable, committed and caring.

## Areas for improvement

### Action the service SHOULD take to improve

- The provider should improve the system for storage at the practice for the emergency medicines.
- The practice should improve the system for the checks carried out on emergency equipment.

# Whiteladies Medical Group

## 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 Whiteladies Medical Group

Whiteladies Medical Group, Whiteladies Health Centre, Whatley Road, Bristol, BS8 2PU provides support for approximately 17,145 patients in the Clifton of Bristol.

Whiteladies Medical Group is situated in a Healthcare Centre, located in a central position in the community of Clifton. The practice hosts complimentary therapies such as osteopathy, acupuncture, counselling and clinical psychology. The building is accessible to patients with restricted mobility, wheelchair users and those using pushchairs. There is a pharmacy on site.

There are variety of consulting rooms, treatment rooms and a treatment suite. The waiting room is accessible and in a central area. There are administrative offices, meeting and staff rooms.

There are five partners and six salaried GPs, three male and eight female who provide over 60 sessions per week. There are five practice nurses, one a team leader, and four health care assistants. The practice employs a pharmacist to attend the practice for 22.5 hours per week. The clinical staff are supported by a practice manager and an administration team.

The practice is open from 8:00am until 6:30pm Monday to Friday. Extended hours appointments are available early

mornings from 7.30am. The practice provides appointments until 7.30pm one evening a week; and a session every other Saturday, from 8.30am to 11.00am, for those patients who are unable to attend at other times.

The practice has a Personal Medical Services contract with NHS England (a locally agreed contract negotiated between NHS England and the practice). The practice is contracted for a number of enhanced services including extended hours access, facilitating timely diagnosis and support for patients with dementia, patient participation, remote care monitoring and childhood vaccination and immunisation scheme.

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

#### Patient Age Distribution

0-4 years old: 3.4% (lower than the national average)

5-14 years old: 7.3% (lower than the national average)

The practice had 7% of the practice population aged 75 years and above (lower than the national average).

#### Other Population Demographics

% of Patients in a Residential Home: 0.4 %

Disability Allowance Claimants (per 1000) 19 (lower than the national average of 50.3)

% of Patients in paid work or full time education: 71.4 % (higher than the national average of 60.2%)

#### Practice List Demographics / Deprivation

Index of Multiple Deprivation 2010 (IMD): 10.6 (National average 23.6)

# Detailed findings

Income Deprivation Affecting Children (IDACI): 8 (National average 22.5)

Income Deprivation Affecting Older People (IDAOPI): 14 (National average 22.5)

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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 December 2015. During our visit we:

- Spoke with a range of staff including GPs, nursing and administration staff and spoke with patients who used the service. The practice lead for the management of administration and business continuity was not available at short notice, the registered manager provided information and assistance for this area for this inspection process.

- Observed how patients were being cared for and spoke with patients attending 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.

# 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 practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, the delay in diagnosis for a young patient led to GPs reviewing the telephone triage process, how they considered which tests are initially carried out and the approach to listening to patients relatives concerns.

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

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3 in child protection with another GP trained to level 4 in this area.
- A notice in the waiting room advised patients that chaperones were available if required. Nursing staff and health care assistants acted as chaperones had received

in house training for the role and had received a Disclosure and Barring Service check (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. One practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. This was then disseminated to the staff team. 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.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams and their own pharmacist to ensure prescribing was in line with best practice guidelines for safe prescribing. We had found that there were gaps in the system for safe storage and management of prescription paper as they were not removed or stored securely when not in use in the treatment and consulting rooms. This was reviewed and rectified by the practice during the inspection visit and we were provided with an updated prescription management policy and procedure following the inspection. Two 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 had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.
- We reviewed three 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

## Are services safe?

appropriate checks through the Disclosure and Barring Service. We found the recruitment policy, procedure and application form required minor changes to ensure they were up to date with current legislation and matched the practices actually carried out. We were provided with copies of the updated documents following the inspection visit.

- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

### 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 a central place 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 that enough staff were on duty. The practice continued to review the staffing levels and had included succession planning as part of its business plans that were reviewed regularly.

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room. Emergency medicines were easily accessible to staff and all staff knew of their location. All the medicines we checked were in date and fit for use. We did note that the current system for storage at the practice for the emergency medicines meant there was a potential they could be tampered with when the area in which they were stored was unattended. This was immediately dealt with by the practice to ensure risks were reduced and security improved.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was a regular system for checking there was the required equipment available. However, we found that two pieces of disposable equipment such as oxygen face masks were out of date. The practice did have others available. A first aid kit and accident book were available.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan was regularly reviewed, last review was October 2015, and included emergency contact numbers for staff, agreements to provide a service from another location, and the support from other health care services in the area.

# 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 peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. An example of how the practice responded to these guidelines was in the changes in the care provided to patients with atrial fibrillation. NICE guidelines were reviewed; a GP attended further training and brought back information with regard to prescribing appropriately to those patients and their ongoing monitoring.

### 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 92% of the total number of points available, with 2.4% exception reporting. (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 practice had an outlier for one QOF clinical target. There was a variance in the data in that the expected number of (percentage of the total) Non Steroid Anti-Inflammatory medicines prescribed by the practice was 55% in comparison to National average of 73%. The reasoning for this had been explored by the GPs at the practice and they had concluded that this figure may be relevant to the demographics of the population group the practice served. The practice confirmed that its prescribing policy was in line with current guidance. Additional data from 2014/2015 showed;

- The percentage of patients with diabetes, on the register, in whom the last IFCC HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015) which was similar to other practices.
- The percentage of patients with hypertension, in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2014 to 31/03/2015) which was similar to other practices.
- 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) which was similar to other practices.
- The percentage of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months was 92.9%, which was comparable to the national average than the national average.

Clinical audits demonstrated quality improvement.

- There had been a variety of clinical audits completed in the last year. These had ranged from those focussed on prescribing, such as antimicrobial for possible respiratory infections prescribing for patients in nursing homes, to the use of contraceptive implants.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- The practice participated in pilot study for monitoring care and treatment for patients such as FAST (Four-fold Asthma Study) a process of comparing two self-management plans. The practice had 759 patients registered as having asthma. The nursing staff informed that the practice was also involved in a study regarding the **Human papilloma virus (HPV)** and the types of viruses found.
- Findings were used by the practice to improve services. For example, recent action taken as a result included providing clear information to patients about the prescribing protocols at the practice via an internet 'blog' and advice at consultation. For the nursing home patients the audit cycles reduced unnecessary medicines being prescribed by providing alternative methods of prescribing/ administration. With regard to

# Are services effective?

## (for example, treatment is effective)

the contraceptive implant treatment, the audit highlighted that improved record keeping would aid on-going care, as would a further audit of patients, so a new template was introduced for effective monitoring.

### 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. It 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, for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme. Staff who administered vaccinations 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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

### 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 records audits.

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Patients were referred to external services such as dietician, physiotherapy and mental health. Patients had access to other services hosted at the practice, such as acupuncture, counselling and osteopathy. Bristol Drug Project attended the practice every two week to support a small number of patients.

# Are services effective?

(for example, treatment is effective)

- GPs could refer patients (social prescribing) for 'exercise on prescription.'

The practice's uptake for the cervical screening programme was 74.38%, which was below the national average of 81.8%. The practice had reviewed these results and were aware of its annual turnover, between 10 – 20% of patients, included a higher number of young professionals, and were looking at how they could address the gap in clarity of information this data shows. 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 for those with a learning disability including providing extra time and information to support those applicable patients to participate. 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 comparable to Clinical Commissioning Group (CCG)/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 87.3% to 97.3% and five year olds from 79.3% to 93.7%.

Flu vaccination rates for the over 65s were 73.5%, and at risk groups 52%. These were also comparable to CCG and national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. There were well women and well men appointments available. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.



# 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 44 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 4 members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey July-September 2014 and January-March 2015. showed patients felt they were treated with compassion, dignity and respect. The practice was rated by the national GP patient survey as average for its satisfaction scores on consultations with GPs and nurses. For example:

- 88.3% of patients said the GP was good at listening to them compared to the Clinical Commissioning (CCG) average of 89.5% and national average of 88.6%.
- 87.7% of patients said the GP gave them enough time (CCG average 86.5%, national average 86.6%).
- 96.3% of patients said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95.2%)

- 84.7% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 85.3%, national average 85.1%).
- 93.1% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 91.7%, national average 90.4%).
- 85.3% of patients said they found the receptionists at the practice helpful (CCG average 88.5%, national average 86.8%)

### 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 attentively by the GPs and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views. Patients expressed also their high regard of the GPs finding them professional, holistic and with very high standards.

Results from the national GP patient survey showed patients generally responded positively to questions about their involvement in planning and making decisions about their care and treatment. Some results were in line with local and national averages. For example:

- 79.5% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86.4% and national average of 86%.
- 71.6% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 81.6%, national average 81.4%)
- 83.7% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 85.5%, national average 84.8%)

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. One GP informed us they had used this service at least on a monthly basis for assisting with Chinese and Arabic speaking patients.

### Patient and carer support to cope emotionally with care and treatment

## Are services caring?

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 16.8% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

We were given examples of how staff were caring and supported patients including how one GP met with a patient with memory problems in a local café to encourage them to attend the practice for investigations.

Staff told us that if families had suffered bereavement, their usual GP contacted them by phone to offer condolences. 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.

# 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.

- Extended hours appointments were available early mornings from 7.30am. The practice provided appointments until 7.30pm, one evening a week; and a session every other Saturday from 8.30am to 11am, for those patients who were unable to attend at other times. There were longer appointments available for patients with a learning disability (55), multiple conditions, and mental health conditions (171).
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice was accessible to patients and visitors with restricted mobility.
- The practice provides a Deep Vein Thrombosis (DVT) clinic for assessment/scanning one to two days per week, reducing the need for patients to be referred to the hospital.

### Access to the service

The practice is open from 8:00am until 6:30pm Monday to Friday. Extended hours appointments are available early mornings from 7.30am. The practice provides appointments until 7.30pm; and a session every other Saturday from 8.30am to 11am, for those patients. Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 73.7% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 77.2% and national average of 74.9%.

- 75.6% of patients said they could get through easily to the surgery by phone (CCG average 72.7%, national average 73.3%).
- 61.9% of patients said they always or almost always see or speak to the GP they prefer (CCG average 60.7%, national average 60%).

Patients told us on the day of the inspection that they were able to get appointments when they needed them. Patients also appreciated the telephone consultation, open surgery and on-line service

### Listening and learning from concerns and complaints

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

- The practice's 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 including posters, leaflets and details on the practice's website.

We looked at information about the twelve formal complaints received in the last 12 months and found these had been satisfactorily handled and dealt with in a timely way. Patients were offered the opportunity to discuss with the practice manager or GP their concerns. Patients were provided with a written response and given information if the complaint was upheld about the changes put in place to prevent reoccurrence. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care.

Through discussion with the Practice Business Manager it was identified that some verbal concerns or comments that were raised by patients to staff on duty were not necessarily recorded at the time as they were dealt with immediately. Since the inspection visit we have been informed that they have instigated a system of recording verbal concerns, comments and compliments in the practice.

# 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 were to provide a caring, safe, effective and responsive healthcare service for all of their patients in a friendly and professional manner. They stated they would do this by ensuring that we assess and meet the needs of our patients, adapt to change and work towards a sustainable healthcare service, accessible to all, at a time of need.

- From discussions and observations of staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. We were provided with information about business evaluation, projection and proposed planned strategies to meet patients' needs in the future. This included working in federation with other healthcare providers in the locality and meeting the changing needs of the population.

### 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. Time had been taken to ensure all aspects of governance were led and were accountable for by individual staff or teams of staff.
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

### Leadership and culture

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

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

When there were unexpected or unintended safety incidents:

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

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

- 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 in doing so and felt supported if they did. We noted team away days were held every 12 months.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- The practice had introduced a GP buddy system to ensure continuity of care was provided to patients.

### 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. There was an

# Are services well-led?

Good 

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

active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, in respect of privacy at the front desk, they had re-sited the front desk and made alternative arrangements with seating. The PPG had also worked with the practice staff in improving the repeat prescription process, changes in staff team roles, further training for these staff and a system of audits. This has led to a decrease of complaints of over 70% with regard to repeat prescription processes. Members of the PPG told us they had found the practice appreciated their feedback and help and in their experience the practice had responded well to suggestions.

- The practice had gathered feedback from staff through staff meetings, appraisals and away days. Staff told us

they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice has been involved in several pilots which has included FAST (Four-fold Asthma Study) a process of comparing two self-management plans. The practice had also introduced a pilot for on-line consultations to provide greater access to health care for patients who found it difficult to attend the practice.