

Charlotte Keel Medical Practice

Inspection report

Seymour Road
Easton
Bristol
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Date of inspection visit: 29 Nov to 29 Nov 2018
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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 location

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

We carried out an announced comprehensive inspection at Charlotte Keel Medical Practice on 29 November 2018 as part of our inspection programme.

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We have rated this practice as good overall.

We rated the practice as **requires improvement** for providing safe services because:

- There was no evidence that consistent actions had been taken when temperature monitoring indicated that vaccine fridges had operated outside of the recommended range.
- The arrangements for managing clinical waste did not adhere to national guidance.

We rated the practice as **Good** for providing Effective, Caring, Responsive and Well-led services because:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice organised and delivered services to meet patients' needs. Most patients said they could access care and treatment in a timely way.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.

The area where the provider **must** make improvements are:

- Ensure that care and treatment is provided in a safe way.

The areas where the provider should make improvements are:

- Continue to implement actions to improve patient satisfaction. This is in respect of:
 - The lower than average National GP Survey results in the caring and responsive key questions.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

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

Population group ratings

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

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser, a second CQC Inspector and an Assistant CQC Inspector.

Background to Charlotte Keel Medical Practice

Charlotte Keel Medical Practice is situated in the inner-city area of Bristol. The practice is a registered location for services provided by BrisDoc Healthcare Services Limited, who took over the practice in April 2018. The practice provides its services from a purpose-built building to approximately 17,000 patients at the following address:

Seymour Road,
Easton,
Bristol,
BS5 0UA.

Information about the practice can be obtained through their website at:

The GP patient survey was undertaken between January and March 2018. The current provider took over the practice in April 2018. Therefore, the results are not wholly representative of the practice's performance under the current provider.

The provider employs 11 GPs. The nursing team of 16 is comprised of, a lead nurse, two nurse practitioners, nine practice nurses and four health care assistants. The

practice management team includes a practice manager and an operations manager who were supported by a team of 12 reception staff and nine administration staff. The practice also employed a pharmacist.

The general Index of Multiple Deprivation (IMD) population profile for the geographic area of the practice shows the practice is in the most deprived decile on a scale of one to 10 with 10 being the least deprived. (An area itself is not deprived: it is the circumstances and lifestyles of the people living there that affect its deprivation score. Not everyone living in a deprived area is deprived and that not all deprived people live in deprived areas). The practice has a higher than average younger population with approximately 4% being over the age of 75. Approximately 52% of patients are from Black Minority Ethnic group.

The practice is registered to provide the following Regulated Activities:

- Diagnostic and screening procedures.
- Treatment of disease, disorder or injury.
- Maternity and midwifery services.
- Surgical Procedures.
- Family Planning.

When the practice is closed and at weekends the out of hours GP cover is provided by Brisdoc Healthcare Services Limited which patients can access via NHS 111.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

| Regulated activity | Regulation |
|--|--|
| Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• There was no evidence that consistent actions had been taken when temperature monitoring indicated that vaccine fridges had operated outside of the recommended range.• Clinical waste had not been labelled and stored in line with National guidelines. |